

REPUBLIC OF KENYA

COUNTY ANNUAL WORK PLAN (AWP)

COUNTY: ELGEYO MARAKWET COUNTY

YEAR: 2024/2025

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FOREWORD

The goal of the County Department of Health is to provide an effective, high-quality healthcare services that is inexpensive, equitable, and available to all. Achieving this goal requires an annual work plan (AWP) that is in line with the County's Health Strategy Plan. The County Annual Workplan for Health for FY 2022/2023. Acts as the baseline for this AWP for FY 2024/2025. This is significant since it is the first second toward implementing the county's 2023–2027 Strategic Health Plan and County Integrated Development Plan III.

This AWP for FY 2024/2025 is an essential document that directs the department in carrying out operations in the County. All parties involved in the health sector participated in a consultation process that resulted in the creation of this AWP. Elgeyo Marakwet County Integrated Development Plan III, Elgeyo Marakwet County Health Sector Strategic and Investment Plan 2023–2027, Elgeyo Marakwet County Nutrition Action Plan 2019–2023 (CNAP), Elgeyo Marakwet County AIDS Action Plan, and Elgeyo Marakwet County Health Commodity Quantification report 2022 are the documents that serve as the foundation for this plan.

The health and sanitation department employs more than 50% of the County's workforce and fulfils its mission through the allocation of funds by the County government and implementing partners to the department. Communicable conditions are the major causes of mortality and morbidity in the county. The department operates under three main program areas: Curative & Rehabilitative health services, Preventive & Promote Health Services and General Administration & Support services.

We would like to extend our sincerest thanks to the County Government, AMREF KENYA for their financial support in development of this document. The department wishes to acknowledge World Bank, DANIDA as well as other partners such as the DESSIP and AMPATH, ICWK among others, for their outstanding support in the execution of our previous Work Plan 2022/2023 as well as the current Work Plan 2023/2024.

Hon. Michael Kibiwot
County Executive Health
Elgeyo Marakwet County

EXECUTIVE SUMMARY

Good quality of life is acknowledged in Elgeyo Marakwet County as stated in Health Sector Strategic and Investment Plan 2023–2027 which is as a key component of vision 2030's economic growth acceleration and as the achievement of fundamental human rights. This yearly work plan offers a chance to progress toward ongoing delivery of timely, efficient, patient-centered, and high-quality healthcare services.

Primary Health Care

The County Government of Elgeyo Marakwet is committed to supporting the National Government in achieving primary health care and continues to implement activities and major projects aimed at improving primary health care networks. Six strategic pillars are implemented in the County, which include the provision of high-quality and highly specialized health services, the use of health products and technologies, the improvement of health services and health management and information systems, and health financing.

HealthCare investment

There are 137 health centers in the County, which include; 1 County Referral Hospital, 10 hospitals, 32 Health Centers and 94 Dispensaries. At the community level, there are 126 functional community health units. The County continues to invest in improving infrastructure and modernizing the health facilities. These include the construction of a Mother and Baby unit at the Kapcherop District Hospital and the installation of theater equipment that enhances provision of comprehensive theatre services. In addition, the County will improve infrastructure and provide medical equipment to all facilities under this plan..

Human Resource

Elgeyo Marakweti District employs 1,087 staff including 836 county staff, 243 UHC staff and 8 COVID 19 contract staff. The County intends to continue to attract and retain highly qualified and professional employees who play a role in providing high quality health care services and effective quality improvement. The strategies identified in the plan include: appropriate

remuneration of staff, training and capacity building, replacement of staff exits so as to strengthen staff capacity and promoting staff well-being..

Financial Performance

This plan is estimated to cost Ksh. 4,300,845,248. According to the plan budgeted amount for program one curative and rehabilitative health services is Ksh 3,198,334,419, Program two, Preventive and Promotive health services is projected at Ksh 559,752,100 and lastly program three General administration, planning, management support and coordination is Ksh. 542,758,729.

Partnership and collaborations

The Department of Health is committed to fostering strong relationships with both internal and external sources, as well as international connections. To this end, the Department of Health will be carrying out medical screening, outreach to the community, and health promotion initiatives to raise awareness of health-related issues, which are essential for enhancing health services. Through our partnerships with PS KENYA, NI, AMPATH, DESIP, REDCROSS, as well as other health-related organizations, and by collaborating with communities, the County is able to maintain its position as a provider of quality health care.

Appreciation

We would like to express my gratitude for the assistance of the Egeyo Marakwet County Government and AMREF Kenya in formulating this annual work plan. I also extend my gratitude to all health care professionals who contributed to the development of the plan. On our side, we will continue to support the implementation of this plan by providing a supportive environment.

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Clinical Health Services

ELGEYO MARAKWET COUNTY

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CHIEF OFFICER

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ELGEYO MARAKWET COUNTY

ACKNOWLEDGEMENTS

The development of the Elgeyo Marakwet County annual work plan 2024/2025 in the department of health is a culmination of the efforts of all health sector stakeholders that were spearheaded by the county health management team (CHMT). Invaluable efforts and commitments went into this endeavor.

The Department of Health Services acknowledges the various individuals and organizations who participated in the development of the County Annual Work-plan 2024/2025. We appreciate the leadership of the County Government of Elgeyo Marakwet led by H.E Governor Wesly Rotich (EGH, EBS), CECM H.E Hon. Michael Kibiwott, the Chief Officer for Clinical Services Jeremiah Chirchir and Chief Officer Preventive and promotive health Caroline Magut for their goodwill and support.

Special appreciation goes to the County Health Management team (CHMT), Sub County Health Management teams (SCHMTs), Health facility in charges as well as Community CHEWs who worked tirelessly to develop and consolidate the document.

We wish to sincerely thank government agencies and all our partners: AMREF KENYA for their financial support in the development of this document. We also appreciate the technical support received from HERO, Nutrition International and ENRICH REACT IN World Vision.

Space does not allow us to mention each participating individual by name, but let it suffice that each individual input toward the development of this plan is greatly appreciated.

To all, We say thank you for facilitating this process.

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William Kendagor
Director Public Health
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1.0. CHAPTER ONE: INTRODUCTION AND GENERAL BACKGROUND OF THE COUNTY

Introduction

Elgeyo Marakwet County, situated in Kenya, is characterized by diverse ecological zones, including Highlands, Escarpment, and Valley. Known as the "County of Champions," it has gained fame for producing world-class athletes due to its high-altitude topography, sports training facilities, and ideal climatic conditions. Agriculture is a key economic driver, engaging over 80% of the population. The county also boasts unique tourism niches, such as a national Game reserve, paragliding, and a rich cultural heritage.

Covering 3029.6 km², Elgeyo Marakwet County constitutes 0.4% of Kenya's total area. The county is ecologically rich, hosting two forest ecosystems and water towers, contributing to 37.6% of Kenya's forest cover. The climatic conditions vary across the county, with cool temperatures in the Highlands and warmer conditions in the Valley.

Administratively, the county is divided into four sub-counties and further subdivided into 20 wards, locations, and sub-locations. The political structure comprises four constituencies. According to the 2019 population census the population was 454,480. The current projected population is 520,223 in 2023 males and females accounting for approximately 48% and 52% of the total population respectively. The age distribution indicates a high concentration of the population in the 0-14 age group, suggesting a potential labor force.

Infrastructure development is crucial for economic growth, and Elgeyo Marakwet County has a road network of 2,060.64 km, with plans for bitumen upgrades. Roads play a vital role in facilitating accessibility, trade, investment, healthcare, and education services. Overall, the county's geographical and climatic diversity, coupled with its focus on athletics, agriculture, and tourism, shapes its unique identity and economic activities.

1.1 Process for developing the year X+1 Annual Work Plan (AWP)

This annual work plan for the financial year 2024/2025 has been developed through the support of AMREF - Kenya. The process was an all-inclusive and participatory stakeholder consultative process involving all health care workers in the County. It has benefited from the input of partners that support health activities in the County. It adopted the bottom-up approach where the executive, county health management teams, sub-county health management teams and health facility in-charges were sensitized on the AWP template, after which the facility in charges in consultation with the health facility management committees and the staff working in the said facilities filled AWP form for 2024/2025 and submitted a copy to the Sub County level. The Sub County Health Management team at the Sub County level compiled AWP for all facilities within their jurisdiction and came up with the Sub County Annual Work plan. Respective Sub County Teams forwarded the compiled AWP to the County. The County Health Management teams compiled AWP from the Sub Counties and came up with the County AWP for FY 2024/2025 that was submitted to the executive for approval and onward utilization in guiding the implementation of activities for financial year 2024/2025.

3.3 Distribution of Health Workforce

Elgeyo Marakwet County has a total of 1,087 health care workers comprising 836 P&P staff, 243 UHC contract staff, and 8 National Government contract staff seconded to the County. The major Cadres in the county comprises 489 nurses, 141 clinical officers, 136 Public Health Officers, 86 laboratory officers, 50 pharmacists, and 45 doctors. The remaining 290 officers comprises: Nutritionists, physiotherapists, community health workers, Health records officers, among others. The county has 9 doctors for every 100,000 people, 30 clinical officers for every 100,000 people, 103 nurses for every 100,000 people, 28 public health officers for every 100,000 people and 26 health professionals for every 10,000 people. WHO recommends a doctor-patient ratio of 1:1,000 nurse to patient ratio of 83:10,000 and 23 health professionals for every 10,000. This shows that more health care workers need to be brought on board so that the WHO recommendations are met.

Contract staff comprising, 243, UHC contract staff that is made of Nurses, clinical officers, community health workers, laboratory officers, public health officers among others were brought

on board. However, due to budgetary constraints other specialties were not brought on board like occupational therapists, dentists, medical engineers, surgeons, pediatricians, anesthesiologists among others.

The sub county and main referral hospital workforce is 44 % while 56% is distributed among the 122 health centers and dispensaries. The county medical specialists are currently 12 in GOK facilities (including 2 Cuban) and 24 specialized clinical officers.

Despite the strides made in the human resource department, the department faces challenges in training and motivation of the staff that have arisen due to budgetary constraints hence promotion and re-designation of staff has not been done in the County and lack of Key specialties in the County has led to the County not to offer specialized services.

Table 13: Health workforce Indicators and Targets

Indicator	Achievement FY X-1	Target FY X+1
Core Health Worker density per 10,000 Population (Nurses, Doctors, RCOs)	11.4	23
Number of Doctors per population ratio (per 10,000 population)	0.85	1
Number of Nurses per population ratio (per 10,000 population)	8.38	83
Overall technical staff density (number per 10,000 population)	21	23
Density of community health volunteers (per 5 000 population)	12.1	15
Number of CHVs in the country	1260	1154
Number of Health workers trained on Health Management system	12	40
Staff attrition rate (%)	1.7%	2.5%

(Please include a column on human resources in County and sub-county management that are in administration and not part of the staff providing service delivery)

Table 14: Health Workforce Distribution baselines and Targets

	Staff cadres	Numbers of HCWs FY X-1			Number Required		Gap/Surplus X+1	
		Total Available level (1- 3) Primary care health facilities	Health Manag ement Team	Total Available level 4+ and above facilities	Prima ry level	Level 4 +	Prima ry level	Level 4 +
1	Consultants	0	2	10	0	23	0	13
2	Medical officers	0	2	26	0	80	0	52
3	Dentists	0	0	2	0	3	0	1
4	Dental Technologists	0	0	4	0	21	0	17
5	Public Health Officers	76	16	7	230	75	150	40
6	Pharmacists	0	6	3	0	29	0	20
7	Pharm. Technologist	10	0	24	20	41	10	17
8	Lab. Technologist	46	5	28	145	56	99	23
9	Orthopedic technologists	0	0	7	0	31	0	24
10	Nutritionists	10	5	10	45	30	35	20
11	Radiographers	0	0	10	0	46	0	36
12	Physiotherapists	0	0	8	0	47	0	39
13	Occupational Therapists	0	0	3	0	66	0	63
14	Plaster Technicians	0	0	0	0	0	0	0
15	Health Records & Information Officers	18	5	10	60	43	42	28
16	Medical engineering technologist	0	1	5	0	27	0	21
17	Medical engineering technicians	0	0	4	0	34		30
18	Mortuary Attendants	0	0	1	0	51	0	50
19	Drivers	0	0	31	0	55	0	24
20	Accountants	0	3	0	0	17	0	14
21	Administrators	0	8	6	0	56	0	42
22	Clinical Officers (specialists)	0	3	10	0	28	0	15
23	Clinical Officers (general)	34	2	64	105	75	71	9
24	Nursing staff (KRCHNs)	73	0	26	212	38	139	12
25	Nursing staff (KECHN)	167	13	158	207	263	40	92
27	Community Oral Health Officers	0	0	3	0	21	0	18
28	Secretarial staff / Clerks	0	0	4	0	18	0	14
29	Attendants / Nurse Aids	0	0	0	0	0	0	0
30	Cooks	0	0	2	0	30	0	30
31	Cleaners	15	0	0	525	0	500	0
32	Security	6	0	0	424	0	418	0
33	Community Health Officers	48	0	0	174	0	126	0
	social workers	2	0	8	35	25	33	17

	Staff cadres	Numbers of HCWs FY X-1			Number Required		Gap/Surplus X+1	
		Total Available level (1- 3) Primary care health facilities	Health Manag ement Team	Total Available level 4+ and above facilities	Prima ry level	Level 4 +	Prima ry level	Level 4 +
34	Community Health Promoters	1260	0	0	1260	0	0	0
35	Casual workers/staff							
	Health Promotion Officers	0	1	0	0	33	0	32
36	Other (specify)							

Table 15: Segregation of specialist

S/NO	Staff cadres	Available	Target X+1 (2024/2025)		Gap
			PnP	Contract	
1.	Oncologists	0	2	0	0
2.	Anesthesiologist	0	2	0	0
3.	Pediatricians	2	3	0	1
4.	Family physicians	2	3	0	1
5.	Obstetrician/Gynecologist	2	4	0	2
6.	Orthopedic surgeons	1	4	0	3
7.	Epidemiologists	1	3	0	2
8.	Maxillofacial Surgeon	0	2	0	2
9.	Cardiologist	0	2	0	2
10.	General Surgeon	1	4	0	3
11.	Cardiothoracic Surgeon	0	2	0	2
12.	Critical Care Physician	0	2	0	2
13.	ENT surgeon	0	2	0	2
14.	Gastroenterologists	0	2	0	2
15.	Pharmacoepidimeologist	2	4	0	2
16.	Palliative Care Specialist	0	4	0	4
17.	Neonatologist	0	2	0	2
18.	Nephrologist	0	2	0	2
19.	Neurologist/ Neurosurgeon	1	2	0	1
20.	Plastic Surgeon (Reconstructive- surgeons)	0	2	0	2
21.	Clinical Pharmacists	1	4	0	3
22.	Public Health Specialists	1	4	0	3
23.	Radiologists	2	4	0	2
24.	Physician	1	4	0	3
25.	Ophthalmologist	2	4	0	2
26.	Psychiatrist	1	4	0	3

1.2 Basic Demographic population data/ Population Description

The county has a population of 454,480 according to the 2019 National Census. It is inhabited predominantly by Keiyo and Marakwet ethnic groups of the Kalenjin community. There are variations in population distributions and densities within the county with the average density being 150 persons per Km². Keiyo North has the highest population density of 168 persons per Km² while Marakwet East has the lowest with 129 persons per Km² (Census, 2019). The high density in Keiyo North could be attributed to it hosting the county headquarters and thus having fairly developed infrastructure. The population distribution in the County varies according to a geographical area with the highland areas having higher populations than the lowlands and the middle-altitude zones.

1.3 County Population and Demographics

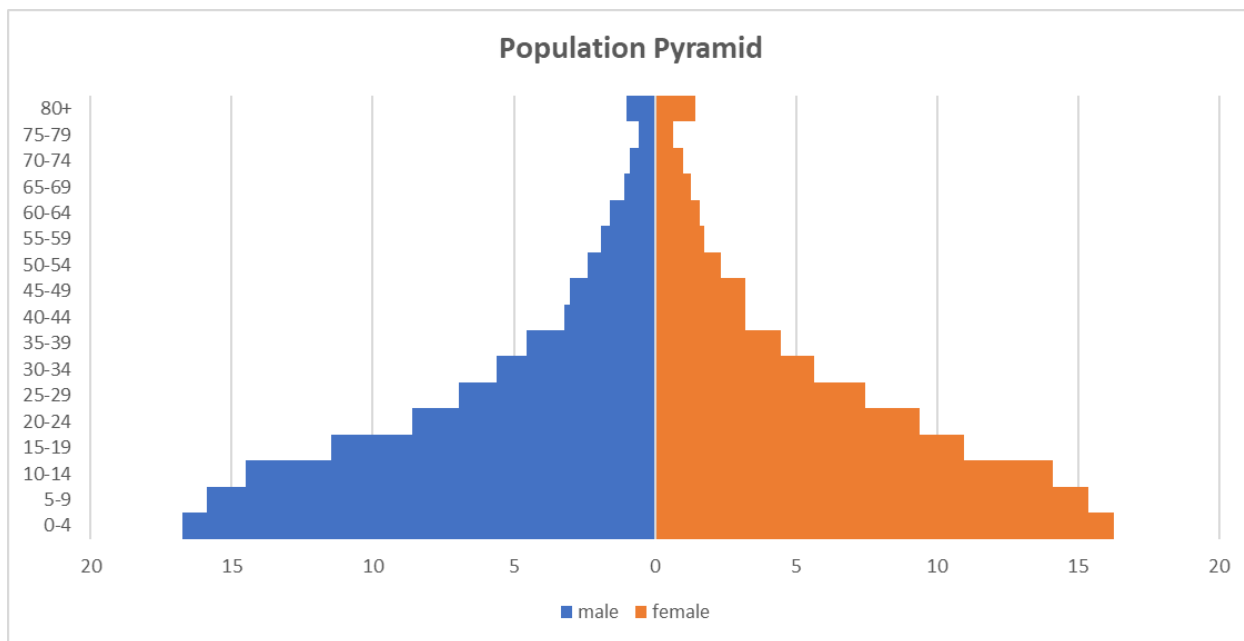
The current projected population for FY 2023 is 536,382 based on a 2.8% growth rate according to the 2019 Kenya National Census. The average household size is 5 members per Household. The number of households in the county is 99,861 , the ratio of Males to females is 1:1 with males being slightly higher compared to females at 267, 622 and 267,225 respectively. Population under 15 years is the highest at 42.1% followed by adults (25-59 years) 31.2% and the least being elderly at 5.1% and the least being the population under one year at 3.3%. The increase in population growth and distribution applies pressure on the health system thus calling for the identification of strategies to expand the capacity of healthcare services.

1.4 Population Breakdown and Description

The description of the population is as indicated in the table below.

Table 1: Population Breakdown and Description

	Description	Population Segment Estimates	County Projected Population	County Projected Population
			FY X	FY X+1
1	Total population in County		520,223	536,382
2	Total Number of Households		105,038	108,301
3	Children under 1 year (12 months)	3.31%	17,219	17,754
4	Children under 5 years (60 months)	13.41%	69,716	71,902
5	Under 15-year population	42.08%	218,915	225,715
6	Women of child bearing age (15 – 49 Years)	23.57%	122,616	126,425
7	Estimated Number of Pregnant Women	3.52%	18,312	18,881
8	Estimated Number of Deliveries	3.42%	17,792	18,344
9	Estimated Live Births	3.42%	17,792	18,344
10	Total number of Adolescent (10-14)	7.20%	37,456	38,620
11	Total number of Adolescent (15-24)	7.20%	37,456	38,620
12	Adults (25-59)	21.58%	112,282	115,770
13	Total number of Adolescent (20-24)	10.30%	53,582	55,247
14	Adults (25-59)	31.25%	162,552	167,601
15	Elderly (60+)	5.09%	26,500	27,323



1.5 Health Sector Catchment Population for the County

Table 2: Sub- County population and Utilization

	Sub-County/Sub national level	Population for FY X-1	Number of New + Revisits Outpatients (past 12 months) FY X-1	Outpatient Utilization Rate (Number of visits per Person per Year) FY X-1
	(A)	(B)	(C)	(D) = C/B
1	Keiyo North	113,549	308109	2.7
2	Keiyo South	137,944	295581	2.1
3	Marakwet East	111,248	188483	1.7
4	Marakwet West	157,482	365434	2.3
	County	520,223	1157607	2.2

2.0. CHAPTER TWO: OVERALL SITUATIONAL PERFORMANCE ANALYSIS AND TARGETS

2.1 Major Causes of Morbidity and Mortality

The major causes of morbidity and mortality in the county is as per the tables below.

Table 3: Under 5 Years top Ten Commonest Outpatient Health Conditions

	Condition (In order of priority relevance to the county)	Occurrence (Quantitative or Proportion of total cases)
1	Upper Respiratory Tract Infections	99418
2	Diarrhoeal Diseases	26519
3	Disease of the skin	8255
4	Pneumonia	6147
5	Malaria	4620
6	Lower Respiratory Tract Infections	4083
7	Eye Infections	3321
8	Injuries	2989
9	Tonsillitis	2154
10	Ear Infections/ Conditions	1704

Table 4: Over 5 Years Top Ten Commonest Outpatient Health Conditions

	Condition (In order of priority relevance to the county)	Occurrence (Quantitative or Proportion of total cases)
1	Upper Respiratory Tract Infections	197370
2	Other injuries	42644
3	Pneumonia	42054
4	Disease of the skin	37927
5	Diarrhoea	28340
5	Arthritis, Joint pains etc.	26142

6	Urinary Tract Infection	16038
7	Eye Infections	14575
8	Dental Disorders	12395
9	Hypertension	9695
10		

2.2 Causes of Mortality

Table 5: Under 5 Years causes of mortality

	Condition/Issue (In order of priority relevance to the county)	Occurrence (Quantitative or Proportion of total cases)
1	Pneumonia	4
2	Iron Deficiency Anaemia	3
3	HIV	2
4	Diarrhoeal	2
5	Burns	1
6	Meningitis	1
7	Other conditions originating in perinatal period	1
8		
9		
10		

Table 6: Over 5 Years Top Ten causes mortality

	Condition/Issue (In order of priority relevance to the county)	Occurrence (Quantitative or Proportion of total cases)
1	Cancers	51
2	Pneumonia	46
3	Chronic obstructive Pulmonary Disease	43
4	Road Traffic Accidents	15
5	Diabetes Mellitus	14
6	Congestive Heart Failure	12
7	HIV Related complications	10
8	Disease of the liver	9
9	Hypertension	9
10	Intentional self harm	8

(please provide a summary Narrative of high level key achievements and challenges in the achievements of the sector outputs and how you intend to mitigate against that).SWOT/PESTEL Analysis of the County Health Department (Provide your strengths, weaknesses, opportunities and Treats (SWOT) or using PESTEL describe)

Table 7: Analysis of the County Health Department (SWOT analysis)

Strengths	Weaknesses
<ul style="list-style-type: none"> ● Presence of Skilled HRH ● Average distance from different facilities is 2.5km. ● Available CHP ● CHP equipped with Kit. ● Presence of Annual work plans ● Presence of Performance appraisal system. ● Priorities for health entrenched in CIDP ● Health aligned to Vision 2030, SDGs ● Teamwork, integrity and understanding, 	<ul style="list-style-type: none"> ● Inconsistent implementation of plans ● Shortage of staff ● Lack of harmonized work plan with Stakeholders ● Poor time management ● No clear budget line for implementation of the AWP ● Fragmented training of CHPs ● Strategic documents not available to guide implementation
Opportunities	Threats
<ul style="list-style-type: none"> ● Policy guidelines for each unit available ● Good leadership ● Paradigm shift towards PHC implementation at National and county level. ● Support from available partners. ● Availability of Different Acts and Legislation governing Health e.g. Cap 244, 254,242, Constitution 2010 	<ul style="list-style-type: none"> ● Legal framework yet to be internalized by stakeholders. ● Late disbursement of funds ● Poor health seeking behavior. ● Being prone to natural calamities ● Erratic disbursement of funds from the national level. ● Inadequate financial resources

2.3 Major Health Conditions/Issues Observed in the County by Objective

This section identifies the health problems/issues that account for the commonest morbidities and mortalities in the county and proposes prioritization for focusing in the next FY.

Table 8: Major Health Conditions/Issues Observed in the County

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
Eliminate Communicable conditions	Immunization	
	Dwindling donor funds.	<ul style="list-style-type: none"> ● Ring Fencing facility funds ● Enhancing revenue collection at health facility level. ● Allocation of funds through EDA funds
	Low coverage of immunization and poor accessibility.	<ul style="list-style-type: none"> ● Strengthen Defaulter tracing using defaulter tracing mechanism ● Increase the number of immunizing facilities from 122 to 138 ● Conduct targeted immunization Outreaches ● Conduct yearly outreaches targeting 650 schools. ● Timely collection of vaccines/dry supplies ● Procurement of mother and child booklets ● Strengthen ACSM on immunization services ● Capacity building of HCWs on immunization services ● Results based financing of fully immunized children. ● Rewarding fully immunized child. ● Repair and maintenance of cold chains
	Monitoring and evaluation of immunization services	<ul style="list-style-type: none"> ● Monthly data review meetings ● Quarterly targeted EPI support supervision. ● Bi annual DQA on Immunization services.

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
	inadequate knowledge on immunization and documentation.	<ul style="list-style-type: none"> ● Mentorship of 80 facilities and OJT on EVM. ● Training 40 officers on EPI ● Monthly CMEs
	Limited Logistics and cold chain equipment	<ul style="list-style-type: none"> ● redistribution and balancing of KEPI fridges ● Procurement of logistics and supplies mother child booklets 20,000 and soloshots 240,000 ● Bi annual PPM of 138 KEPI fridges ● Repair and maintenance of faulty fridges ● Procurement of spare parts of faulty fridges. ● Procurement of 80 FT2 fridge tags 5 Yr in-built.
<i>Malaria Program</i>		
	High prevalence of malaria	<p>Larval source management</p> <p>Health education at the community</p> <p>Indoor residual spraying in affected areas</p>
	Inadequate uptake of Malaria in Pregnancy (MiP) services by expectant Mothers due to Inadequate Commodities and equipment	<p>Procure equipment, pharmaceutical and non pharmaceutical</p> <p>Community sensitization on MIP, net use and Malaria case management in pregnancy</p>
<i>HIV and STI prevention,</i>		
	Low identification of new	Scale up APNs strategy and hotspot testing

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
	<p>HIV positive cases</p> <p>Low case finding of STI</p> <p>Increased number of IITs</p> <p>Low HIV domestic financing</p> <p>Low SGBV case reporting</p>	<p>Integrate HIV screening and testing services in all service delivery points</p> <p>secure proper commodity chain management of RTKs and EID</p> <p>sensitize service providers on STI screening and management</p> <p>Provide job aids on syndromic management of STI in all service delivery points</p> <p>Line listing all missed appointments and prompt tracing be done as per the SOPs</p> <p>utilize EMR/POC IIT detection strategy</p> <p>Integrate HIV module in community strategy structure</p> <p>Utilize USHAURI platform</p> <p>Form a support group for common IITs</p> <p>Formulate county HIV bill</p> <p>Harmonize HIV partner support and form county HIV steering committee</p> <p>Integrate HIV service delivery in OPD services</p> <p>Strengthen case referral mechanism</p> <p>conduct community sensitisation</p> <p>conduct facility readiness assessment</p>
	<i>Notifiable Communicable diseases (Cholera, Ebola, Hemorrhagic fevers,)</i>	
	Inadequate knowledge by community members on Notifiable communicable	Capacity building health care workers on management of outbreaks

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
	<p>diseases</p> <p>Inadequate skills and knowledge by Health care providers on the diseases</p> <p>Inadequate preparedness to handle outbreaks</p>	<p>Emergency preparedness and response</p> <p>Community sensitization</p>
	<i>TB and Leprosy,</i>	
	<p>Limited TB awareness and updated information levels in communities</p> <p>Inadequate community health system linkages</p> <p>Sub-optimal use of existing GeneXpert MTB/RIF equipment</p> <p>Approximately half of TB cases remain undetected and untreated</p> <p>Suboptimal monitoring and follow up during TB care</p> <p>High mortality among TB patients</p> <p>Low DRTB Case Detection</p> <p>Low childhood TB case detection with two thirds of children with TB were missed</p> <p>Limited capacity at the peripheral health centers and</p>	<ul style="list-style-type: none"> ● Engage community through local radios about TB ● Engaging communities through public barazas, ● Engaging communities through school health programs ● Sensitize HCWs on TB ● Print IEC materials ● contact tracing ● Defaulter tracing ● Community based screening using CHVs ● Use of motor bike riders ● Sensitizing facilities on ACF ● Procure Gene Xpert cartridges for TB presumptive patients ● Procure Xpert falcon tubes for TB sample collection

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
	<p>dispensaries to diagnose childhood TB</p> <p>Low TB case detection rates among PLHIV at the community level currently</p> <p>High mortality among co-infected</p> <p>Absence of an operational public health program for lung health</p> <p>Missing people with leprosy</p> <p>Limited TB awareness among key populations(pastoralists, boarding school children, Alcoholics and elderly)</p> <p>Inadequate Engagement of private sector care providers</p> <p>Low case notification from the private sector</p> <p>High costs associated with TB diagnosis and treatment creates a barrier to care</p> <p>Lack of linkage of vulnerable TB patients requiring support to existing Government social protection schemes</p> <p>High number of young men with TB</p> <p>The lack of guidance on isolation of patients, and the</p>	<ul style="list-style-type: none"> ● Purchase of Genexpert machine ● Sensitize county leadership (MCAs, CECs and Directors) ● Facility data monthly review meeting ● Sensitize HCWs on counseling skills ● Conduct mortality audit at sub county level ● Sensitization of HCWs on DR Case detection ● Contact tracing of DR contacts by CHVs ● Purchase of audimeter ● Conduct monthly DR TB clinical meetings at sub county level ● Social support ● Baseline investigations for DR patients ● Training and sensitization of HCWs in private facilities ● Sensitization of HCWs on paediatric TB Diagnosis ● Engage HIV leadership at county/sub county level quarterly ● Incentivize CHVs to conduct case finding ● Sensitize staff on management of co-infected patients ● Sensitize HCWs on adherence

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
	<p>non-existence of isolation units</p> <p>Suboptimal TB screening among people with malnutrition</p>	<ul style="list-style-type: none"> ● Ensure supply of essential equipment and commodities to support management ● Capacity building of HCWs on Lung health ● Staff sensitization on diagnosis of leprosy ● Community awareness about leprosy through public barazas ● Engaging Pastoralists through community awareness on TB by CHVs ● Counseling and rehabilitation of chronic alcoholic ● Intensify health inspections and screening in boarding schools through school health ● Hold TB specific stakeholder forums quarterly(private clinics and chemists) ● Training and sensitization of HCWs in private facilities on TB ● Engaging with county leadership(CEC, CO, DIRECTORS) Quarterly ● Free x ray services to TB suspects who are over 65years, and school children 5-14years ● Identify and link patients to social programs ● Community awareness addressing TB in young men(stadia, cinema, barber shops)

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
		<ul style="list-style-type: none"> ● Initiation of isolation health facility ● Engagement of county and sub county nutritionists ● Conduct sensitization to HCWs on nutrition assessment ● Provide food support to TB patients
		<ul style="list-style-type: none"> ● Procure BSL2 in TB high burden facilities (..>10)
		<ul style="list-style-type: none"> ● capacity building HCW on TB Microscopy and Genexpert Processing
		<ul style="list-style-type: none"> ● Increase the number of TB Diagnostic sites
Halt, and reverse increasing burden of Non-communicable conditions	<i>Non Communicable Diseases</i>	
	Poor access to specialized care among people with NCDs.	Strengthening the capacity of MDT to support service delivery in the Spokes.
	Low Awareness NCDs	<ul style="list-style-type: none"> ● Community sensitization on NCDs Health care worker training on NCDs (Ca Cx, DM, HT etc.)
Insufficient Outreach services (medical Camps)	<ul style="list-style-type: none"> ● conduct regular outreaches and medical camps on NCDs 	

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
	Inadequate expertise in diagnosis and management of non communicable diseases i.e. cervical cancer	<ul style="list-style-type: none"> ● Train health care workers on early detection, prevention and treatment of non-communicable diseases
	<i>Rehabilitation,</i>	
	<ul style="list-style-type: none"> ● Inadequate 	<ul style="list-style-type: none"> ● Capacity build staffs on rehabilitation service provision ● Sensitize the community on rehabilitation services ● Recruit more staffs
	<ul style="list-style-type: none"> ● 	<ul style="list-style-type: none"> ● Promote rehabilitative services ● Enhance counseling ● Involvement of provincial administration
	<ul style="list-style-type: none"> ● Increase 	<ul style="list-style-type: none"> ● Need for rehabilitative services ● Involvement of provincial administration
Reduce the burden of Violence & Injuries	<i>violence / injuries,</i>	
	<ul style="list-style-type: none"> ● Low Awareness on violence and injuries ● Knowledge and Skills gap ● Inadequate Policy documents and guidelines on Violence and 	<ul style="list-style-type: none"> ● Staff training on violence and injuries ● Dissemination of policy guidelines ● Community Sensitization on legal issues ● Conduct CMEs on violence and injuries ● Recruit rehabilitation officers

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
	injuries	
	Insufficient Outreach services (medical Camps)	<ul style="list-style-type: none"> ● Conduct ACSM on violence and injuries ● Conduct health education talks
<i>Pre hospital Care</i>		
	<p>Inadequate knowledge on First AID among community members/CHV</p> <p>Knowledge & skills gap</p> <p>Inadequate ambulance services</p> <p>Lack of rescue centers</p> <p>Few referral services to access emergency care</p>	<ul style="list-style-type: none"> ● Establishment of SGBV rescue centers ● Train community health volunteers on first aid ● Establish emergency teams in communities ● Have a functional referral system within different levels
<i>Management for injuries</i>		
	Increase in violence related injuries and Sexual violence coupled with Challenges in accessing legal services by the victims (Filing of P3 forms, attending court cases by the service provider)	<ul style="list-style-type: none"> ● Educate community on SGVB ● Establish SGBV clinics ● Involvement of provincial administration ● Recruit of more staff ● Training and OJT of health care workers on GBV ● Increased collaboration with relevant departments (police, courts, FIDA, and Children’s department) ● Establishment of rescue center

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
		<ul style="list-style-type: none"> ● stakeholder(partner) engagement
	Increase in RTA s motorbike related	<ul style="list-style-type: none"> ● Stakeholders' involvement ● Emergency response/ emergency contingency plans ● Involvement of provincial administration

Provide essential medical services

General Outpatient

- insufficient funds to purchase adequate Health commodities
- Lobby for additional resources
- Knowledge gap in the community about services offered
- Negative staff attitude
- Inadequate supply of primary documentation tool
- Operationalize new facilities
- Community sensitization Carry out client satisfaction survey
- Social marketing of respective curative/rehabilitative services offered
- Long waiting hours
- Inadequate infrastructure, commodities and equipment
- Staff shortage

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
<ul style="list-style-type: none"> ● Employment of new and replacement staff ● Avail triage section <p style="text-align: center;"><i>Integrated MCH / Family Planning services</i></p> <p>Low uptake of 4th ANC visit Engage CHPs for early identification and referral</p> <p>Promote access to ANC profile, encourage early ANC attendance, Conduct Outreach services</p> <p>Continue mama packs, Linda mama to facilitate Increased teenage pregnancies Promote safe sex and</p> <p>Promote sex education Inadequate documentation and reporting tools Procurement of documentation and reporting tools</p>		
<p>Low Opv 0 uptake between day 0 to 2 weeks within facilities offering maternity services.</p>		
<i>Maternity</i>		
	<p>Skilled deliveries still low</p> <ul style="list-style-type: none"> ● Poor health seeking Behaviour among mothers ● Inadequate maternity infrastructure and equipment ● Lack of theatre services in four sub-counties ● Staff shortage in maternity ● 	<ul style="list-style-type: none"> ● Offer maternity services in all facilities ● Motivate mothers using mother packs ● Provide adequate equipment in all facilities ● Encourage mothers on hospital deliveries ● Respectful maternity care-days ● Open maternity days-in facilities offering SBA
	<ul style="list-style-type: none"> ● Weak link between the 	<ul style="list-style-type: none"> ● Sensitize mothers on the NHIF and Linda

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
	<p>health care facility and the Community</p> <ul style="list-style-type: none"> ● Poor referral systems and networks ● Inadequate structure NHIF, Linda mama initiative 	<p>mama initiative</p> <ul style="list-style-type: none"> ● Strengthen community linkage by use of CHPs ● Strengthen Referrals -Ambulances
	<ul style="list-style-type: none"> ● Increase in adolescent pregnancies 	<ul style="list-style-type: none"> ● Offer integrated Youth friendly services ● Promote safe sex ● Promote sex education ● Operationalize Youth friendly centre ● Strengthen Condom distributions in market centers ● Do with MOE & MOH on school health program
	<ul style="list-style-type: none"> ● Little awareness on availability of services e.g. free maternity ● Influence from TBA's ● Lack of functioning referral services 	<ul style="list-style-type: none"> ● Do community sensitization and mobilization ● Train TBA's on referral of clients
	<p>Alcohol and drug abuse by the youth and adolescent</p>	<ul style="list-style-type: none"> ● Educate the youth on effects of substance abuse ● Avail youth friendly services and centers

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
	<i>Emergency life support</i>	
	Lack of emergency support unit Incomplete unit in the department	Complete construction, install equipment and capacity build key personnel
	<i>HMIS</i>	
	Poor quality of data Inadequate data capture and reporting tools	DQI &DQA Print and distribute adequate data capture and reporting tools
Minimize exposure to health Risk factors	Unsafe sex among teenages	Upscale school health sex education Promote safe sex
	Strong male influence and cultural practices	Involve the communities in their health decisions through community strategy- including the males
	<i>Health Promotion including health Education</i>	
	Inadequate health promotion and health education services	Training of staff and CHPs on health promotion Deployment of more staff to coordinate health promotion activities
	Shortage of Staff	Provide necessary equipments
	Lack of necessary equipment	Production and dissemination of adequate relevant IEC materials Engagement of media in disseminating health messages
	Inadequate IEC materials	Increase no. of facilities carrying out regular CMEs/health talks
	Low no. CMEs/Health talks done in facilities	Establish a digital advertising display (Explore the use of screens in our HFs)

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
	<p>Inadequate funding</p> <p>Lack of central reference centre</p>	<p>Allocate adequate resources to carry out health promotion activities</p> <p>Establish health promotion resource Center</p>
	<i>Sexual education</i>	
	<p>Inadequate knowledge on reproductive health issues in the community</p> <p>Unsafe sex among Adolescents and young adults</p> <p>Challenges in establishment of health care services targeting the adolescents and young adults</p> <p>Lack of integration of sex education in curriculum</p> <p>Knowledge gaps among healthcare workers and stakeholders</p>	<p>Strengthen school health education (integrated school health program)</p> <p>Enhance ACSM on sexual education</p> <p>Production and distribution of IEC materials on sex education</p> <p>carryout ACSM activities to sensitize community on sex education</p> <p>Operationalize youth friendly centers</p>

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
	<i>Substance abuse</i>	
	<p>Lack of programs on substance abuse</p> <p>lack of IEC materials on drug and substance abuse</p> <p>Lack of knowledge and skill on managing substance abuse</p> <p>Increase in alcohol and substance abuse</p>	<p>Capacity building substance management</p> <p>Development and distribution of IEC materials on alcohol and substance abuse</p> <p>Carryout ACSM on alcohol and substance abuse</p> <p>Enroll the affected for rehabilitation programs</p> <p>Alcohol control through administration</p> <p>Promote Guidance and counseling in schools</p>
	<p>Lack of community awareness</p> <p>Poor feeding practices</p>	<ul style="list-style-type: none"> ● Conduct community mobilization and sensitization ● Train and operationalize community units and volunteers
	<p>Inadequate knowledge and skills by health care workers</p> <p>Strong male influence and cultural practices</p>	<p>Capacity built the health care providers on various knowledge and skills necessary to offer service</p> <p>Involve the communities in their health decisions through community strategy</p>
Strengthen collaboration with Health-	Nutrition Services	
	Inadequate funding allocated to the unit by the	advocate for more funding for nutrition issues

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
Related Sectors	county government.	
	Poor dietary diversity in the county.	Implement interventions that target dietary diversity like: <ul style="list-style-type: none"> ● Conduct health talks ● Conduct CME ● Conduct food demonstrations
	Poor breastfeeding practices and Exclusive breastfeeding	conduct health talks to promote breastfeeding train HCW/CHP on BFCL. Strengthen caregroups and MTMSG.
	High stunting rates	conduct Health talks on a window of opportunity. target pregnant women and children below 2 year in nutrition education
	Increasing underweight and wasting despite interventions	train on growth monitoring and promotion, mobilize the community to attend growth monitoring until children are 5 years
	High rate of malnutrition	train onHCW/CHP on IMAM increase mass screening to target early detection of malnutrition
	Poor integration of nutrition services in mainstream health service	conduct advocacy on integration among all units
	Shortage of nutrition staff.	lobby for employment of nutrition
	erratic supply of nutrition of nutrition commodities	lobby for allocation of budget in purchasing of commodities and supplies
	inadequate equipment.	lobby for annual purchase and repairs of anthropometric equipment
	Low consumption of IFAS	train HCW on IFAS. Train CHP on referral of pregnant women. Early ANC visit.
	low Uptake of VAS+D	strengthen routine supplementation. Training on VAS+D Strengthen Screening referrals for VAS
	low levels of Early initiation to breastfeeding.	Train on BFHI.
	Poor practices in handling preterm/LBW babies	strengthen 8 ANC visits Health talks on maternal nutrition

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
		train on kangaroo care
	high anaemia amongst adolescent girls	train of weekly iron and folic acid supplementation for adolescent girls. conduct school health education for adolescent girls.
	poor nutrition commodity supple	trains on nutrition commodity management.
	Monitoring and Evaluation	
	Lack of a harmonized framework for coordination of health stakeholders and implementing partners within the county.	Develop partnership coordination framework for Elgeyo Marakwet County
	Poor documentation and reporting	Sensitization of staff on documentation and good reporting
	Low quality reports	Conduct quarterly performance reviews and data quality audits for all program areas
Environmental Health services		
Water	Fecal contamination of water sources in the community, markets schools and health facilities	<ul style="list-style-type: none"> -protection of water sources -Regular water sampling -Sensitizing HW on effects of environmental pollution, -Prosecution of author of nuisance (law offenders)
Food	Cases of food poisoning	<ul style="list-style-type: none"> -Regular inspections in markets ,shops,etc to ascertain cases of food contaminations and expose unwholesome food on sale. -continuous medical examinations on food handlers. -capacity build stakeholders and Healthcare workers on foodborne illnesses
Solid and liquid waste management	<p>Crude dumping of wastes ranging from litter, bar wastes and HH wastes</p> <p>Lack of resource recovery center (modern dumpsite)</p>	<ul style="list-style-type: none"> -A mechanism for handling wastes, from collection, storage and disposal in every service delivery. -provision of designated waste disposal (recovery) sites in every sub county. -Put up modern infrastructure to address Hospital care associated wastes

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
Insect vectors and vermins	Vectors and vermins menace	<ul style="list-style-type: none"> -Lobby for budget allocation -Health workers sensitization on public health importance and control measures
Housing	<p>Mushrooming unplanned settlements and its associated health risks across the county</p> <p>Household indoor Air pollution</p>	<ul style="list-style-type: none"> -All peri urban centers to be demarcated and properly planned. -plans must undergo scrutiny before approval to control slum dwellings -roll out indoor pollution control strategy in the community
School health	<p>Weak linkage of sector players</p> <p>Lack of funding</p>	<p>coordinate and implement robust school health program</p> <p>Allocate funds for school health activities</p>
	WASH	
Open defecation	Low levels of sanitation in the community (OD) and peri-urban areas	<ul style="list-style-type: none"> -Address Hygiene & sanitation through the RUSH protocol . -capacity building of developers and community members on alternative technologies and embrace buy-in
BCC	Behaviors change challenges	-Develop better strategies to address BCC
IPC	Low uptake of infection prevention control practices	-Disseminate IPC protocols in households, health facilities and learning institutions
Sanitation and hygiene plan	No county hygiene and sanitation plan	-Develop county hygiene and sanitation plan by customizing <i>THE KENYA ENVIRONMENTAL SANITATION AND HYGIENE POLICY 2016-2030</i>
Finance	No funding to support WASH programs in the county	<ul style="list-style-type: none"> -provide a budget to support WASH. -Set up county responsibilities and accountability mechanisms to strengthen WASH. -Develop resource mobilization strategy.

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge-Refer to your county APR)
sustainability	Weak sustainability and demand for sanitation and hand hygiene in the community	<ul style="list-style-type: none"> -Build and sustain sanitation demand by: -kick- off and roll-out county sanitation and hand hygiene campaigns -Tailor and implement approaches to tackle OD -work closely with CHPs and public health officers on demand generation and latrine construction.
Monitoring	Weak oversight and progress monitoring towards hygiene and sanitation targets	<ul style="list-style-type: none"> -Steer coordinated implementation road map -set up sector review meetings -Monitor progress via progress reporting by Real time monitoring information system (RTMIS)

3.0. CHAPTER THREE: ANALYSIS OF COUNTY DEPARTMENT OF HEALTH INVESTMENTS, ACHIEVEMENTS AND TARGETS

(Provide a summary description of the Major flagships and projects, status of completions and estimated cost of the project)

Table 9: Health Sector Flagship Projects

	Project	Estimated cost	Year of Onset	Level of completion
1.	Construction of Mother and Baby unit at Iten County Referral Hospital	57,000,000	2022	90%
2.	Equipping of Mother and Baby unit Iten County Referral Hospital	100,000,000	2023	0
3.	Construction of OPD at Kapcherop Sub County	84,000,000	2023	50%
4.	Construction upgrade of Kaptarakwa Sub County	15,000,000	2023	0
5.	Upgrading of Tot Sub County Hospital	15,000,000	2023	100%

3.1 Organization of Service Delivery

(Provide a Narrative summary of Health investments, key achievements, and Targets)

Table 10: Health Service Delivery and Quality

	Intervention	Level I	Level II	Level III	Level IV/V	Sub-County Level	County level target for FY X-1	County level target for FY X+1
1.	Number of target primary care networks		94	33	3	4	1	1
2.	Number of functional primary care networks (PCNs)		94	33	3	4	1	1
3.	No of community units linked to PCN		50	33	8	91	0	126

	Intervention	Level I	Level II	Level III	Level IV/V	Sub-County Level	County level target for FY X-1	County level target for FY X+1
4.	No of people referred from community unit to health facility		0	0	0	0	29139	21,238
5.	% of clients referred from the community unit reaching the facility		0	0	0	0	29139	21238
6.	No of outreaches held from facility to community		143	66	16	16	233	548
7.	Number of facilities conducting at least one outreaches a month from facility to the community		0	0	0	0	0	60
8.	No of Community dialogue days held	491					470	1140
9.	No. of counties implementing National Action Plan for Health Security						0	0
10.	Health Emergency Operations Centre (EOCs) in the country						0	1
11.	Operational Ambulance command center						0	0
12.	No of facilities inspected at least once in two years by the independent regulatory authority for quality standards		115	30	7	120	100	137
13.	No of existing laboratories accredited		0	3	2	0	4	10
14.	Proportion of hospitals with functional facility quality improvement team (QIT)		0	0	37.5%	0	37.5%	100%
15.	Number of clinical audit meetings		0	0	4	0	2	2
16.	No of Maternal Mortality meetings to be held in the next 12 months		0	0	6	2	4	8
17.	Number of outbreaks investigated within 48 hours	0	0	0	0	12	10	16

3.2 Distribution of Tracer Health Infrastructure Elements

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Table 11: Infrastructure per Level (Only input functional infrastructure)

	Infrastructure	Number Available by Provider Type FY X-1				Number projected by Provider Type FY X-1			
		Level 5	Level 4	Level 3	Level 2	Level 5	Level 4	Level 3	Level 2
1.	Total Number of Facilities	0	3						
2.	Total Number of health facility beds	0							
3.	Number of Cancer treatment centers *	0	0	0	0	0	0	0	0
4.	Number of ICU Beds	0	2	0	0	0	4	0	0
5.	Number of HDU Beds	0	3	0	0	0	8	0	0
6.	Number of Renal Beds	0	5	0	0	0	20	0	0
7.	Number of Delivery Beds	0							
8.	Number of Maternity Beds	0							
9.	Number Operating Theatres	0	4	0	0	0	9	0	0
10.	Number of facilities Providing MRI services	0	0	0	0	0	0	0	0
11.	Number of facilities Providing CT-Scan Services	0	1	0	0	0	0	0	0
12.	Number of facilities providing basic X-Ray services	0	6	0	0	0	10	0	0
13.	Number of facilities providing UltraSound services	0	10	0	0	0	15	0	0

Infrastructure		Number Available by Provider Type FY X-1				Number projected by Provider Type FY X-1			
14	Number of facilities with Tertiary Laboratories (Class C or D)	0							
15	Number of facilities with Secondary Laboratory Services (Class B)	0							
16	Number of facilities with Basic Laboratory Services (Class A)	0							

Table 12: Health infrastructure density

Infrastructure	Baseline X-1	Targets X+1
Number of Health facilities per 10,000 population	2.63	2.63
Number of Hospital Beds per 10,000 population	17	31
Number of ICU beds per 100,000 population	0.06	0.19

3.4 Health Products and Technologies

Table 16: County Projected expenditure -Health Products and Technologies

Commodities	Government Expenditure (Ksh) for the FY X-1	Gap/Surpluses	Government projected Expenditure (Ksh) for the FY X+1	Gap /Surplus
Pharmaceuticals Supplies	62,000,000	103,000,000	66,500,000	98,500,000
Non Pharmaceutical Supplies	40,000,000	100,000,000	40,000,000	100,000,000
Public Health Supplies	5,500,000	14,500,000	4,000,000	16,000,000
Laboratory supplies /diagnostics	20,000,000	72,000,000	20,000,000	72,000,000
Nutrition	6,000,000	55,000,000	6,000,000	55,000,000
Medical Equipment and Technologies		0		0
Other Medical Supplies (Oxygen etc.)		0		0
Patient Food		0		0
Fuel and Lubricants		0		0
Other Fuels – Cooking gas, charcoal, firewood		0		0
Renal Supplies	6,000,000	1,500,000	6,000,000	1,500,000
Dental Unit	1,300,000	6,700,000	1,300,000	6,700,000
Radiology	6,200,000	2,800,000	6,200,000	2,800,000
Total	147,000,000	355,500,000	150,000,000	352,500,000

Table 17: County Performance -Health Products and Technologies

S/N	Indicator	Baselin	Target for
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O		e X-1	the FY X+1
1.	Average Order fill rate of the 22 tracer medicines by quantity (%)	56	100
2.	Average Order fill rate of the 23 tracer medical supplies by quantity (%)	54	90
3.	Average Order fill rate of the 14-tracer laboratory diagnostic supplies by quantity (%)	51	90
4.	Average Order fill rate of the 2-tracer radiology supplies by quantity (%)	50	100
5.	Proportion of Health facilities with stock out of any of the 23 tracer medical supplies for 7 consecutive days in a month.	50	20
6.	Proportion of Health facilities with stock out of any of the 22 tracer medicines for 7 consecutive days in a month.	60	20
7.	Proportion of Health facilities with stock out of any of the 14-tracer laboratory supplies for 7 consecutive days in a month.	60	20
8.	Proportion of Health facilities with stock out of any of the 2-tracer Radiology supplies for 7 consecutive days in a month.	50	100
9.	Proportion of health facilities submitting timely and complete HPT MOH 647 reports	88.5%	100%
10.	Proportion of hospitals with functional Medicines and Therapeutic Committees	37.5%	50%
11.	Counties with functional HPT Unit (Y/N)	1	1

3.5 Health Management Information Systems/ Monitoring and Evaluation

Health information system is one of the seven investment areas for an ideal health system. Monitoring and evaluation of health intervention in the county follows the ministry of health guidelines on reporting. Monthly reports are generated from all levels of service delivery and uploaded on the national KHIS platform at the sub county level.

Table 18: County Health Management Information Systems/ Monitoring and Evaluation

	Reporting	CU	Level II	Level III	Level IV/V	Sub-County	Baseline and Targets		
							Achievement FY X-2	Achievement FY X-1	Target FY X+1
1	No of Community Units /facilities providing complete monthly reports	126	94	32	11	4			142
2	No of hospitals reporting on inpatient morbidity and mortality			0	11	0			
3	No of all deaths (Health facility and Community) reported								
4	No of hospital deaths having certified cause of death								
5	Number of quarterly performance review meetings held	12	94	32	11	12			
6	Number of Quarterly performance reports prepared, and discussed by (level) management committee		124	64	32	4	560	284	1,440
7	Number of Quarterly DQAs conducted	0	260	96	32	16	514	404	544
8	Number of facilities with an end to end Electronic Health Records (EHR)		0	0	0	2	1	2	4
9	Functional health research committees in place (Yes/No)								
10	MOUs on research with at least one academic institution (Yes/No)								

3.6 Health Sector Management, Coordination, Leadership and Governance

The County Executive Committee member for health heads the department of health and is political lead and links the department with the County Assembly Committee of Health. The county assembly of health advocates for health budgetary allocation at the county and formulation of health bills for approval. The accounting officers are Preventive and Promotive and Clinical Services Chief Officers who deal with all matters of finances and human resources in the department . The technical arm is headed by the county directors of health, who also chair the CHMT that oversees health delivery at the County. At the Sub County level there are Sub County HMTs that are headed by the Sub County MOHs. The Sub County HMTs are in charge of all the health facilities within their jurisdiction. Health Facilities Management Committees act as a link between the facility and the community and overall management of the health facilities. The secretary is the facility incharge. At the community level there are community Health Committees that oversee the functions of the community units that refer clients to health centers and dispensaries. The Hospitals have the Hospital management boards that oversee the operations and the day to day running of the hospital is managed by the Hospital Management team and headed by medical superintendents. Health interventions in the county are supported by partners and community-based organizations in terms of financing and technical assistance to supplement the exchequer budget. Both the County and the Sub County HMTs conduct monthly and quarterly support supervision. The department has an M&E unit that is involved in planning and monitoring activities in the department. There's a health sector stakeholder forum that includes health leadership, line ministries, partners, CBO, Political wing and community representatives.

Table 19: County Health Management, Coordination, Leadership and Governance

	Intervention	Level 1	Level 2	Level 3	Level 4/5	Sub-County Level	County level baseline Fy x-1	County Level Target FY X+1
1	Emergency and contingency plans	0	0	0	1	0	0	1
2	Health service charter is available, and is displayed		108	31	8	0	0	140
3	No of Drugs and Therapeutic Committee meetings held in past 12 months				2	0	3	12
4	No of Quarterly Supportive supervisions conducted					12	12	16
5	No of Management Team meetings (CHMT, SCHMT, HMT) held in past 12 months ***	504	282	132	32	36	986	3204
6	No of Quarterly Hospital Boards, Facility Health committee/Community Health Committee meetings held in past 12 months				22	36	78	52
7	No of Quarterly stakeholder meetings held in past 12 months	0	0	0	0	3	8	20
8	Annual Work Plan available for past year	65	90	28	8	5	196	268
9	Annual Performance Report available past year (FY X-1)	0	0	0	0	5	5	268
10	No of Registered Complaints							
11	No of complains addressed within 72 hours (%)							
12	Number of Health Managers trained in Health Leadership & Governance	0	0	0	2	2	4	10
13	No of annual client satisfaction survey conducted	0	0	0	0	0	0	0
14	No of employee and work environment survey conducted annually	0	0	0	0	0	0	0

*** Fill what is applicable to your level

3.7 Health Research and Development

Health research and development is a sub unit that is well anchored within the health management and information system unit under the M&E unit. The County has established this unit and in this regard a health research committee at the county level has been established whose sole purpose is to oversee the implementation of research at the County level. The unit collaborates with other health institutions in conducting the research, however due to limited funding the unit has not operationalized some of its core mandates.

Table 20: Health Research and Development

S.No	Intervention	Baseline FY X-1	Target FY X+1
1	County health research committees formulated	1	1
2	County level staff capacity build on knowledge translation	20	50
3	Proportion of health budget allocated to research (%) increased	0	1%
4	Policy briefs to inform on evidence developed	1	6
5	MOUs on research between counties with at least one academic institution developed	1	3

CHAPTER FOUR: HEALTH OUTPUTS: ACCESS, DEMAND, CAPACITY AND UTILIZATION

Achievements and Targets

Table 21: Health Outputs: Service Capacity, Access, Demand and Utilization

	Indicator	Baseline (X-1)	Target (X+1)
	Access, Demand		
1	Average distance to Nearest Health Facility	2.5km	2.5kms
2	Service Availability and Readiness Index	0	0
3	Health Facility density (number per 10,000 population)	141	100
4	Inpatient beds per capita, relative to a maximum threshold of 18 per 10,000 population	18	18
5	Access to specialized health care in management of lifestyle diseases (Renal, Cancer, Diabetes and Cardiovascular Diseases)	24	230
	Capacity		
6	Percentage of delivery facilities providing all 7 Basic Emergency Obstetric Care (BEmONC) services	30	32
7	Proportion of hospitals providing CEmONC services (public, private, primary, secondary & Tertiary)	62	68
	Utilization		
8	OPD per capita utilization rate	3	1
9	% Of inpatients (admissions) Under 5	13	10
10	% Of inpatient (admissions) Over 5	83	65
11	% Bed occupancy rate	60	50

4.1 Improving quality of care

Table 22: Quality and safety of care

No.	Quality and safety of care	Baseline (X-1)	Target FY (X+1)
1	Caesarean section rate (%)	13.2	<15
2	% of Emergency surgical cases operated on within one hour	0	2
3	Proportion of malaria test positivity rate (confirmed malaria cases)	13.8	10
4	Number of Maternal deaths audited	30	20
5	Facility maternal deaths per 100,000 deliveries	36	20
6	Fresh Stillbirth rate per 1,000 births in institutions	13.6	9
7	Road traffic fatalities per 100,000 population	125	100
8	Average Length of stay (ALOS) Medical Ward	6	4

No.	Quality and safety of care	Baseline (X-1)	Target FY (X+1)
9	% of Maternal deaths Audited	100	100
10	ART Retention Rate	68	96
11	TB Treatment Success Rate	90	95

4.0. SECTION FIVE: HEALTH OUTCOME ACHIEVEMENTS AND TARGETS

Although the population appears to be generally healthy according to the most recent health indicators, death rates are still high, especially for women and children. The County reported 33% of births in the county being attended to by untrained birth attendants outside of medical facilities. According to DHIS reports for 2023 More than 75% of all outpatient cases reported are related to respiratory disorders, skin conditions, malaria, diarrheal illnesses, pneumonia, typhoid, intestinal worms, and infections of the eyes and ears. The county's morbidity profile is still dominated by parasitic infections, nutrition deficiency disorders, and infectious and communicable diseases (DHIS 2023). The majority of the inhabitants persist in pursuing medical attention in healthcare facilities for illnesses that can be managed through proactive and supportive measures.

4.1 Problem Analysis and Priority Interventions

Eliminate Communicable Conditions

With the implementation of national guidelines for tuberculosis treatment, the success rate of tuberculosis treatment has improved over the past three fiscal years. ART retention rates have increased over the past three periods. The proportion of maternal deaths investigated has remained consistently high at 100% over the past three financial years. This is due to the strong implementation of the maternity policy in place in the district.

Halt and Reverse Increase in Non-Communicable Conditions

There has been a significant increase in cardiovascular and mental illnesses over the past three fiscal years. This is due to demographic and social changes such as globalization, urbanization and aging, as well as the introduction of unhealthy lifestyles such as unhealthy diet, lack of exercise and excessive alcohol consumption.

Reduce the Burden of Violence and Injuries

Over the past three financial years, the number of injuries has increased sharply, with a slight increase in the number of people injured in road accidents.

The number of outpatient admissions related to gender-based violence has remained relatively constant over the past three fiscal years, which may reflect increased awareness of the need to prevent these situations.

Provide Essential Health Care

.....
Table 23: Health Outcome Indicators performance and Target

	Strategic Objectives	Baselines x-2 (2021/22)	Baselines X-1 (2022/23)	Target X+1 (2024/25)
A	Eliminate Communicable Conditions			
1	Proportion HIV+ pregnant mothers receiving preventive ARV's to reduce risk of mother to child transmission (PMTCT)	99.5	97	100
2	% Of children under 1 year of age fully immunized	77	72	90
	% Of children receiving one dose of penta1			
3	% Of children receiving three doses of Penta3 (containing vaccine (HIB/Hib/DPT3)	83	74	90
4	% Of TB patients completing treatment	83	70	90
5	Number of newly diagnosed TB cases	542	79	610
6	% Of eligible HIV clients on ARVs	75		95
7	Proportion of HIV +ve identified	77		95
8	% Of children under five years treated for Diarrhea with ORS & Zinc	34	52	100
9	% Of school age Children de-wormed	65	49.4	80
10	Proportion of Pregnant Women receiving TT2 Plus immunization	80		100
11	Number of pregnant women receiving IPT2	N/A	N/A	N/A
12	Number of children under 1 distributed with Long Lasting Insecticide Treated Nets (LLITNs) in endemic and epidemic districts	14785		17754
13	Number of pregnant women distributed with Long Lasting Insecticide Treated Nets in endemic and epidemic districts	15441		18881
14	Total confirmed malaria cases [per 1,000 persons per year]		13	10
15	Proportion of people receiving MDA for	N/A	N/A	N/A

	schistosomiasis			
B	Halt and Reverse Increase in Non-Communicable Conditions			
16	% Of Women of Reproductive Age screened for cervical cancer	592	1392	2500
17	Number of new Outpatients with mental health conditions per 100,000 population	340		400
18	Number of new Outpatients diagnosed with high blood pressure per 100,000 population	1685		1800
19	Number of new Outpatients diagnosed with Diabetes per 100,000 population	919		1000
20	Proportion of adults OPD clients with BMI more than 25	0.02		0.01
21	Proportion of adolescent girls vaccinated with HPV 2 vaccine	13.1		20
C	Reduce the burden of violence and injuries			
22	% Of new outpatient cases attributed to gender-based violence	0.03	0.3	0.01
23	Road traffic injuries in OPD as a % of all diagnoses	0.1	0.3	0.1
24	% Of new outpatient cases attributed to other injuries	5	5	4
25	% Of Patients with injury related conditions dying in the facility	0	0	0
D				
26	% Of Pregnant women attending at least 4 ANC visits	28	26.2	45
27	% Of Women of reproductive age (WRA) receiving family planning (FP) commodities	28	35	64
28	Proportion of pregnant women getting IFAS supplements at 1st ANC	78	71	85
29	% of deliveries conducted by skilled attendants in health facilities	68	66	80
30	Number of children Under 5 dying in health facility	54	2	0
31	Fresh Stillbirth rate per 1,000 births in health facilities	52.7	58.8	10
32	Number of Facility Maternal deaths per 100,000 deliveries	4	3	0
33	% of surgical cold cases operated	9	0	
34	Proportion low birth weight in health facilities rate per 1,000 births	11.8	9.3	0.1
35	Proportion of Children under 5 years attending Child Welfare Clinics for growth monitoring (new cases)	18	23	50
36	Proportion of Households provided with health promotion messages			
37	Proportion of Clients tested for HIV amongst 1st ANC attendees	98	98	100
38	Couple Year Protection (CYP) (Million)			

E				
39	Percentage of children 0-5 (<6 months) months who were exclusively breastfed	88	81	90
F				
40	Proportion of Children under 5 years attending Child Welfare Clinics who are under weight	4.6	1.9	2
41	Proportion of Children under 5 years attending Child Welfare Clinics who are stunted	0.5	0.01	0.5
42	% of Households with functional toilets	41	50	80
43	% of Households with hand washing facilities	36	58	80
44	% of households using improved sanitation facilities	68	73	80
45	% of households using improved safe water facilities	67	62	70
46	% of health facilities access to source of power	87.2	89	100
47	% of women completed secondary education			

** Challenges are those problems within control of the County to manage. They form the basis for the planned activities, and should therefore have achievable solutions*

SECTION FIVE: FINANCING AND ANNUAL PROGRAM BASED WORK PLAN

The plan has provided three programs in the department of health namely: Curative and Rehabilitative Services, Preventive and Promotive Services and General Administration, Coordination, Planning, Budgeting and M&E. This section of the plan outlines the resource envelope for the various programmes and sub-programmes as well as a summary of all the priority activities planned for the year.

5.1 County Health financing

Elgeyo Marakwet County allocated Ksh. 1,602,244,499 to the department of health which represents 35% of the total county budget. The department received 1,515,839,499 and utilized the received amount. These funds consisted of funds from the sources listed in the table below.

Bench 24: County Health financing FY X-1 by Program and sub-program

	Item	GoK/County government	GoK (conditional grants)	User fees	Other gov't sources	Local donors/Partners	Total
		(equitable allocation)			(for ex: CDF/WDF)		
Program 1: Curative and rehabilitative services	Amount allocated	78,490,000.00	10,980,000.00	8,788,919.00	-	5,000,000.00	103,258,919.00
	Amount received	78,490,000.00	10,980,000.00	8,788,919.00	-	5,000,000.00	103,258,919.00
	Expenditure	78,490,000.00	10,980,000.00	8,788,919.00	-	5,000,000.00	103,258,919.00

	Actual requirements	78,490,000.00	10,980,000.00	8,788,919.00	-	5,000,000.00	103,258,919.00
	Gap/surplus	-	-	-	-	-	-
Program 2: Preventive and promotive services	Amount allocated	62,745,000.00	-	-	-	21,183,214.81	83,928,214.81
	Amount received	62,745,000.00	-	-	-	21,183,214.81	83,928,214.81
	Expenditure	62,745,000.00	-	-	-		62,745,000.00
	Actual requirements	62,745,000.00	-	-	-		62,745,000.00
	Gap/surplus	-	-	-	-	5,000.00	5,000.00
Program 3: General administration, coordination, planning, budgeting and M&E	Amount allocated	158,056,783.00	-	-	-	19,652,000.00	177,708,783.00
	Amount received	158,056,783.00	-	-	-	19,652,000.00	177,708,783.00
	Expenditure	158,056,783.00	-	-	-	19,652,000.00	177,708,783.00
	Actual requirements	158,056,783.00	-	-	-	19,652,000.00	177,708,783.00
	Gap/surplus	-	-	-	-	-	-
Total for county Department of Health (CDoH)	Amount allocated	299,291,783.00	10,980,000.00	8,788,919.00	-	45,835,214.81	364,895,916.81
	Amount received	299,291,783.00	10,980,000.00	8,788,919.00	-	45,835,214.81	364,895,916.81
	Expenditure	299,291,783.00	10,980,000.00	8,788,919.00	-	24,652,000.00	343,712,702.00
	Actual requirements	299,291,783.00	10,980,000.00	8,788,919.00	-	24,652,000.00	343,712,702.00
	Gap/surplus	-	-	-	-	5,000.00	5,000.00

5.2 Program Based Annual Work Plan

This section of the plan provides an overview of the programs and subprograms and all priority activities planned for the year.

It details the activities and expected results, implementation schedule, and estimated budget for each subprogram and activity within the program.

Program 1: Curative and Rehabilitative Health Services

Program Outcome: Effective and efficient curative and rehabilitative health care services to the county citizens

Program Objective: To provide effective and efficient curative and rehabilitative at all health service delivery units.

Table 25: Curative and Rehabilitative Health Services

Key intervention areas	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
Sub-Program 1: Primary Health Facility Services									
Primary care treatment services	Increased outpatient utilization from XX to YY at primary level facilities	Support for Operations and Maintenance of Level 2 and 3 facilities with DANIDA matching grant funds	X				6,588,000	EMC	DANIDA FP
		Support for Operations and Maintenance of Level 2 and 3 facilities with DANIDA PHC funds		X			4,392,000	DANIDA	DANIDA FP
		Support for Operations and Maintenance of Level 1 community units with DANIDA funds			X		1,555,500	DANIDA	DANIDA FP
		Support for Operations and Maintenance of for Level 2 and 3 facilities with User fee funds				X	8,788,919	EMC	DANIDA FP
		Hold regular clinical Audits in all hospitals					200,000	EMC	CCO
		Payment of NHIF to 125	X				750,000	EMC -	NHIF Focal

Key intervention areas	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		beneficiaries NHIF Indigent Program Metkei Ward						EDA	Person
		NHIF indigents across the ward for 166 beneficiaries NHIF indigents Kapsowar Ward	X				1,000,000	EMC - EDA	NHIF Focal Person
		Provide updated services charts in all facilities	X	X	X	X	1,200,000	EMC	DMS
		Conduct regular client interview (Internal and External)	X	X	X	X	200,000	CG	DMS
		Strengthen the implementation of complements and complaints redress mechanisms	X	X	X	X	100,000	CG	Social Work
	Primary care diagnostic services	Increased number of primary level health facilities providing basic lab laboratory tests from 32 to 50	Procure basic Lab equipment (18 HF)	X				1,100,000	CG
Procurement of Reagents			X	X	X	X	5,200,000	CG	CMLT
Capacity Build and Mentor staff on basic diagnostic updates			X	X	X	X	8000000	CG	CMLT
Repairing and replacement of existing equipment			X	X	X	X	8000000	CG	CMLT
	Increased number of primary level health facilities providing	OJT on basic lab	X	X	X	X	400000	CG	CMLT

Key intervention areas	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	basic laboratory services from 33 to 45.	diagnostics							
		Capacity building on diagnostic updates	X	X	X	X	200000	CG	CMLT
		Purchase microscope		X		X	800000	CG	CMLT
		Train HCP on basic tests					400000	CG	CMLT
Primary facility in-patient services	Expansion of inpatient services	Construction 20 inpatient wards with a bed capacity of 500 beds	X	X	X	X		CG	DMS
Quality health care services	Improved patient safety	Sensitization of staffs on Quality improvement	X	X	X	X	500,000	AMPATH	DMS
		Provision of signages on patient's safety.	X		X		1,000,000	User Fee	DMS
		Sensitization of staffs on basic emergency services	X	X	X	X	1,000,000	CG	DMS
		Provide septic Tank for County referral Hospital	X				5,000,000	CG	DPH
Referral services	Increased number of referrals from the community, received at the facility from x to y.	Sensitization CHEWS and CHPs on basic and technical modules			X		2,000,000		CCHS-FP
		Purchase of 2 motorbikes	X				600,000	EMC	DPH

Key intervention areas	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		for public health Aror ward							
		Sensitize the public on the importance of early referrals	X						
		Sensitize community stakeholders on importance of safe circumcision	X				4,000,000	MTRH	DPH
		Purchase MOH referrals tools	X				300,000	EMC	DMS
	Increased number of primary level facilities with access to an ambulance	Establishment of a command and control centre at ICRH	X	X	X	X		EMC - EDA	Emergency & Ambulance Coordinator
		maintained and fuelling of ambulances Ambulance services Metkei Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator
		Patient referral services Fuel and Maintenance of 2 ambulances Ambulance Services Tambach Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator
		Fuel and maintenance Ambulance services Sengwer Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator

Key intervention areas	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		Fuel & maintenance of 2 ambulances Ambulance services Cherangany Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator
		Patient refferals maintenance of 2 ambulances Ambulance services Sambirir Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator
		Maintenance of 2 ambulances Ambulance Services Soy South Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator
		Maintenance of 2 Ambulances fuel and equipment Ambulance services Lelan Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator
		Maintenance of 2 Ambulance fuel and equipment Ambulance services Kaptarakwa Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator
		Maintenance of 2 Ambulances Ambulance Services Endo Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator
		Maintenance of 2 Ambulances Ambulance service Arror Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator
		Maintenance of 2 Ambulances Ambulance	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance

Key intervention areas	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		Kabiemit Ward							Coordinator
		Maintenance of 2 Ambulances Ambulance services Embobot Embolot Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator
		Maintenance of 2 Ambulances Ambulance Services Emsoo Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator
		Maintenance of 2 Ambulances (Fuel, Insurance and servicing) Ambulance Services Moiben/Kuserwo Ward	X	X	X	X	1,000,000	EMC - EDA	Emergency & Ambulance Coordinator
		Maintenance of 2 Ambulances Fuel and maintenance Ambulance Services Kapchemutwa Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator
		Maintenance of 2 Ambulances Fuel and maintenance services Ambulance Services Chepkorio Ward	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator
		Maintenance of 2 Ambulances Fuel and maintenance Ambulance	X	X	X	X	1,500,000	EMC - EDA	Emergency & Ambulance Coordinator

Key intervention areas	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		Services Kapyego Ward							
Staffing	Improved capacity (numbers and skill set) of HCWs in primary facilities to provide essential services	Train staff on EMS	X	X	X	X	1,000,000	CG	CE&RC
Commodities-	Reduce stock out of essential medicines and commodities	Train health care workers on health products management	X	X	X	X	1,000,000	CG & IPs	CE&RC
		Train staff on pharmacovigilance	X					CG & IPs	CP
		Train staff on LMIS	X					CG & IPs	CE&RC
	Increased availability of basic equipment	Train on preventive maintenance	X					CG & IPs	CE&RC
		Update asset register		X				CG & IPs	CE&RC
		Procurement of circumcision kits					4,000,000	MTRH	DMS
Sub-Program 2: Hospital Level Services									
General Outpatient services	Increased outpatient utilization from XX to YY at hospital level	Improving Screening and triage sites in Tot, Chebiemit, Tambach, Kammwosor hospital	x	x	x	x	3,000,000	CG – (FIF)	DMS
		Establish minor theatre in Tot, Chebiemit, Tambach, Kammwosor in all hospitals	x	x	x	x	4,000,000	CG – (FIF)	DMS
		Establish and equip	x	x	x	x	2,000,000	CG (FIF)	DMS

Key intervention areas	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		adequate Consultation rooms in Tot, Chebiemit, Tambach, Kammwosor hospitals							
		Establish an A&E unit at Tot, Chebiemit, Tambach, Kamwosor hospitals		x	x	x	4,000,000	CG & IPs	DMS
Specialized Outpatient services	Expand the range of specialized services from x to y.	Establish 4 ENT sites in Tot, Chebiemit, Tambach, Chepkorio hospitals	x	x	x	x	2,000,000	CG & IPs	DMS
		Establish 4 Ophthalmology clinic in Tot, Kapcherop, Tambach, Biretwo hospitals	x	x	x	x	2,000,000	CG & IPs	DMS
		Establish Dental in Tot, Chebiemit, Tambach, chepkorio hospitals	x	x	x	x	6,000,000	CG & IPs	DMS
		Establish NCDs services at Tot, Kaptarakwa, Kapcherop, Tambach Hospital.	x	x	x	x	1,000,000	CG & IPs	DMS
		Establish Chest and clinics at Tot, Chepkorio, ICRH, Kamwosor Hospitals.	x	x	x	x	2,000,000	CG & IPs	DMS

Key intervention areas	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		Establish dermatology clinics at Tot, Chepkorio, Tambach, Chebiemit Hospitals.	x	x	x	x	2,000,000	CG & IPs	DMS
Rehabilitative Services	Expand the range of rehabilitative services from x to y (including mental, social support)	Establish Physiotherapy services in Tot, Tambach, Chebiemit & Kamwosor Hospitals	x	x	x	x	2,500,000	CG & IPs	DMS
		Establish Occupational Services in Tot, Tambach, Chebiemit, Kapcherop, Kaptarakwa & Chepkorio Hospitals	x	x	x	x	1,500,000	CG & IPs	DMS
		Establish Orthopedic Technology services at Tot & Kocholwo Hospital	x	x	x	x	6,000,000	CG & IPs	DMS
Theatre Services	Increase range of theater services from XX to YY	Procure theater equipments and other requirement i.e gowns, scrubs at & Kapcherop Hospitals	x	x	x	x	1,000,000	CG & IPs	DMS
		Operationalize theatres at Tambach, Tot, Kamwosor, Kaptarakwa & Kocholwo hospitals	x	x	x	x	5,000,000	CG & IPs	DMS
		Repair of autoclave machine in all facilities	x	x	x	x	2,000,000	CG & IPs	DMS

Key intervention areas	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		Walkways to theatre in Kaptarakwa hospital	x	x	x	x	2,000,000	CG	DMS
	Reduce waiting time for elective cases	Establish Minor surgeries i.e stitching	x	x	x	x	300,000	CG	DMS
In-patient Services	Reducing ALOS for medical patients	Provide Regular ward rounds	x	x	x	x	0	CG	DMS
		Avail adequate medical drugs	x	x	x	x	0	CG	DMS
		Implement QI in all hospitals	x	x	x	x	2,000,000	CG	DMS
		Prompt referrals	x	x	x	x	0	CG	DMS
		Implement Waiver policy		x	x	x	1,000,000	CG	DMS
	Improving the inpatient services	Purchase Linen	x				3,000,000	CG	DMS
		Purchase Non – Pharmaceuticals	x				1,000,000	CG	DMS
		Purchase of pediatrics ward beds at Tot	x				1,000,000	CG	DMS
		Procure Blood culture machine at ICRH		X			2,000,000	CG	CMLT
Laboratory services	Operationalize Bacteriological tests in	purchase of media , reagents, culture plates,		X		X	1,500,000	CG	CMLT

Key intervention areas	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	ICRH	Renovation of Microbiology unit	X				4,000,000	CG	CMLT
		Assorted microbiology equipment	X				4,600,000	CG	CMLT
	Stock out reductions of lab commodities & supplies	Procurement of lab reagents and equipment	X	X	X	X	8,000,000	CG	CMLT
		Registration of Labs	X				180,000	CG	CMLT
		ISO Certification	X	X	X	X	800,000	CG	CMLT
		Lab QMS Exercise	X	X	X	X	200,000	CG	CMLT
		Assorted documentation		X			100,000	CG	CMLT
	Lab Equipment operationalization maintenance/ and service	Machine Servicing		X			2,000,000	CG	CMLT
		Machine Calibration	X	X	X	X	400,000	CG	CMLT
	Increase safe blood and blood products	Sensitization of the community of the importance of blood donation	X	X	X	X	800,000	CG	CMLT
	Blood campaign exercise in community, colleges and high schools	X	X	X	X	960,000	CG	CMLT	
	Blood Screening	X	X	X	X	120000	CG	CMLT	
	Procure 3 blood donor recliners/ bleeding coaches		X			500,000	CG	CMLT	

Key intervention areas	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		purchase of two 50-seater tent		X			200,000	CG	CMLT
	Repair and Service of the blood bank d/cab vehicle		X		X		250000	CG	CMLT
Other Lab services	Increase motor riders from 7 to 12 for sample referrals	Contract 5 more motor bike riders	X	X	X	X	4,320,000	AMPATH	CMLT
	Increased number of staff updated on modern lab procedures and management	Mentorship/ trainings, OJT	X	X	X	X	3,000,000	CG	CMLT
Radiology services	Reduce stockout of radiology reagents and supplies	Thermal papers		x	x	x	400,000	CG	CMLT
		Laser imaging films	x		x x	x	1,000,000	CG	CMLT
	Increase the scope of services rendered from XX to YY	Repair of broken down ultrasound machine so that services like echocardiogram are offered	X				1,000,000	CG	CMLT
		Maintenance	X	X	X	X	1,000,000	CG	CMLT
Quality health care services	Improve patient safety	Covered patient walkways			x	x	800,000	CG	DMS
		Provide fire extinguishers in all Hospitals							
		Conduct fire drills							
		Train HCWs on sign language in health care services							

Key intervention areas	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
Referral services									
Mortuary services	Increase the scope of mortuary services x to y	Establish mortuary services at Chebiemit, kapyego, kocholwo, Chegilet and Kapchemutta Health Facilities	X				4,000,000	CG	DMS
		Operationalize Chesoi & Kapcherop Health Facility							
		Repurpose Kapkata Mortuary to a Health Facility Kitchen							
	Increase the numbers of skilled human resources from XX to YY	Employ 14 morticians			X		10,000,000	CG	DMS
		Sub-Program Total							
		Program Total							

Program 2: Preventive and Promotive Health Services

Program Outcome:
Program Objective.

Table 26: Preventive and Promotive Health Services

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
Sub-Program 1: Reproductive Maternal Neonatal Child Health (RMNCH) Services									
Service Delivery	Increase the proportion of Pregnant women attending at least 8 ANC visits from 1% to 5%	Capacity building of HCP on FANC	X		X	X	2,500,000	ENRICH & REACT IN	CRHC
		Capacity building of CHPs on early referrals of pregnant mothers	X	X	X	X	1,800,000	ENRICH & REACT IN	CRHC
		Male involvement in REMCAH services	X	X	X	X	1,800,000	ENRICH & REACT IN	CRHC
		Quarterly integrated outreaches in targeted areas	X	X	X	X	2,000,000	ENRICH & REACT IN	CRHC
		Targeted quarterly support supervision for REMCAH Activities	X	X	X	X	3,600,000	GOK	CM&E
	Increase the proportion of Women of reproductive age (WRA) receiving family planning (FP) commodities from 45 %to 64%	integrated inreaches and outreaches	X		X		2,000,000	partners	CRHC
		Quarterly facility mentorship on LARC HCP	X	X	X	X	2,000,000		CRHC
		C/SCHMT quarterly targeted support supervision	X	X	X	X	3,600,000	GOK	CM&E
	To scale up GBV services in the County	Support GBV/FP/ANC/PNC/ Quarterly RDQA	X	X	X	X	3,600,000	GOK/Partners	CHRIO
		Quarterly data review	X	X	X	X	3,600,000	GOK	CHRIO
		Training of HCW on GBV					2,000,000		

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person	
Staffing		Sensitize CHPs on GBV					1,000,000			
		Facility readiness assessment on GBV services					3,000,000			
		Support integrated county supervisions on quarterly basis	X	X	X	X	2,800,000	Accelerate/AMPA TH/WV/County government	CM&E	
	To reduce Fresh Stillbirth rate per 1,000 births in health facilities	Capacity building of HCP on C/B/EMONC in all health facilities		X		X	5,000,000		CRHC	
		capacity building of HCP on RMC		X		X	2,800,000	partners	CRHC	
	Reduce the Number of Facility Maternal deaths per 100,000 deliveries									
		Dissemination on WHO partograph		X		X	2,500,000	K MET	CRHC	
		support supervision	X	X	X	X	3,600,000	GOK	CME	
	Improved capacity (numbers and skill set) of HCWs in primary facilities to provide essential services	on job training and mentorship on EmONC		X		X	2,000,000	GOK	CRHC	
		Training on kangaroo mother care		X		X	2,300,000	REACT IN	CRHC	
	Commod	Reduce stock	Consistent supply of	X	X	X	X	0	CG	CP

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
Medicines and supplies	out of essential medicines and commodities	misoprostol							
		Support purchase Syntocinon	X		X		0	CG	CP
		Support purchase Dual test kits		X		X	0	CG	CMLT
	Increased availability of basic equipment	Support for purchase of 100 MVA kits @ 4800			X		480,000	CG	CMED ENG
		Support for Consistent supply FP methods			X		0	CG	CMED ENG
Other expenses	Office accessories	Stationaries (Note books, rim papers, box files,) Stapler		X		X	300000	CG	DMS
		Purchase of 5 lab tops for RH coordinators			X		750,000	CG	DMS
		Support purchase of 5 extension cables @1200		X			6,000	CG	DMS
	Asset Inventory	NBU , 1 CPAP machine					350,000	CG	DMS
		4 Incubators for new born unit			X		1,440,000	CG	DMS
		Support purchase of 10 Delivery Beds	X				3,000,000	CG	DMS
	Preventive Maintenance	Printing of 20,000 mother child booklets			X		6,000,000	CG/REACTIN]	CHRIO
	Sub-Program 1 Total:								
Sub-Program 2: Immunization Services									
Service delivery	Increase the proportion of children under	Conduct targeted outreaches in hard to reach areas 3 per quarter per facility for 60	X	X	X	X	4,400,000	CG	EPI Log

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	1 year of age fully immunized	facilities							
		Strengthening contact tracing of unvaccinated children and tying to incentives @200 per child for 3 CHPs per facility	x	x	x	x	1,305,600	CG	EPI Log
		Conducting community sensitization on the need for completion of vaccination.	x	x	x	x	1,000,000	CG	EPI Log
	Increase the proportion of children receiving one dose of Penta1 (containing vaccine (HIB/Hib/DPT1) from XX to YY	Increasing demand through facilities in hanging/lower valleys conducting at least 3 targeted outreaches per quarter. integrated outreaches	x	x	x	x	1,000,000	CG & IP	EPI Log
		Strengthening community sensitization on the need of children to receive all antigens.	x	x	x	x	1,000,000	CG & IP	EPI Log
		Strengthening contact tracing of unvaccinated children for all antigens and tying to incentives for CHVs. Inclusive in the other defaulter tracing	x	x	x	x	1,000,000	CG & IP	EPI Log
Increase the proportion of children receiving three doses of penta 3(containing vaccine(HIB/Hib/DPT3) from	Conduct targeted outreaches in hard to reach areas 3 per quarter per facility for 60 facilities	X	X	X	X	4,400,000	CG	EPI Log	

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	XX to YY								
	Increase the proportion of Children receiving one dose of yellow fever vaccine at 9 months XX to YY	Conduct targeted outreaches in hard to reach areas 3 per quarter per facility for 60 facilities	X	X	X	X	1,200,000	CG	EPI Log
	Increase the proportion of girls receiving 1 dose of HPV from XX to YY.	Conduct targeted outreaches in hard to reach areas 3 per quarter per facility for 60 facilities	X	X	X	X	1,200,000	CG	EPI Log
	Increase the proportion of high risk group getting atleast 1 dose of covid 19 vaccine.	Conduct targeted outreaches in hard to reach areas 3 per quarter per facility for 60 facilities	X	X	X	X	2,400,000	CG	EPI Log
Staffing	Improved capacity (numbers and skill set) of HCWs in primary facilities to	Train a class of 80 HCW on OPL EPI	X				400,000	CG	EPI Log
		Conduct quarterly targeted support supervision on immunization. 16 Sub county and 4 County.	X	X	X	X	800,000	CG	M&E

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	provide essential services								
Commodities and supplies	Reduce stock out of vaccines	Timely Quarterly sub counties collecting Vaccines 16 rounds	X	X	X	X	180,000	CG	EPI Log
		Monthly collection of vaccines by 138 SDP.	X	X	X	X	200,000	CG	EPI Log
		Yearly Target setting and vaccine forecasting.	X	X	X	X	400,000	CG	EPI Log
	Increase availability of basic equipment	Recalling and redistribution of KEPI fridges to Non immunizing facilities.	X	X	X	X	300,000	CG	EPI Log
		Biannual PPM in all 138 fridges.	X	X	X	X	200,000	CG	EPI Log
		Timely repair and maintenance of faulty fridges.	X	X	X	X	400,000	CG	EPI Log
Other expenses	Office accessories	provision of photocopy papers for vaccine ordering sheets per sub county.	x	x	x	x	16,000	CG	EPI Log
		Bundles/Airtime	x	x	x	x	60,000	CG	EPI Log
	Asset Inventory	quarterly updating of KEPI fridges inventory per sub county	x	x	x	x	6,000,000	C/G	EPI Log
	Preventive Maintenance	Conduct quarterly PPM for all KEPI fridges.	x	x	x	x	6000,000	CG	EPI Log
		Timely repair maintenance of	X	X	X	X	100,000	CG	EPI Log

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		KEPI fridges.							
		Timely servicing and maintenance of KEPI Vehicle and motorbike	x	x	x	x	60,000	CG	EPI Log
		Sub Program 2: Total							
Sub Program 3: Nutrition Services									
Service delivery	Reduce the proportion of Children under 5 years attending Child Welfare Clinics who are underweight	Train 500 HCWs on BFCI	X	X	x	x	15,000,000	County & React In - Grow	CNC
		Train 300 HCW on Care group Model		X	X	X	9,000,000	County & React In - Grow	CNC
		support 60 CU to start Care groups	X	X			5,000,000	County & React In - Grow	CNC
		support 160 CU start MTMSG	X	X	X		6,000,000	County & React In - Grow	CNC
		Conduct community Sensitizations on MIYCN		X	X	X	4,000,000	County & React In - Grow	CNC
	prevent Anaemia among adolescent girls	Train 30 HCW ON WIFA		X			1,300,000	County & React In - Grow	CNC
		train 400 HCW, teachers on weekly iron and folic acid supplementation.	X	X	X		1,400,000	County & React In - Grow	CNC
		Sensitize school management from targeted schools on a gender responsive adolescent health and nutrition package		x	x	x	5,000,000	County & React In - Grow	CNC
		conduct health education among adolescent boys and girls	X	X	X	X	6,000,000	County & React In - Grow	CNC
		Hold community sensitization forums	X		X	X	5,000,000	County & React In - Grow	CNC
		Provide a gender responsive							

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		adolescent health and nutrition education package and WIFA supplementation in schools							
		Hold quarterly county and subcounty project review meetings with MOH and MOE teams		X		X	2,000,000	County & React In - Grow	CNC
	Reduce incidences of Neural tube defects among Newborn babies	Train 300 HCW ON IFAS		X	X	X	9,000,000	County & React In - Grow	CNC
		ensure All pregnant women consume IFAS for at least 7 months when they are pregnant,			X		3,000,000	County & React In - Grow	CNC
	Reduce the proportion of Children under 5 years attending Child Welfare Clinics who are stunted	Conduct early screening for malnutrition	X	X			5,000,000	County & React In - Grow	CNC
Staffing	Improved capacity (numbers and skill set) of HCWs in primary facilities to provide	Sensitize, train and provide supportive supervision and mentorship to school management, and health teachers on a gender responsive adolescent health and nutrition package that includes: nutrition education for adolescents,	X	X	X	X	2,000,000	County & React In - Grow	CNC

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person	
Commodities and supplies	essential services	lifestyles and physical activity guidelines, WIFAS for adolescent girls, and (in Kenya) school agriculture								
	Reduce stock out of supplementary feeds	Procure IFA for adolescent health and nutrition program and menstrual hygiene kits for girls on stop-gap basis (Kenya and Tanzania only)		X	X			2,740,000	County & React In - Grow	CNC
		Develop/strengthen distribution/supply chain systems for WIFAS and other commodities and supplies in project areas in collaboration with the Ministry of Health and Ministry of Education (Kenya)		X	X	X		250,000	County & React In - Grow	CNC
Increased availability of basic equipment	Procurement of various nutrition anthropometric tools		X	X			3,000,000	CG	CNC	
Other expenses	Office	Merger fund Nutrition International Kabiemit Ward	X				500,000	EMC EDA	CNC	

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	accessories	Counterpart funding Nutrition and sanitation health Kapsowar Ward	X				500,000	EMC EDA	CNC
	Asset Inventory								
	Preventive Maintenance	Maintenance of Nutrition anthropometric tools		X			200,000	EMC EDA	CNC
Sub-Program 4: Disease Surveillance and Control									
Service delivery	Detection	-Conducting Active Cases of AFP, Measles and Neonatal Tetanus. These are the Diseases earmarked for Eradication. Eliminate and Maintain Elimination respectively.	X	X	X	X	400,000/=	County Govt	CDSC/SCDSC
		- COVID-19 Cases, -Being on a look of any suspected cases of Yellow Fever bearing in mind that so cases have been reported in Isiolo County.	X	X	X	X	400,000/=	County Govt	CDSC
		-Data Entry at Sub County - Weekly reporting of IDSR Diseases and Conditions. Currently we are doing fairly at 97% Intra County RR as per week 10 of 2022	X	X	X	X	400,000/=	County Govt	CDSC/SCDSC

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
Staffing		Epidemiological Bulletin.							
	Response	Sending Samples to KEMRI/NPHL Lab for confirmation.	X	X	X	X	400,000/=	County Government	SCDSC/CDSC
		Disease Control Process	X	X	X	X	4,000,000	County Govt	SCDSC/CDSC
	Improved capacity (numbers and skill set) of HCWs in primary facilities to provide essential services	Training of Sub County Disease Surveillance Coordinator, Clinicians ,Surveillance Facility Focal Persons -Sensitization of Community Surveillance Focal[CHVs]	X	X	X	X	800,000/=	County Govt	SCDSC/CDS C]
Commodities and supplies	Reduce stock out of HPTs	Consistent supply of Reporting Tools MOH 505 MOH 502	X	X	X	X	800,000/=	County Govt/DDSRU	CDSC
	Increased availability of basic equipment	-4 Laptop 1 each for every Sub County.					200,000/=	County Govt	
Other expenses	Office accessories	Consistent supply of Reporting Tools MOH 505 MOH 502			X	X	800,000/=	County Govt/DDSRU	CDSC

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	Asset Inventory								
	Preventive Maintenance								
Sub-Program 4 Total									
Sub-Program 5: HIV Control Interventions									
Service delivery	Increase the proportion HIV+ pregnant mothers receiving preventive ARV's to reduce risk of mother to child transmission (PMTCT) from XX to YY	Scale up public awareness through public barazas, action days and dialogue days at ward levels (80 forums)	X	X	X	X	1,200,000	Implementing partner County government	CASCO CHSFP
		Accelerate efforts in the last mile to eMTCT by forming more PMTCT support groups (40)	X	X	X	X	4,000,000	COUNTY GOVERNMENT IPs	CASCO CNO CHSFP
		Ensure 100% linkage for all tested +ve.					1,000,000	AMPATH	CASCO
	Increase infant prophylaxis coverage among HEI								
	Increase the proportion of eligible HIV clients on ARVs	Scale up public awareness through public barazas, action days and dialogue days at ward levels (80 forums)	X	X	X	X		County government	CASCO CNO CHSFP
Accelerate efforts in the					X		COUNTY	CASCO	

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
Staffing		last mile to eMTCT by forming more PMTCT support groups (40)						GOVERNMENT IPs	CNO CHSFP
		Strengthen defaulter tracing				X		CG	CASCO
		Formation of support groups in all CCC sites	X	X	X	X	4,000,000	ICWK	CASCO
		Improved capacity (numbers and skill set) of HCWs in primary facilities to provide essential services	X	X	X	X	2,000,000	COUNTY GOVERNMENT & IPs	CASCO
		Scale up HIV identification services and linkage to care and treatment and support services	X	X	X	X	2,000,000		CASCO CMLT CNO
		Strengthen Key Population programmes	X	X	X	X	2,000,000	IPs	CASCO
		Promote behaviour change communication and condom use	X	X	X	X	2,000,000	CG & IPs	CPO CHSFP CASCO CPHO
		Conduct Counselor Debriefing sessions					1,000,000	AMPATH	CASCO
		Support Mentor mother Sharing sessions					2,000,000	AMPATH	CASCO
		Sensitize HCW on ART guidelines	X	X	X	X	4,000,000	CG & IPs	CASCO

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
Commodities and supplies	Reduce stock out of HIV Commodities	Sensitization of HCW on documentation and reporting	X	X	X	X	3,000,000	CG & IPs	CASCO
		Conduct quarterly RDQA in all ART sites on commodity indicators	X	X	X	X	3,000,000	CG & IPs	CASCO
Other Expenses	Increased availability of basic equipment								
	Office accessories	Maintenance of computers in EMR Sites	X	X	X	X	1,000,000	CG & IPs	CASCO
		Procure CCC facility phones for 40 facilities	X				1,000,000	AMPATH	CASCO
	Asset Inventory								
Preventive Maintenance									
Sub-Program 5 Total									
Sub-Program 6 TB Control Interventions									
	Increase the proportion of TB patients completing treatment from	Sensitization of health care workers on patients adherence	80	80	80	80	1,600,000	GOK	CTLC
		Early TB diagnosis to reduce death rate to < 5%	40	40	40	40	800,000	GOK	CTLC

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	80% to 90%	Reduce lost to follow up to < 2%	X	X	X	X	800,000	GOK	CTLC
		Support 20 groups among TB patients in high volume facilities	X	X	X	X	40,000	GOK	CTLC
Service delivery	Increase the number of newly diagnosed TB cases 490 to 590	Training of 320 HCWs on TB integrated management	X	X	X	X	1,600,000	GOK	CTLC
		Training of 320 HCWs on Active case finding	X	X	X	X	1,600,000	GOK	CTLC
		Training of 320 HCWs on pediatric TB	X	X	X	X	1,600,000	GOK	CTLC
		Refer eligible clients for testing to TB testing sites	X	X	X	X	4,000,000	GOK& IPs	CTLC
Staffing	Improved capacity (numbers and skill set) of HCWs in primary facilities to provide essential services	Training of 320 HCWs on TB integrated management	X	X	X	X	1,600,000	GOK	CTLC
Commodities and supplies	Reduce stock out of TB Commodities	Training HCWs on Commodity supply management	X	X	X	X	800,000	GOK	CTLC
		Conduct RDQA	X	X	X	X			
	Increased availability of basic equipment	Genexpert Machine (2) and FM microscopes (4)		X			10,000,000	GLOBAL FUND	NLTP
Anthropometric equipments (20)			X		4	2,000,000	GOK	CTLC	

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
Other expenses	Office accessories	computers (4)							
		Printers (4) ,Photocopiers (4)		3 X			320,000	GOK	CTLC
	Asset Inventory								
	Preventive Maintenance								
Sub-Program 6 Total									
Sub-Program 7 Malaria Control Interventions									
Service delivery	Increase the proportion of Malaria confirmed cases from XX to YY	Redistribution of test kits and reagents for testing of suspected malaria cases	X	X	X	X	800,000	EMC EDA	CMCC
		spraying Internal residual spraying Arror Ward targeting 1200 households	X				4,000,000	EMC EDA	CMCC
		Conduct Indoor residual spraying in high incidence malaria zones	X				2,000,000	County	CMCC
Staffing	Improved capacity (numbers and skill set) of HCWs in primary facilities to provide essential	Training of 160 staff on malaria case management	X	X	X	X	2,000,000	County	CMCC
		Distribution of LLINs	X				1,000,000	County	CMCC
		Sensitization of HWs on testing and treatment	X	X	X	X	600,000	County	CMCC

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	services								
Commodities and supplies	Reduce stock out of Malaria Commodities	Supervision/Mentorship	X	X	X	X	400,000	County	CMCC
		Data review	X	X	X	X	800,000	County	CMCC
		DQA	X	X	X	X	800,000	NMP/ County	CMCC
Other expenses	Increased availability of basic equipment	purchase of microscopes	X				2,000,000	County	CMLC
		Purchase of calibrants	X				112,000	County	CMLC
		Purchase of LLINs	X				12,500,000	NMP/ County	CMCC
	Office accessories	Photocopy papers	X				4000	County	CMCC
		Notebooks and pens					2500	County	CMCC
		Extension for electricity supply	X				5000	County	CMCC
	Asset Inventory	Chairs and Tables	X				80,000	County	CMCC
		Laptop	X				300,000	County	CMCC
		Dustbin	X				1000	County	CMCC
Preventive Maintenance	Repair								
Sub-Program 7 Total									
Sub-Program 8 – Neglected Tropical Diseases Control									
Service delivery	Increase the proportion of school age Children dewormed from XX to YY	Support staff in conducting deworming of school children	X				800,000	CG	CPHO
	Increase case detection rate	Prompt detection and early referrals from the community	X	X	X	X		CG	CPHO/CHSS
Health Education to the		X	X	X	X		CG	CPHO	

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	for NTDs	community on mental Health conditions							
Commodities and supplies	Improved capacity (numbers and skill set) of HCWs in primary facilities to provide essential services	Health Education in the community on high blood pressure	X	X	X	X	0	CG	CPHO
		Medical screening	X				600,000	CG	CPHO
		Training of Health care workers on NTDs	X			X	600,000	CG	CPHO
		Continuous Health Education on Diabetes and treatment	X	X	X	X	0	CG	CPHO
	Reduce stock out of NTD Commodities	purchase of anthelmintics	X	X	X	X	1,000,000	CG	CPHO
	Other expenses	Increased availability of basic equipment							
		Office accessories							
Asset Inventory									
Preventive Maintenance									
Sub-Program Total									
Sub-Program 9 Non-Communicable Disease Control									
Service	Increase the	On job training of staff at	X	X			800,000	CG	Oncology

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
delivery	proportion of Women of Reproductive Age screened for cervical cancer from XX to YY	all levels							
		Daily screening	X	X		X	0	CG	Oncology
		Monthly outreach	X	X	X	X	2,000,000	CG	Oncology
		Prompt detection and early referrals from the community	X	X	X	X	1,000,000	CG	Oncology
		Health Education to community on mental Health conditions	X	X		X	2,000,000	CG	Oncology
		Establishment of triage system at all levels of healthcare.	X	X		X	1,000,000	CG	Oncology
Increase the proportion of new Outpatients diagnosed with high blood pressure from XX to YY	Increase the proportion of new Outpatients diagnosed with Diabetes from	Screening for NCDs targeting 1500 people Medical outreaches Metkei Ward	X				300,000	EMC - EDA	NCD Coordinator
		Medical Outreach- Screening for Non-Communicable Diseases (NCDs) targeting 3000 people Medical Outreach- Screening Soy South Ward	X				600,000	EMC - EDA	NCD Coordinator
		Screening for NCDs targeting 3000 people Medical Outreach Kaptarakwa Ward	X				600,000	EMC - EDA	NCD Coordinator
		Screening for Non-Communicable Diseases (NCDs) targeting 3000 people Medical Outreach-	X				600,000	EMC - EDA	NCD Coordinator

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	XX to YY	Screening for Non-Communicable Diseases (NCDs) Endo Ward							
		Screening for NCDs targeting 3000 people Medical Outreach- Screening for Non-Communicable Diseases (NCDs) Moiben/Kuserwo Ward	X				600,000	EMC - EDA	NCD Coordinator
		Screening for NCDs targeting 3000 people Medical Outreach- Screening for Non-Communicable Diseases (NCDs) Kapchemutwa Ward	X				600,000	EMC - EDA	NCD Coordinator
		Screening for Non-Communicable Diseases (NCDs) targeting 3000 people Medical screening Kapyego Ward	X				600,000	EMC - EDA	NCD Coordinator
		Screening for Non-Communicable Diseases Medical Outreach Tambach Ward targeting 6000 people	X				300,000	EMC - EDA	NCD Coordinator
		screening for non communicable diseases Medical outreach Sengwer Ward	X				600,000	EMC - EDA	NCD Coordinator

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person	
		Conduct medical outreach Medical outreach Sambirir Ward	X				600,000	EMC - EDA	NCD Coordinator	
		promotion of health services at Chesitek Sub Location Chesitek Health services Kamariny Ward targeting 4,000 people	X				1,000,000	EMC - EDA	NCD Coordinator	
		Screening of communicable disease targeting 3000 people Medical outreaches- screening- NCD Embobut Embolot Ward	X				600,000	EMC - EDA	NCD Coordinator	
		Medical camps targeting 3000 people Medical Outreach- Screening for Non-Communicable Diseases (NCDs) Emsoo Ward	X				600,000	EMC - EDA	NCD Coordinator	
		Screening of communicable disease Medical outreaches- screening NCD Kapsowar Ward	X				600,000	EMC - EDA	NCD Coordinator	
	Increase the proportion of new Outpatients diagnosed with Diabetes from		Continuous Health Education on Diabetes and treatment	X	X	X	X	X	CG	DMS
			Establishment of triage system at all levels of healthcare.	X	X	X	X		County Government	Facility in charges

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	XX to YY	Conduct nutrition screening for adults at the community level		X			300,000.00	Nutrition International/county government	DMS
		Wellness day (sporting activities)							DMS
Staffing	Improved capacity (numbers and skill set) of HCWs in primary facilities to provide essential services	On job training	X	X	X		√	County Government	DMS
		Monthly meeting trainings	X	X	X		√	County Government	Sub county MOH
		Training of Health care workers on NCDs	X		X		X600,000	CG	CPHO
		Conduct Supervision and OJTs	X	X		X	400,000	CG	CPHO
		Sensitize C&SCHMT on the national strategy for the prevention and control of NCDs	X				128,000.00	NI&CG	
Commodities and supplies	Reduce stock out of NCD Commodities	Ordering of NCDs commodities Placement of prior orders					County Government, AMPATH ONCOLOGY, Kenya Cardiac Society	County Nursing Officer, County Pharmacist	

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
Other expenses	Increased availability of basic equipment								
	Office accessories								
	Asset Inventory								
	Preventive Maintenance								
	Sub-Program Total								
	Sub-Program 10: Environmental Health, Water and Sanitation Interventions								
Service delivery	Reduce the proportion of children under five years treated for Diarrhoea	training of 400 mothers of child bearing age for five days on home hygiene & sanitation	X				1,000,000	County & Red Cross	CPHO
		Scale up awareness campaign against OD	X	X		X	2.2M	county & redcross	CDPHS
		Conduct world annual toilet day		x			500,000	county , Redcross,ITWASCO	CPHO
	capacity build stakeholders and public health officers on Protocol	X	X			600,000	world vision	CPHO	
	Increase the proportion of Households	conduct HHs mapping on latrine coverage	X				450,000	redcross	CPHO/CWASHFP
Sensitization on SBCC		X	X			600,000	World vision &	CPHO	

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	with functional toilets from XX to YY							Redcross	
		Address sanitation challenges in Urban and peri-urban towns	x	x	x		400,00	county & Red cross	coordinator peri-urban towns & CPHO Iten municipality
	Increase the proportion of Households with hand washing facilities from XX to YY								
sensitization of HHs heads on importance of HW		X	X	X		800,000	County & world vision	CWAHFP	
		Scale up of IPC practices in Health facilities and institutions	x	x	x		300,000	county	CPHO
		Develop county hygiene and sanitation plan	x				360,000	County	CDPHS/
		Training and implementation on RUSH-RTMIS	X	X	X	X	10M	County , Redcross, World vision & UNICEF	CDPHS/CPHO
		Strengthen the sanitation committees to village level	X	X	X	X			
		Implement celebration of global hand washing day		X			500,000	County/WV	CPHO
		Commemoration of world toilet day		X			500,000	county/WV	CPHO/CWASHFP
Staffing	Improved capacity (numbers and skill set) of HCWs in primary facilities to	Conduct OJT in the HFs	X	X	X	X	800,000	county/WV	CPHO/CWASHFP
		Orientation on reporting tools		X			400,000	county/WV	CPHO/CWASHFP

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
Commodities and supplies	provide essential services								
	Reduce stock out of WASH Commodities	Purchase of assorted water treatment chemicals on emergency/vulnerable set ups	X				2,000,000	CG	CPHO/CWASHFP
Other expenses	Increased availability of basic equipment	Procurement of public Health equipment's		X			1,000,000	CG	CPHO/CWASHFP
		Repair of Motorbikes	X	X	X	X	1,000,000	CG	CPHO/CWASHFP
	Office accessories	Purchase desktops for 4 sub county WASH HUBs			X		400,000	CG	CPHO/CWASHFP
	Asset Inventory	develop asset inventory in the sub counties							
	Preventive Maintenance	Establish and renovate 4 sub county WASH HUBs	X	X			1,000,000		CPHO/CWASHFP
Sub Program 10 Total									
Sub-Program 11: School Health Interventions									
Service delivery	Increase the proportion of school age Children dewormed from XX to YY	Deworming of school going children	X	X		X	600,000	CG	CPHO
		Health Education	X	X		X		CG	CPHO
	Increase the	Screening of school age	X	X		X	0	CG	CPHO

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	proportion of school age children screened for communicable and NCDs from XX to YY	children							
		Sensitization to children on NCDs	X	X		X	400,000	CG	CPHO
Staffing	Improved capacity (numbers and skill set) of HCWs in primary facilities to provide essential services	Training of HCWs	X			X	1,000,000	CG	CPHO
Commodities and supplies	Reduce stock out of Commodities	Ordering of commodities	X	X		X		CG	CP
	Increased availability of basic equipment from XX to YY	Procurement of basic commodities	X			X		CG	PROCUREMENT
Other Expenses	Office accessories								
	Asset Inventory								

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
	Preventive Maintenance								
	Sub-Program Total								
Sub-Program 12: Community Health – Level 1 Interventions									
Service delivery	Increase the proportion of functional Community Units from 70 to 85	Training of(56) Non functional community health units on basic andTechnical modules	X	X	X	X	5,000,000	CG	CCHSFP
		Sensitization of CHMTs and SCHMTs on eCHIS,& HAP		X			400,000	CG	CCHSFP
		Orientation on CHPs kits/package& use to CHPs		X	X		2,000,000	CG	CCHSFP
		Conduct Monthly Meetings	X	X	X	X	0	CG	CCHSFP
		Conduct Dialogue days	X	X	X	X	0	CG	CCHSFP
		Action days	X	X	X	X	0	CG	CCHSFP
		Functionality Assessment of Community health units CHS- Support supervision of community health Units	X	X	X	X	1,000,000	EMC - County	CCSFP
	Increase the number of referrals to health facilities from x to y	Operationalization and utilization of tickler boxes	X	X	X	X	1,200,000	EMC - County	CCSFP
Staffing	Increase number of CHPs incentivised	40 CHPs Stipend CHP support Metkei Ward	X	X	X	X	1,200,000	EMC - County	CCSFP
		Provision of Stipend for 50 CHPs Community Health Promoters(CHPs) Tambach	X	X	X	X	1,500,000	EMC - County	CCSFP

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		Ward							
		Provision of stipend to 60 CHPs CHPs Facilitation Sengwer Ward	X	X	X	X	1,800,000	EMC - County	CCSFP
		Payment of stipend to 83 CHPs CHPs Facilitation Cherangany Ward	X	X	X	X	2,500,000	EMC - County	CCSFP
		Provision of Stipend for 100 CHPs CHPs Facilitation Sambirir Ward	X	X	X	X	3,000,000	EMC - County	CCSFP
		Provision of Stipend for 83 CHPs Community Health Promoters (CHPs) Soy South Ward	X	X	X	X	2,500,000	EMC - County	CCSFP
		CHV incentives and kits for 60 CHPs CHP Facilitation Lelan Ward	X	X	X	X	1,800,000	EMC - County	CCSFP
		60 CHPs incentives and kits CHPs Facilitation Kaptarakwa Ward	X	X	X	X	1,800,000	EMC - County	CCSFP
		Provision of 80 CHPs facilitation and kits Ward CHPs Incentives Kamariny Ward	X	X	X	X	800,000	EMC - County	CCSFP
		Provision of Stipend for 50 CHPs Community Health	X	X	X	X	1,500,000	EMC - County	CCSFP

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		Promoters (CHPs) Soy North Ward							
		Provision of Stipend for 60 CHPs Community Health Promoters (CHPs) Endo Ward	X	X	X	X	1,800,000	EMC - County	CCSFP
		Provision of Stipend for 30 CHPs Community Health Promoters (CHPs) Arror Ward	X	X	X	X	600,000	EMC - County	CCSFP
		Provision of Stipend for 50 CHPs CHPs Kabiemit Ward	X	X	X	X	1,500,000	EMC - County	CCSFP
		Provision of Stipend for 50 CHPs Community Health Promoters CHPs Embobut Embolot Ward	X	X	X	X	1,500,000	EMC - County	CCSFP
		Provision of Stipend for 50 CHPs Community Health Promoters (CHPs) Emsoo Ward	X	X	X	X	1,500,000	EMC - County	CCSFP
		Facilitation of 60 CHPs Community Health Promoters CHPs (60) Kapsowar Ward	X	X	X	X	1,800,000	EMC - County	CCSFP
		Provision of incentives to 50 CHPs Community Health Promoters (CHPs)	X	X	X	X	1,000,000	EMC - County	CCSFP

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		Moiben/Kuserwo Ward							
		Provision of incentives to 70 CHPs Community Health Promoters (CHPs) Kapchemutwa Ward	X	X	X	X	2,100,000	EMC - County	CCSFP
		Provision of incentives to 80 CHPs Community Health Promoters (CHPs) Chepkorio Ward	X	X	X	X	2,400,000	EMC - County	CCSFP
		Provision of incentives to 80 CHPs Community Health Promoters (CHPs) Kapyego Ward	X	X	X	X	2,400,000	EMC - County	CCSFP
Commodities and supplies	Increase the number of CHPs with CHP kits	Provide 1154 CHP kits		X				MOH National	CCSFP
		Purchase 106 CHPs Kits to the CHPs without the kits	X					ENRICH REACT IN	CCSFP
	Digitalization of community units eCHIS	Provide 1154 Tablets to CHPs	X				17,000,000	MOH National	CCSFP
		Purchase 106 tablets to the CHPs missing	X				1,600,000	MOH National	CCSFP
		Training of 1260 CHPs on eCHIS	X				5,000,000	AMREF	CCSFP
		Conduct Household registration	X				4,000,000	ENRICH REACT IN	CCSFP
	Reduce stock out of	Commodity audits					500000		CG & IP

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
Other expenses	Commodities								
	Increased availability of basic equipment	Procure batteries for glucometers					10,000,000	AMREF & AMPATH	CG & IP
	Consistent supply of commodities Identification badges	purchase of CHPs badges	X	X		X	100,000	CG	CCSFP
		Commodity refills	X	X		X	1,300,000-	CG	CP
Sub-Program Total									
Program Totals									
Sub-Program 13: Health Promotion									
Service delivery	Enable the people to increase control over their own health	Increase no. IEC materials Posters from 16,000 to 20,000 Fliers reach 30% of 15 yrs and above pop. (121,370 pcs)	X	X	X	X	12,137,000	CG & IP	CHPO
		Increase no. of facilities with digital advertising displays from 0 to 4	X	X	X	X	300,000	CG & IP	CHPO
		Increase no. of facilities carrying out CMEs from 8% to 15%	X	X	X	X	1000,0000	CG & IP	CHPO
		Increase no. of Radio/TV Talks at least monthly	X	X	X	X	1,200,000	CG & IP	CHPO
		Increase no. of health days commemorated	X					CG & IP	CHPO
		increase no. of county and	X	X	X	X		CG & IP	CHPO

Key output area	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds	Responsible person
		sub county stakeholder meetings held at least quarterly for county and every 2 months for sub counties							
Staffing	Deploy/recruit more HPOs	increase the no. of HPOs from 1 to 5	X	X	X	X		CG	CO PPHS
Commodities and supplies		Procurement of Televisions	X	X	X	X	2,000,000	CG & IP	CHPO
		Procurement of Banners	X	X	X	X	1,000,000	CG & IP	CHPO
Other expenses	Computers	purchase of 5 laptops	X	X	X	X	250,000	CG	CO PPHS
	PAS	purchase of 5 PAS	X	X		X	600,000	CG	CO PPHS
	Generators	Purchase of 5 generators	X	X	X	X	250,000	CG	CO PPHS
	Felt pens	procure felt pens	X	X	X	X	CG	CG	CO PPHS
	White boards	purchase of 4 white boards	X	X	X	X	CG	CG	CO PPHS

Program 3: General Administration, Planning, Management Support and Coordination

Program Outcome: Effective and efficient preventive and promotive health interventions within the county

Program Objective: To provide effective and efficient preventive and promotive health interventions across the county.

Key output	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
Sub-Program 1: Health workers and Human Resource Management								
Recruitment and Deployment	Increase the number of HRH recruited from XX to YY	Replace 30 HCWs whose that shall exit service in the next FY	X				30,000,000	CG
Training (CPD)	Number (Proportion) of HRH trained on CPD	Sponsor 10 Nurses and 3 doctors for HND and MMED respectively	X	X	X	X	5,000,000	CG
Appraisal and Supervision	Number (Proportion) of HRH trained on leadership and management	Sponsor 10 Staff to KSG for Strategic Leadership course		X				HERO
Appraisal and Supervision	Number (Proportion) of HRH appraised	Performance appraisal of 1,117 staff	X				500,000	CG
Appraisal and Supervision	Number (Proportion) of HRH supervised	Supervise all HCWs	X	X	X	X	1,000,000	CG
Retirement and succession planning	Number (Proportion) of HRH retiring	Replacement of 30 retired and exited HCWs	X				30,000,000	CG
		Promote 500 HCWs					50,000,000	CG

Key output	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
		Sub-Program 1 Total:						
Sub-Program 2: Constructions and Maintenance of Buildings								
Construction	Number of ongoing projects	Construction of burning chamber Kamoi H/C Sengwer Ward	X				1,000,000	EMC - EDA
		Construction of staff house Chesubet Dispensary Sengwer Ward	X				1,000,000	EMC - EDA
		Construction of male & female wards Chebororwa H/C Cherangany Ward	X				10,000,000	EMC - EDA
		Construction of Male and Female Wards Chesoi SCH Sambirir Ward	X				10,000,000	EMC - EDA
		construction of facility Chesetan Dispensary Sambirir Ward	X				1,500,000	EMC - EDA
		Construction of male, female, and children wards and equipping of wards Kaptalamwa HC Lelan Ward	X				20,000,000	EMC - EDA
		Construction of consultation rooms Kapteren HC Kamariny Ward	X				1,500,000	EMC - EDA
		Kapteren Health Centre Lab and Staff house construction Kapteren HC Kamariny Ward	X				2,000,000	EMC - EDA

Key output	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
		Construction & equipping Biretwo-Muskut Heath centre Soy North Ward	X				4,000,000	EMC - EDA
		Construction of dispensary Rokocho Cheptebo dispensary Soy North Ward	X				2,500,000	EMC - EDA
		Construction and Equipment Kapchemuta heath Centre Arror Ward	X				10,000,000	EMC - EDA
		construction of public toilet Kapkata dispensary Arror Ward	X				500,000	EMC - EDA
		Construction of Tulwobei staff house Tulwobei staff house Kabiemit Ward	X				700,000	EMC - EDA
		Construction of staff house Kapkitony Health Center Kabiemit Ward	X				1,000,000	EMC - EDA
		Construction of the health centern katamoi sub location Kamago health center Embobut Embolot Ward	X				12,000,000	EMC - EDA
		staff house construction kapsiw dispensary health & sanitation kobuswo sub location Kapsowar Ward	X				1,500,000	EMC - EDA
		Construction of 4-door toilet Lelboinet Hospital Toilet	X				600,000	EMC - EDA

Key output	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
		Chepkorio Ward						
		Construction of flax dispensary outpatient room Flax Dispensary Outpatient room Chepkorio Ward	X				1,100,000	EMC - EDA
		Ugrading Cheptongei H/C Cheptongei Health Centre Moiben/Kuserwo Ward	X				10,000,000	EMC - EDA
		septic tank and placentar pit Kobuswo sub location Kaptabuk dispensary Kapsowar Ward	X				1,000,000	EMC - EDA
		Kapchelal HC Kapchelal HC Emsoo Ward	X				2,150,000	EMC - EDA
		Upgrading of HC Chegilet Health Centre Emsoo Ward	X				4,000,000	EMC - EDA
		Wiring of kapchebau dispensary at Korou sub location Kapchebau dispensary Embobut Embolot Ward	X				100,000	EMC - EDA
		Constictruction of toilet at maron sub location Maron marichor dispensary Embobut Embolot Ward	X				400,000	EMC - EDA
		Upgrading of facility TOT sub-county hospital Endo Ward	X				20,000,000	EMC - EDA
		Gate,connection of power,fencing Koitugum Dispensary	X				600,000	EMC - EDA

Key output	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
		Cherangany Ward						
	Renovate existing buildings	Renovation of Songeto Dispensary Songeto Dispensary Tambach Ward	X				700,000	EMC - EDA
		Renovation of staff house Kapterit Dispensary Sengwer Ward	X				500,000	EMC - EDA
		Renovation Kocholwo Hospital Soy South Ward	X				2,000,000	EMC - EDA
		Renovation Kaptarakwa HC Kaptarakwa Ward	X				2,000,000	EMC - EDA
		Renovation of existing infrustructure Sergoit Health Centre Kamariny Ward	X				500,000	EMC - EDA
		Renovation Kapkata dispensary Arror Ward	X				600,000	EMC - EDA
		Rehabilitation of kipiria staff house Kipiria Health Centre Kabiemit Ward					700,000	EMC - EDA
		Martenity renovation Chebulbai Health centre Moiben/Kuserwo Ward	X				900,000	EMC - EDA
		Renovation Kapleng Dispensary Moiben/Kuserwo Ward	X				500,000	EMC - EDA

Key output	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
	Completion of facilities Project completion rate	Completion and Equipping of Kapyego Health Centre Kapyego Health Centre Kapyego Ward	X				4,000,000	EMC - EDA
		Completion of facility Tabare Dispensary Metkei Ward	X				500,000	
Maintenance	Number of buildings with preventive maintenance plans							
		Sub Program 2: Total						
Sub Program 3: Procurement of Medicines, Medical and Other Supplies								
Procurement of pharmaceuticals \$ non-pharmaceuticals	Order fill rates of pharmaceuticals	Quarterly ordering and back orders from KEMSA and alternative suppliers	X	X	X	X	150,000,000	EMC. CG
	Stock out rates	HPTs weekly reporting and Redistribution	X	X	X	X	700,000	EMC. CG
		Rational use of HPTs (OJT & Supervision and DQA)		X		X	2,000,000	EMC.G
		Forecasting and quantification			X		200,000	EMC.G

Key output	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
	Sub-Program 3 Total							
Sub Program 4: Procurement and Maintenance of Medical and Other Equipment								
Procurement of medical and other equipment		Equipment/furniture Kiptengwer Dispensary Metkei Ward	X				500,000	EMC - EDA
		purchase of medical equipment Assorted medical equipment Sengwer Ward	X				2,000,000	EMC - EDA
		equipping & completion of solar installation Fluorspar Health Centre Soy South Ward	X				1,500,000	EMC - EDA
		equipping of maternity Kimoloi dispensary Soy South Ward	X				1,600,000	EMC - EDA
		Purchase of lab equipment Katalel Dispensary Kamariny Ward	X				400,000	EMC - EDA
		Upgrading and purchase of lab equipment Kipsoen Dispensary Kamariny Ward	X				5,500,000	EMC - EDA
		Equipment of laboratory at Epke Epke dispensary Soy North Ward	X				500,000	EMC - EDA

Key output	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
		Purchase lab equipment Kipsaiya dispensary Kapsowar Ward	X				500,000	EMC - EDA
		Equipping Chogoo Dispensary Moiben/Kuserwo Ward	X				2,000,000	EMC - EDA
		Purchase of lab full haemogram and other assorted medical equipments Msekekwa H/C Kapchemutwa Ward	X				1,338,729	EMC - EDA
		Purchase of lab full haemogram and other assorted medical equipments Kapkessum Dispensary Kapchemutwa Ward	X				1,700,000	EMC - EDA
		Upgrading-Purchasing of X- Ray, radiology and orthopaedic machines Chepkorio H/C Chepkorio Ward	X				7,000,000	EMC - EDA
		purchase of 9 bodies fridge and generator morgue Arror Ward	X				4,000,000	EMC - EDA
		purchase of dental set health equipment Arror Ward	X				1,000,000	EMC - EDA
		Purchase of generator Kapteren HC generator Kamariny Ward	X				500,000	EMC - EDA

Key output	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
Maintenance of medical and other equipment								
	Number of signed service contracts							
	Number of medical equipment with preventive maintenance plans							
	Number of medical equipment under service maintenance contract							
		Repair and maintenance of ICT equipments (Printers, Photocopiers)	X		X		2,000,000	County
Sub-Program 4 Total								
Sub-Program 5: Management and Coordination of Health Services								
County health coordination (Including PCNs)	Proportion of sub counties with functional PCNs	Train health care workers on PCN	X				2,000,000	CG
		Map sub counties on PCN	X				2,000,000	CG
County health management	Improve quality of health services offered in health facilities	Training of 160 health care workers on CQI	X	X	X	X	2,000,000	AMPATH
		Follow up of trained staff on quality improvement	X	X	X	X	500,000	AMPATH
		Hold bi annual learning conference on CQI	X		X		600,000	AMPATH
Improved policy environment		Establishment of leadership and governance TWG	X				500,000	AMREF - PATH
		Policy review and dissemination	X				1,000,000	AMREF -

Key output	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
								PATH
		Sub-Program Total						
Sub-Program 6: Health Sector Planning, Budgeting and Monitoring and Evaluation								
County health budgeting	Proportion of total budget allocated to health	Conduct 5-day bi-annual financial supervision for Project Auditor, Accountants, Procurement Officer and Focal Persons	X	X	X	X	1,000,000	CG & IP
		Conduct high level county multi-stake holder meeting with the finance department	X	X	X	X	400,000	CG & IP
		Holding quarterly sector working group meetings	X	X	X	X	600,000	HERO
County health planning	Improved Planning in the department							
		Preparation of Annual Performance review/report for County and Sub County for 2023/2024.		X			2,000,000	AMREF
		Development of AWP for County, 4 Sub Counties and hospitals and primary care facilities (140 HFs in charges, 126 CUs, 40 C/SCHMT) for FY 2025/2026.		X			3,000,000	AMREF
		Review of health strategic Plan 2023-2027	X				1,000,000	AMREF
County health monitoring and evaluation	Improved monitoring of Health Indicators	Conduct integrated support supervision on Quarterly basis	X	X	X	X	2,000,000	HERO
		Conduct Quarterly data review meetings/Performance review	X	X	X	X	2,400,000	HERO
		Conduct DQA on Quarterly basis	X	X	X	X	2,400,000	HERO

Key output	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
		M&E Quarterly TWG meeting	X	X	X	X	400,000	HERO
		Develop nutrition programs dashboards					100,000	REACT IN
		Training of HCW on HMIS	X		X		5,000,000	AMPATH, REACHIN ,CG
	Improved documentation of Health Indicators	Procurement and Installation of EMR in 20 high volume facilities.(desktops,printers and photocopy)	X	X	X	X	60,000,000	CG
		Procurement of 10 Laptops for Health records department	X				2,000,000	
		Procurement of MOH documentation, reporting tools	X	X	X	X	25,000,000	CG
		Purchase monthly airtime for 7 Project team members for monitoring and coordination and Data Bundles for the 13 HRIOs for uploading the RMNCAH data on DHIS2 for reports generation @ 3,000 per month	X	X	X	X	720,000	CG & IP
		Develop/adapt an innovative monitoring and reporting system for WIFAS in alignment with local HMIS in project areas in collaboration with the MoH and MoE to monitor the delivery of weekly iron-folic acid supplementation (WIFAS) to in-school adolescent girls (Kenya only) and conduct health/nutrition education targeting adolescent girls on the importance of WIFAS in schools	X	X	X	X	5,000,000	ENRICH REACT IN

Key output	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
		Conduct Research and Dissemination.	X	X	X	X		
		Conduct, develop and disseminate a situational analysis and/or formative research including sex- and gender-based analysis (SGBA) on adolescent nutrition knowledge, attitudes, and practices as well as gaps, challenges, and opportunities for improving adolescent nutrition and reducing anemia in project geographies	X	X	X	X	3,300,000	ENRICH REACT IN
		Develop/adapt/ review and disseminate adolescent National Micronutrient guideline & nutrition training packages for schoolteachers/school administration and community health workforce (Community Health Assistants) or peer educators incorporating NI's Adolescent Nutrition and Anemia Course	X	X	X	X	2,000,000	ENRICH REACT IN
		Conduct a landscape analysis on the burden of anemia, previous policies, existing anemia reduction programs and their gaps, data available, and contextual factors and implementation processes for addressing anaemia	X	X	X	X	4,000,000	ENRICH REACT IN
		Organize a national anemia consultation that includes all	X	X	X	X	1,200,000	ENRICH REACT IN

Key output	Outputs	Activities	Q1	Q2	Q3	Q4	Total Amount	Source of Funds
		relevant stakeholders to discuss the landscape analysis and get inputs on interventions/actions/system to address anemia, identify opportunities for implementation research.						
		Develop methodology with relevant stakeholders, collect quality data and conduct health impact and economic analyses for the costed anemia action plans.	X	X	X	X	3,500,000	ENRICH REACT IN
		Conduct client satisfaction surveys.	X	X	X	X		
		Procure phones and its accessories for 137 facilities	X				1,370,000	CG
		Sub-Program 6 Total						
		Program Totals						

SECTION SIX: PROGRAM BASED BUDGET DISTRIBUTION

6.1 Budget Summary by Program and Sub-Program

Table 27: Budget Summary by Program and Sub-Program

	Program	Sub-Program	
1	Curative and Rehabilitative Health Services	Primary Health Facility Services	3,118,694,419
		Hospital Level Services	79,640,000
		Sub Total	3,198,334,419
2	Preventive and Promotive Health Services	Reproductive Maternal Neonatal Child Health (RMNCH) Services	66,686,000
		Immunization Services	34,021,600
		Nutrition Services	85,890,000
		Disease Surveillance and Control	8,200,000
		HIV Control Interventions	33,200,000
		TB Control Interventions	22,760,000
		Malaria Control Interventions	32,004,500
		Neglected Tropical Diseases Control	3,000,000
		Non-Communicable Disease Control	16,428,000
		Environmental Health, Water and Sanitation Interventions	24,810,000
		School Health Interventions	2,000,000
		Community Health – Level 1 Interventions	235,800,000
		Health Promotion	28,152,000
		Sub Total	592,952,100
3	General Administration,	Health workers and Human Resource Management	118,500,000

Planning, Management Support and Coordination	Constructions and Maintenance of Buildings	132,050,000
	Procurement of Medicines, Medical and Other Supplies	150,850,000
	Procurement and Maintenance of Medical and Other Equipment	32,038,729
	Management and Coordination of Health Services	8,600,000
	Health Sector Planning, Budgeting and Monitoring and Evaluation and Research	100,720,000
	Sub Total	542,758,729
	Grand Total	4,300,845,248

6.2 Budget Summary by Economic Classification

Analysis of expenditure by Item

Table 28: Analysis of expenditure by Item

	Program	Item	Total Budget Allocated	Total Budget Allocated
			X-1	X+1
1	Curative and Rehabilitative Health Services	Compensation to employees		
		Use of goods and services		
		Interest		
		Subsidies		
		Current transfers to government agencies		
		Social benefits		
		Non-financial assets		

		Financial assets		
		Capital		
2	Preventive and Promotive Health Services	Compensation to employees		
		Use of goods and services		
		Interest		
		Subsidies		
		Current transfers to government agencies		
		Social benefits		
		Non-financial assets		
		Financial assets		
		Capital		
3	General Administration, Planning, Management Support and Coordination	Compensation to employees		
		Use of goods and services		
		Interest		
		Subsidies		
		Current transfers to government agencies		
		Social benefits		
		Non-financial assets		
		Financial assets		
		Capital		

6.3 Budget Summary by Source of Funds

	Source of funds	Budget distribution			
		Curative and rehabilitative health services	Preventive and promotive health services	General administration, planning, management support and coordination	Total
Public sources	County government	2,050,387,845	-	275,161,899	2,325,549,744
	Central government (conditional grants)	-	-	-	-
	User fees	8,788,919.00	-	-	8,788,919.00
	Constituency development fund	-	-	-	-
	Other (specify) (FIF)	-	-	-	-
Development partners	Africa Development Bank	-	-	-	-
	Clinton Foundation	-	-	-	-
	Danish Government (DANIDA)	12,535,500.00	-	-	12,535,500.00
	UK Government (DfID)	-	-	-	-
	European Commission	-	-	-	-
	German Government (GIZ)	-	-	-	-
	Italian Government	-	-	-	-
	Japanese Government (JICA)	-	-	-	-
	Netherlands Government	-	-	-	-
	UN agency (UNAIDS)	-	-	-	-
UN agency (UNFPA)	-	-	-	-	

	Source of funds	Budget distribution			
		Curative and rehabilitative health services	Preventive and promotive health services	General administration, planning, management support and coordination	Total
	UN agency (UNICEF)	-	-	-	-
	UN agency (World Bank – WB)	-	-	-	-
	UN agency (WHO)	-	-	-	-
	US Government (USAID/APHIA).	-	-	-	-
	World Vision Kenya	-	81,690,000.00	19,000,000.00	100,690,000.00
	Nutrition International	-	2,300,000.00		2,300,000.00
	AMPATH	-	-	3,100,000.00	3,100,000.00
	AMREF - KENYA	-	33,200,000	6,300,000.00	6,300,000.00
	HERO	-	-	9,400,000.00	9,400,000.00
	Health rights	-	-	-	-
Community/ NGO	NGO/CSO (specify)	-	-	-	-
	Kenya Episcopal Conference (KEC)	-	-	-	-
	Christian Health Association of Kenya (CHAK)	-	-	-	-
	Supreme Council of Kenya Muslims (SUPKEM)	-	-	-	-
	Other (specify)				
Total		3,198,334,419.00	559,752,100.00	542,758,729.00	4,300,845,248.00

Table 29: Budget Summary by Source of Funds