



Health Sector

Sector Working Group Report

**MEDIUM TERM EXPENDITURE
FRAMEWORK (MTEF) FOR THE
PERIOD 2022/23-2024/25**

October, 2021

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ACKNOWLEDGMENT

The Health Sector Working Group (SWG) Report 2022/23-2024/25 has been prepared to guide and provide the policy makers, development partners and other stakeholders with key information on the performance targets, outputs and the funding requirement of the Sector for the Medium-Term Expenditure Framework (MTEF) period to enable them make appropriate policies and funding decisions.

The preparation of this Report would not have been possible without the support, hard work, and endless efforts of the dedicated team of Technical Working Group and Secretariat officers drawn from different departments and institutions within the health sector with the guidance from the National Treasury and Planning led by the Convener and Co-convener. I sincerely would like to thank the whole team for working tirelessly to ensure the Report was completed on time.

The compilation of this Report would not have been successful without the professional input and dedication of the Technical Working Group and the secretariat that was coordinated by the office of the Senior Chief Finance Officer and the Director of Planning.

We are particularly grateful to the entire Report writing team for their invaluable contributions that made this exercise a success. We would also like to express special gratitude to our development partners who found time to participate in this budgeting exercise.

Susan N. Mochache, CBS

PRINCIPAL SECRETARY

LIST OF ABBREVIATIONS

ACT	Artemether Combination Therapy
AIA	Appropriation in Aid
AIDS	Acquired Immune Deficiency Syndrome
AIE	Authority to Incur Expenditures
ALARM	Advanced Labour and Risk Management
ALOS	Average Length of Stay
AMR	Antimicrobial Resistance
AMREF	African Medical and Research Foundation
ARV	Anti-Retroviral
ASAL	Arid and Semi-Arid Lands
AU	African Union
AYP	Adolescents and Young People
CAPR	Community AIDS Programme Reporting system
CASPs	County AIDS Strategic Plans
CBA	Collective Bargaining Agreement
CBOs	Community Based Organizations
CDC	Centre for Disease Control
CHMTs	Community Health Management Teams
CLTS	Community Lead Total Sanitation
COBPAR	Community Based Programme Activity Reporting Tool
COFOG	Classification of the Functions of Government
COG	Council of Governors
COVID-19	Corona Virus Disease 2019
CRWPF	Central Radioactive Waste Processing and temporary storage Facility
CSOs	Community Service Organizations
DHIS-2	District Health Information System
E&PWSD	Elderly and Persons with Severe Disabilities
EMRs	Electronic Medical Records
eMTCT	Elimination of Mother to Child Transmission
ERS	Economic Recovery Strategy

ETAT	Emergency Triage Assessment and Triage
FBOs	Faith Based Organizations
FY	Financial Year
GAMR	Global AIDS Monitoring Report
GAVI	Global Alliance for Vaccines and Immunizations
GDP	Gross Domestic Product
GF	Global Fund
GoK	Government of Kenya
HAIs	Hospital Acquired Infections
HISP	Health Insurance Subsidy Program
IAEA	International Atomic Energy Agency
ICT	Information, Communication and Technology
IPC	Infection Prevention Control
KNRA	Kenya Nuclear Regulatory Authority
KMPDC	Kenya Medical Practitioners and Dentists Council
LMIS	Logistics Management Information System
RMNCAH	Reproductive, Maternal, Neo-natal, Child and Adolescent Health
UHC	Universal Health Coverage

EXECUTIVE SUMMARY

The development of the health sector report is grounded on the Vision 2030, the third Medium Term Plan, the Big 4 Agenda, Post COVID-19 Economic Recovery Strategy (PC-ERS), Health Sector Policy Framework 2014 -2030, Health Sector Strategic Plan 2018 -2023 all aimed at achieving Universal Health Coverage (UHC) aspirations. The report has been prepared against the background of strong but uneven economic recovery, the general election and emergence of new COVID-19 variants that could lead to reinstatement of containment measures thereby disrupting economic activities.

The Vision of the sector is “A healthy, productive and globally competitive nation”, underpinned in eight (8) policy orientation areas, six (6) strategic objectives under the principles of equity, efficiency, and people centered with a multi sectoral approach.

The Sector has thirteen (13) Semi-Autonomous Government Agencies (SAGAs) namely, Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH), Kenyatta University Teaching Research and Referral Hospital (KUTRRH), Kenya Medical Research Institute (KEMRI), Kenya Medical Supplies Authority (KEMSA), Kenya Medical Training College (KMTC), National Health Insurance Fund (NHIF), National Aids Control Council (NACC), National Cancer Institute of Kenya (NCI-Kenya), Medical Practitioners and Dentist Council (KMPDC), The Mathari National Teaching & Referral Hospital (MNTRH), Nursing Council of Kenya (NCK) and Kenya Nuclear Regulatory Authority (KNRA). The Kenya Health Human Resource Advisory Council (KHHRAC) and the Kenya Health Professions Oversight Authority (KHPOA) are in the final process of being considered as SAGAs.

Significant achievements were realized during the period under review of 2018/19-2020/21; Under Preventive, Promotive and RMNCAH, the major interventions were aimed at controlling, eliminating, and eradicating communicable conditions. The HIV and AIDS prevalence reduced from 4.8% in 2019/20 to 4.5% in 2020/21, with the number of people on antiretroviral therapy (ART) increasing from 1,116,260 in 2018/19 to 1,253,423 in 2020/21 and a reduced number of new HIV infections from 77,648 to 52,767 in 2018 and 2020 respectively. Regarding TB, there was a marked increase in the proportion of successfully treated drug resistant TB cases from 68% to 79% in 2018/19 and 2020/21 respectively. In the efforts towards Malaria elimination, the incidence of Malaria per thousand population dropped from 86.2 in 2018/19 to 78.8 in 2020/21. Malaria prevalence stands at 5.6% 2020.

The sector through ‘Linda Mama’ programme and other health interventions relating to reproductive health, resulted in improved skilled birth attendance from 67% in 2018/19 to 78.3% in 2020/21. Access to modern methods of family planning stands at 43% in 2020/21. The proportion of health facilities offering immunization services increased from 60% to over 90% in 2019/20 to 2020/21, resulting in. There was increased immunization coverage from 81% to 84% in 2018/19 and 2020/21 respectively. Regarding COVID-19 prevention and management, the Ministry began vaccinating against COVID-19 in March 2021, achieving a coverage of fully vaccinated adults of 2.7% by the end of the financial year. The diagnostic capacity for COVID-19 has been maintained at 38 public and private laboratories in 12 counties with

523,998 samples tested in the FY 2020/21. A total of 7,411 isolation beds and 319 ICU beds across the 47 counties.

National Referral and Specialized Services has seen growth in health infrastructure and use of modern technologies. Kenyatta National Hospital has conducted several specialized surgeries including reattachment of a severely chaffed hand and specialized minimally invasive surgeries including heart surgeries. Expansion of the critical care unit from 79 beds to 82 beds, that saw an increase in patients admitted from 4,139 in 2018/19 to 5,278 in 2020/21. KNH has also established a tissue typing laboratory reducing the need to send samples to South Africa for tissue typing. KNH-Othaya has also installed a bulk oxygen plant with a capacity of 3000 liters, which offered oxygen to an average of 35 people per day.

Moi Teaching and Referral Hospital (MTRH) continued to provide Specialized and Excellent Quality Health Care in the region through installation and operationalization of Linear Accelerator and Brachytherapy Equipment, Pressure Swing Adsorption Plant (PSA)/Oxygen generating Plant (OGP) producing 2,000 Litres Per Minute. In addition, 31 Bed Capacity COVID-19 Isolation Facilities and 32 Intensive Care Units were commissioned. On specialized healthcare services 9 Corneal Transplants, 2,083 Hemodialysis for Children, 8 Kidney Transplants, 8 Open Heart Surgeries and 1,839 minimally invasive surgeries were conducted. Further, there was introduction of a 24-hour trauma theater that reduced the average length of stay for trauma patients to 12 days.

Kenyatta University Teaching Referral and Research Hospital (KUTRRH) procured highly specialized surgical equipment that has ensured faster recovery of patients with minimal scarring. A comprehensive cancer care center was established, with 180 patients seen daily in the outpatient unit, 70 patients received radiotherapy and 30 received chemotherapy. Dialysis sessions conducted were 6,037 in the FY 2020/21. A solar water system was installed in Gatundu which provides the patients with hot water showers.

Mathari teaching and referral hospital has renovated four wards and the kitchen, and constructed a waiting bay in the psychiatry outpatient, to enhance the quality of care to the patients. The National Spinal Injury Referral Hospital procured specialized physiotherapy equipment and introduced CT scan services, thus improving the quality of care and reducing the need for referral out of patients.

During the period under review a total of seven blood transfusion satellites were set up in Vihiga, Wajir, Migori, Homabay, Makueni, Kwale and Kajiado. The number of blood units collected stands at 178,249 blood units in FY 2020/21. Additionally, there was acquisition of specialised blood component preparation equipment that were placed in satellites across 9 counties.

Under infrastructure, the equipment under the managed equipment services provided more reliable and uninterrupted health services with all equipment meeting the minimum contractual uptime of more than 95%. Kenyatta National Hospital and Moi Teaching & Referral Hospital served as centers of excellence in comprehensive cancer care (hubs) to support 11 regional cancer treatment centers. Construction of three (3) cancer treatment centers in Nakuru, Mombasa and Garissa commenced in the 2017/18 financial year.

Construction of the East Africa Centers of Excellence for Skills & Tertiary Education (EAKI) is ongoing which will have a service delivery complex for teaching, research and service delivery with 4 operating theatres, 18 ICU beds, 160 ward beds, laboratory, 45 dialysis units, lecture theatres and administration offices.

On Health Products and Technologies (HPT), Kenya Medical Supplies Authority (KEMSA) procured HPTs worth KShs. 35.84 billion of which KShs. 6.985 billion were procurement of KEMSA sales items and KShs. 28.499 billion being procurement of program items. They also got into MOUs with two medical organizations to reduce the cost of medical commodities for NCDs. Towards achievement of UHC, KEMSA procured HPTs worth 6.8 billion, and health facilities managed to draw down 97% of these commodities.

As part of increasing access to healthcare, the sector initiated several infrastructural capital projects, and equalization fund projects that are at different stages of implementation. Under Health Research and Development programme, KMTC introduced e-learning and developed seven curricular to address emerging and reemerging diseases like COVID-19 in certificate and diploma courses. The College collaborated with County Governments and National Government Constituency Development Fund (NGCDF), resulting in the increase of infrastructural development in the form of additional 160 classrooms, 10 Libraries and 4 vehicles in various campuses across the country. This increased student enrollment from 33,245 2018/2019 to 47,459 in 2020/2021. The College admitted 17,214 for FY 2020/2021 against a target of 12,692.

Under Research and Innovation, the Kenya Government has gradually increased funding to KEMRI, enabling the Institute to achieve its mandate, especially provision of research information and policy briefs to inform National Health matters. KEMRI continues to support National Government in implementation of Big Four and V2030 commitments. Specifically, KEMRI is at an advance stage of establishing a Center of Excellence for Stem Cell Research to develop technologies for tissue regeneration and skin replacement and formulations of indigenous technologies for manufacture of niche herbal remedies. KEMRI also spearheaded clinical trials and development of innovative locally produced rapid test kits. Key among them malaria (in support of Africa Leaders Malaria Alliance (ALMA)), HIV and Covid-19 PCR kit. The Institute also conducted 37% of all Countrywide COVID-19 diagnostic tests and performed whole Genom sequencing from samples from thirty-three (33) Counties to track emerging COVID-19 variants to inform policy on management and control. KEMRI also continues to support over 50% of the National Early Infant Diagnostic (EID) PCR HIV testing services in addition to surveillance of measles, polio and detection of hemorrhagic fevers for the Region.

Under the general administration, planning and support services, in terms of capacity building of MOH staff, 1,151 officers who included 248 Senior Management Course, 106 Strategic Leadership Development Program, 143 Supervisory Skills Development, 3 Record Management Course, 21 Secretarial Management, 68 Supervisory Management Skills and Transformative Leadership at Kenya School of Government in Matuga & 560 for Group trainings.

Under the health policy, standards, and regulations programme, we finalized the UHC policy that will guide in the long-term implementation of UHC. Salaries for the 8,299 UHC staff recruited in 2020/21 under the three-year contracts will continue to be paid. The essential benefits package was finalized for operationalization by NHIF. To ensure quality healthcare services, as a key pillar for UHC, 1,264 facilities were inspected with 78% of facilities meeting the basic patient safety and quality standards. To achieve UHC, the ministry collaborated with the Ministry of energy, roads, water, and ICT to increase access to power, roads, water, and internet connectivity at facility level. In the FY 2020/21, 134 facilities have been connected to roads, 20 facilities connected to internet, and 93 facilities connected to water.

On attainment of UHC we identified 1 million extremely poor Kenyans to be put on social insurance, while the elderly, orphans and people with disability continue to benefit from the health insurance. NHIF and KEMSA also underwent reforms to increase efficiency towards UHC. These reforms included biometric registration that has seen 2,937,269 Kenyans registered biometrically, digitization of services including company and member registration, and electronic claims processing.

Regarding COVID-19, we conducted three rapid health facility COVID-19 assessments that informed the status of infrastructure for COVID-19 management. Digitization of patient records was initiated for better collection of data for decision making, for UHC with completion of the outpatient module within FY 2020/21.

In the next MTEF cycle, the sector has prioritise the following:

Malaria remains a public health problem in the country that impacts various sectors including education. Priority investment is geared towards ensuring availability of key malaria prevention and treatment commodities. This will enhance sustainability of service delivery.

KNH targets to focus on implementation of a purely specialized referral hospital model that entails health system strengthening, use of technology, effective communication and collaboration with multiple stakeholders. The Hospital aims to expand the oncology services, day care surgeries, kidney transplant, heart surgeries, cardiothoracic surgeries, maxillofacial, paediatric surgery, neurosurgery, plastic surgery, liver, corneal, ophthalmology, arthroscopy and arthroplasty services among others to meet the surging demand for the services. The Hospital will further, reduce case fatalities amongst neonates, under-five and newborns through capacity building to county referring facilities to improve clinical outcomes. Towards, COVID-19 management, the Hospital also targets to expand its capacity in ICU, HDU, testing, treatment and vaccination. To meet the rising needs for the human resources for health, the hospital has put mechanism to provide training facilities for KMTC and UoN as well as county referring facilities through multidisciplinary medical outreaches. KNH will also ensure full operationalization of KNH-Othaya through training of specialized personnel, acquisition of state-of-the-art additional equipment, finalization kitchen, laundry and mortuary as well as expansion of the specialized clinics, diagnostic services, ICU and theatres.

MTRH will seek to expand the capacity to provide oncology services to cope with the increasing cases and demand for cancer services. Further to reduce mother and child mortality, modernization of equipment at the Mother and Baby Hospital and

Shoe4Africa Children's Hospital will continue to be improved. Intensive Care Units will also be expanded to address the demand for more ICU services occasioned by Covid-19 pandemic.

Moving forward MNTRH, prioritizes on continuity of service delivery to the mentally ill, wards renovations and automation. Construction of Child and Adolescent unit will be done to operationalize the child and adolescent mental health in-patient services. Expansion of rehabilitation services is key to cater for the huge need of addiction treatment and rehabilitation, since alcohol and drug use disorders are the second most diagnosed mental disorders in the facility. Plans to stock the pharmacy with second generation drugs for better quality of care which will also lead to reduction on average length of stay for the patients.

NHIF intends to scale up the number of indigents accessing health care through social health insurance to 1,500,000 in FY2022/23. Biometric registration is still ongoing with a view to register all beneficiaries.

The total approved estimates for the Ministry of Health for FY 2020/21 was KShs 121.7 Billion which represents 43 percent increase from KShs 85.1 Billion in 2018/19. Analysis by vote indicate that the recurrent vote had been allocated 62 percent, 64 percent and 56 percent of the sector resources in FY 2018/19, FY 2019/20 and FY 2020/21 respectively. The actual expenditure was at KShs 74.5 billion, KShs 108.5 billion and KShs 107.9 billion respectively for the years FY 2018/19, FY 2019/20 and FY 2020/21 respectively.

While implementing the various programmes and projects under the review period, the sector experienced challenges such as inadequate health infrastructure, donor funding reduction or cessation of funding of public health programmes and weak laws to support achievement of UHC through social health insurance among others.

The following recommendations have been put forward: Implement “Global Health Security Agenda (GHSA)” on infectious diseases and Strengthen multilateral and multi-sectoral approaches on health service delivery to respond to emergencies, disasters and pandemics such as COVID-19.

In conclusion, the government should invest in the eight health orientation areas i.e.; service delivery, human resources for health, health leadership and governance, health care financing, health infrastructure, health information monitoring and evaluation, health products and technologies, health research and development

CHAPTER ONE: INTRODUCTION

1.1 Background

The government endeavors to put in place investments that will lead to provision of quality health services to all its people. The Health Sector is an important contributor to the national economic growth through ensuring that families are productive and live a healthy life. The Government has continuously increased resources towards the health sector to improve quality and bring health care closer to the people for sustainability of the nation's human capital base. Towards this, the government is committed to achieving Universal Health Coverage (UHC) as part of the Big Four Agenda.

The preparation of the Health Sector Working Group (SWG) Report for MTEF period 2022/23 to 2024/25 has been undertaken by a team drawn from the Ministry of Health and thirteen (13) Semi-Autonomous Government Agencies (SAGAs) namely, Kenyatta National Hospital (KNH); Moi Teaching and Referral Hospital (MTRH); Kenya Medical Training College (KMTC); Kenya Medical Supplies Authority (KEMSA); Kenya Medical Research Institute (KEMRI); National Hospital Insurance Fund (NHIF); National AIDS Control Council (NACC); National Cancer Institute of Kenya (NCI-Kenya); Kenyatta University Teaching Referral and Research Hospital (KUTRRH); Kenya Nuclear Regulatory Authority (KNRA), Kenya Medical Practitioners and Dentists Council (KMPDC), National Spinal Injury Hospital; Nursing Council of Kenya (NCK) and Mathari National Teaching and Referral Hospital (MNTRH). The Kenya Health Human Resource Advisory Council and Kenya Health Professional Oversight Authority are in the process of being fully fledged SAGAs.

The Ministry of Health has five programmes namely, Preventive and Promotive and RMNCAH Services; National Referral and Rehabilitative Services; Health Research and Development; General Administration, Planning and Support Services; and Health Policy, Standards and Regulations. The Programmes ensure that the Ministry carries out its mandate as per the Fourth Schedule of the Constitution namely, Health policy, health regulation, national referral facilities, capacity building, technical assistance to Counties and provision of Universal Health Coverage. This Report presents an analysis of the sector performance and achievements of the period 2018/19 to 2020/21 and the priorities and resource requirements for the period 2022/23 to 2024/25, cross sector linkages, emerging issues, challenges, and recommendations.

.

Health and National Development

The Constitution of Kenya provides a framework for ensuring comprehensive and people-driven health services, through a rights-based approach to health in the country. Further, the Constitution states that every citizen has a right to life, right to the highest attainable standard of health including reproductive health and emergency treatment, right to be free from hunger and to have food of acceptable quality, right to clean, safe and adequate water and reasonable standards of sanitation and the right to a clean healthy environment. The National government

functions are elaborated in the Fourth Schedule of the Constitution and in the Executive Order No. 1 of May 2020 (Revision).

The government has over the years endeavored to provide a strong, efficient and a well-run health system with sufficient capacity of well-trained, motivated health workers and a system for financing health services. At national level, health leadership is provided by the Ministry of Health through development of national policies; technical support (capacity building) at all levels; monitoring quality and standards of health services, while the County governments are responsible for the delivery of health care services. Under the devolved model, counties have broad authority to make independent decisions for spending own-sourced revenue, conditional grants and exchequer resources, which comprise most of the overall funding sources.

The general aspiration of the Kenya Vision 2030 is to transform the country into a globally competitive and prosperous industrialized, middle-income country by the year 2030. The Vision is implemented through successive five years Medium Term Plans (MTPs). Currently the country is implementing the third MTP (2018 – 2022) themed “Transforming Lives: Advancing socio-economic development through the Big Four”. The goal of MTP III for the Health sector is to ensure an “Equitable, Affordable and Quality Health Care of the Highest Standard”. This will guide the development of sector priorities, policies, plans, monitoring and evaluation processes for financial year 2022 /23 to 2024/25 MTEF budget.

Kenyan health sector has an elaborate Kenya Health Policy (KHP 2014 - 2030) whose goal is, ‘attaining the highest possible health standards in a responsive manner.’ The policy aims to achieve this goal by supporting provision of equitable, affordable, and quality health and related services at the highest attainable standards to all Kenyans. It targets to attain a level and distribution of health commensurate with that of a middle-income country.

Health Sector Flagship Projects

During the medium-term period the Government will pay special attention to the following priorities in health sector as outlined in the Medium-Term Plan III i.e Social Health Protection, Medical Tourism, Health infrastructure, Health high impact interventions, digital health, human resources for health and Quality Care/Patient and Health and Worker Safety in addressing the challenges experienced in the sector. The flagship projects are:

- i. **Social Health Protection Programme:** The Government will expand social health protection by implementing schemes to cover harmonized benefit package to targeted populations. Key projects to be implemented include: Health Insurance project for Elderly People and Persons with Severe Disabilities (PWSDs) to cover about 1.7 million persons by 2022; Health Insurance Subsidy Programme (HISP) for the orphans and the poor to cover about 1.5 million persons by 2022; · Linda Mama Project to cover 1.36 million mothers and babies by 2022; Elimination of user fees in public primary health care facilities; and Informal Sector Health Insurance Coverage to cover 12 million informal sector workers by 2022; and · Formal Sector Medical

Insurance (Medical Insurance Cover for Civil Servants Retirees) to cover 4.2 million workers by 2022.

ii. **Medical Tourism Programme:** The main objective of the Medical Tourism is to market Kenya as a hub for specialized healthcare, support training and retain specialized health expertise, create employment in specialized health care and make healthcare a vibrant socio-economic sub-sector in Kenya. The Government will implement the following key components namely:

- a. Establishment of East Africa Kidney Centre of Excellence; ·
- b. Establishment of two (2) Trauma Centres in Makindu and Rongai;
- c. Establishment of 10 new referral hospitals; ·
- d. Development of a national strategy on Medical Tourism; ·
- e. Establishment and modernization of the four (4) national referral health facilities (MTRH, KNH, Mathari and Spinal Injury hospitals) as modern centres of excellence to provide specialized services in oncology, mental health and Non-Communicable Diseases among others;
- f. Development of Communication & Marketing Strategy to promote health tourism products; and · Promote and attract investments in medical tourism to market Kenya as a hub for specialized health care.

iii. **Health Infrastructure Programme:** The Government will develop the following key health infrastructure components:

- a. Expansion and completion of Managed Equipment Services (MES) project in 120 hospitals by 2022;
- b. Establishment of four (4) Comprehensive Cancer Centres;
- c. Provision of Essential Health commodities (Construction of National Commodities Storage centre by KEMSA and enhancement of supply chain management);
- d. Strengthening of the primary healthcare facilities;
- e. Construction of new KMTCs in Mandera, Taveta, Voi and Lamu;
- f. Establish Regional Cold Chains for drugs and vaccines to ensure availability of safe and high-quality drugs;
- g. Construction and Equipping of Multi-Specialty Moi Teaching and Referral Hospital;
- h. Construction and Equipping of an Ultra-Modern Laboratory Complex for the National Quality Control Laboratory; and

- i. Construction of the state of the art research laboratories in three (3) counties namely; Kirinyaga, Uasin Gishu and Marsabit. Community
- iv. **Health High Impact Interventions Programme:** The Government in partnership with stakeholders will implement high impact health interventions in line with the existing community health strategy.

The following components will be implemented: x

- a. National Integrated Community Case Management (iCCM);
- b. Strengthen community health units to promote healthcare interventions;
- c. Scale-up Nutrition Intervention at community level; and
- d. Use Community Health Workers to scale up health insurance coverage.

- v. **Digital Health Programme:** To expedite the development of the healthcare industry, the Government will digitize services and adopt technologies such as e-health, m-health, telemedicine and space technologies by leveraging on the improved ICT infrastructure and mobile penetration rates, which stands at over 80 per cent.

The following measures will be undertaken to improve the uptake of digital health technologies:

- a. Digitization of health facilities including instalment of the Electronic Health Information System to capture patients' data at the health facilities level and enhance digital communication between facilities (Healthcare ICT);
- b. Enhancement of Mobile health (m-Health) services technology;
- c. Enhancement of District Health Information System (DHIS2) and Kenya Master Health Facility List (KMHFL) as the national reporting systems; and
- d. Installation of Enterprise-wide Resource Planning System at KMTC.

- vi. **Human Resource for Health Programme:** This is aimed at addressing capacity gaps within specialized and sub-specialized areas in health sector and also reduce shortages in the health workforce especially in the ASAL areas. The number of health workers will be increased from 40,500 health workers at the beginning of the Plan period to 63,000 by 2022.

This will include:

- a. Training of Enrolled Community Health Nurses (ECHN);

- b. Training of the specialized and sub-specialized health workers; Capacity build County Public Health Officers on food, and Water, Sanitation and Hygiene (WASH) interventions;
- c. Establishment of Kenya Institute of Health Management; and
- d. Recruitment of additional health workers.

vii. **Quality Care/Patient and Health and Worker Safety Programme:** This will be implemented at all levels of healthcare to ensure provision of quality services and safety of the environment in which services are provided.

Universal Health Coverage Aspirations for Kenya

Kenya is committed to ensuring that Kenyans have access to quality health services that they need without suffering financial hardship. The Big 4 agenda on health – Universal Health Coverage (UHC) aims to ensure that all Kenyans have access to affordable, accessible, acceptable, equitable quality health services that they need without experiencing financial hardship.

To facilitate the above aspiration, Kenya has made progresses towards UHC by undertaking various health systems reforms. The reforms target the eight building blocks of the Kenyan health system as described in the Kenya Health policy 2014 – 2030. The policy also takes into cognizance the important role the primary health care approach plays in attaining UHC. The reforms consist of: (i) expanding financial coverage through a health insurance-based mechanism; (ii) enhancing the capacity of strategic purchasers of health services; and (iii) ensuring effective coverage to health services through an emphasis on primary healthcare (PHC).

The implementation of the UHC agenda has been in four phases: The first phase, from December 2018-December 2019, was implemented in 4-counties-Nyeri, Machakos, Kisumu and Isiolo, with provision of free services in all Government Health facilities through input-based financing; The second phase of the UHC implementation from January to June 2020 focused on health systems strengthening through input-based financing, mainly on health products and human resources for health in all 47 counties; the third phase, from July 2020 to June 2021, included a blended approach through a mixed input and output based financing. During this phase, a defined health benefit package was developed that outlines the range of health benefits for those covered, with a focus on the very poor. The beneficiaries were jointly identified by the counties and state department of social services. One Million poor households have so far been identified, with an aim of gradually increasing this number over the years. The fourth phase envisions a full transition to the UHC Scheme, which will be nested within NHIF.

1.2 Sector Vision Mission and Goal

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

Vision

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

Mission

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

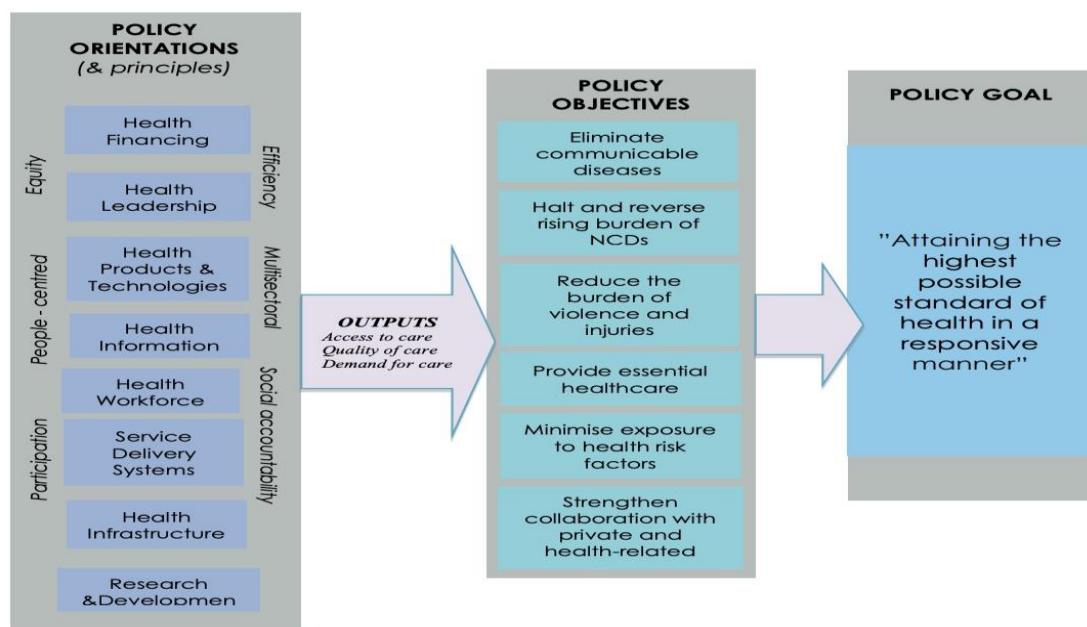
Goal

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

1.3 Strategic Objectives of the Sector

The sector objectives and priorities are based on the country emerging issues that have links with multi-sectoral dimension. The priorities are based on the six policy objectives that reflects the country agenda for improving population health. The focus areas of investments in the sector include Health financing, Leadership and governance, Health Products and Technologies, Health information, Health Workforce, Service delivery, Health Infrastructure, Research and Development. The Ministry will therefore continue implementing the following strategic objectives as presented in figure 1:

Figure: 1 Policy Orientations and Strategic Objectives for Health Sector



1.4 Sub-Sectors and their mandates

The Health Sector does not have any subsectors, and is constituted of the Ministry of Health with it's mandated Semi-Autonomous Government Agencies (SAGAS) as show in the following sub-chapter. The sector mandate is described under Executive Order No. 1 of January 2020 (Revised May 2020) as listed below;

Table 1.1: Sector Functions and institutions

Functions	Institutions
<ul style="list-style-type: none"> • Medical Services Policy. • Health Policy and Standards Management. • Training of Health Personnel. • Pharmacy and Medicines Control. • National Health Referral Services. • National Medical Laboratories Services. • Registration of Doctors and Para-medicals. • Cancer Policy. • Radiation Control and Protection. • HIV/Aids Management. • Public Health and Sanitation • Policy Management. • Nutrition Policy. • Immunization Policy and Management. • Reproductive Health Policy. • Preventive, Promotive and Curative Health Services. • Health Education Management. • Health Inspection and other Public Health Services. • Quarantine Administration. • Food Safety and Inspections. • Preventive Health Programmes. 	<ul style="list-style-type: none"> • National Hospital Insurance Fund (State Corporations Act, Cap. 446, National Health Insurance Fund Board Order, National Hospital Insurance Fund Act, No. 9. of 1998) • Kenya Medical Supplies Authority (KEMSA) (Kenya Medical Supplies Authority Act, 2013) • Kenya Medical Training College (KMTC) (Legal Notice No.14 of 1990) • Pharmacy and Poisons Board (Pharmacy and Poisons Act, Cap. 244) • Referral Hospitals Authority Kenyatta National Hospital, (State Corporations Act, Cap. 446, Kenyatta National Hospital Board Order, 1987) • Moi Teaching Referral Hospital (Legal Notice No.78 of 1998, State Corporations Act, Cap. 446) • National Quality Control Laboratories (Pharmacy and Poisons Act, Cap. 244) • Physiotherapy Council of Kenya (Physiotherapists Act, 2014) • Public Health Officers and Technicians Council (Public Health Officers (Training, Registration and Licensing) Act, 2012) • Clinical Officers Council (Clinical Officers Council (Training, Registration, and Licensing), Cap. 260) • Kenya Medical Laboratory Technicians and Technologists Board • Nursing Council of Kenya (Nurses Act, Cap. 257) • Kenya Nutritionists and Dieticians Institute, (Nutritionists and Dieticians

Act, 2007)

- Health Records and Information Managers Board (Health Records and Information Managers Act, 2016)
- The National Cancer Institute of Kenya (Cancer Prevention and Control Act, 2012)
- Radiation Protection Board (Radiation Protection Act, Cap. 243)
- National Aids Control Council (State Corporations Act, Cap. 446,
- National Aids Control Council Order, 1999)
- Kenya Medical Research Institute (KEMRI) (Science Technology and Innovation, 2013)
- The Kenya Medical Practitioners and Dentists Council (Section 3 of the Medical Practitioners and Dentists Act Cap 253 of the Laws of Kenya, 1977).
- Kenyatta University Teaching, Referral and Research Hospital State Corporations Act Cap 446

The functions of the Ministry are summarized as follow:

- i. Developing national policy and legislation, setting standards and quality assurance, guidelines, national reporting, supervision, sector coordination and resource mobilization.
- ii. Offering technical support with emphasis on planning, development and monitoring of health services and delivery standards throughout the country.
- iii. Monitoring quality and standards of performance of county governments and community organizations in the provision of health services.
- iv. National referral health facilities

1.5 Autonomous and Semi-Autonomous Government Agencies

The Sector has thirteen (13) Semi-Autonomous Government Agencies (SAGAs) with two additional ones in the process of being fully fledged SAGAs, which complement the Ministry in discharging its core functions through specialized health service delivery; medical research and training; procurement and distribution of drugs; and financing through health insurance.

Kenyatta National Hospital (KNH)

Kenyatta National Hospital (KNH) is a State Corporation established through Legal Notice No. 109 of 6th April 1987 with the following mandate:

- I. To receive patients on referral from other hospitals or institutions within or outside Kenya for specialized health care;
- II. To provide facilities for medical education for the University of Nairobi and for research either directly or through other co-operating health institutions;
- III. To provide facilities for education and training in nursing and other health and allied institutions;
- IV. To participate, as a national referred hospital, in national health planning.

The Hospital has a bed capacity of 2,516 and attends to an average of 799,603 inpatients and 949,631 outpatients annually. KNH has a total of 50 wards, 26 operating theatres and 24 consultant clinics. It is the public Hospital of choice in Kenya and beyond. It offers quality specialized healthcare to patients from the Great Lakes Region, Southern and Central Africa. These services include open heart surgery, neurosurgery, orthopedics surgery, reconstructive surgery, burns management, critical care services, newborn services, ophthalmology (cornea transplant), liver resections, oncology, palliative care and renal services (including kidney transplantation), among others.

The Hospital provides training facilities for the University of Nairobi (College of Health Sciences) and the Kenya Medical Training College (KMTC). Further, KNH is also in charge of the full operationalization of the KNH-Othaya Hospital which has positioned itself as the premier hub for provision of specialized healthcare services to Mount Kenya region and its environs.

Moi Teaching and Referral Hospital (MTRH)

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

The mandate of MTRH as enumerated in the Legal Notice include;

- I. To receive patients on referral from other hospitals or institutions within or outside Kenya for specialized health care.
- II. To provide facilities for medical education for Moi University and for Research either directly or through other co-operating health institutions.
- III. To provide facilities for education and training in nursing and other health and allied professions.
- IV. To participate as a national referral hospital in national health planning

MTRH has a bed capacity of 1100 with an average daily patient work load of 1,500 outpatients and 1,200 inpatients. The Hospital offers multi-specialty health care services both for inpatient and outpatient through Centres of Excellence (CoE) to ensure efficient service delivery. The CoE includes Shoe4Africa Children's Hospital

(S4A) focusing on pediatric care, Riley Mother and Baby Hospital (RMBH) for maternal health, Chandaria Cancer and Chronic Diseases Centre (CCCDC) for cancer treatment and chronic diseases, Cardiac Care Unit (CCU) for cardiac conditions, Renal Unit for dialysis, Neuro-Surgical Centre for neurology, Mental Health and Rehabilitation and AMPATH focusing on HIV/AIDS and Primary Health Care/Population Health. MTRH specialized services include; oncology treatment through radiotherapy and brachytherapy, Kidney transplant, Neurosurgery, Open Heart Surgery, Corneal transplant, Reconstructive surgery, Maxillofacial surgery, ICU services, Orthopedic surgery and minimal invasive surgeries through Endoscopy and 3D laparoscopy

Kenya Medical Training College (KMTC)

The Kenya Medical Training College (KMTC) is a State Corporation under the Ministry of Health entrusted with the role of training of the various health disciplines in the health sector, to serve the East African Region and beyond. The College became a State Corporation through an Act of Parliament in 1990 vide Cap 261 of the laws of Kenya and the name Kenya Medical Training College (KMTC) adopted as a unifying title for the institution.

The mandate of KMTC as stipulated in the Act Cap 261 of the Laws of Kenya are:

- I. To provide facilities for college education for national health manpower requirements, in addition to facilities provided by universities, other colleges, or schools or institutions;
- II. To play an effective role in the development and expansion of opportunities for Kenyans wishing to continue with their education in the disciplines approved by the Academic Council
- III. To provide consultancy services in health-related areas;
- IV. To develop health trainers who can effectively teach, conduct operational research, develop relevant and usable health learning materials and manage health training institutions;
- V. To undertake research in disciplines and matters approved by the Academic Board either directly or through the medium of connected universities, or other colleges, schools or institutions;
- VI. To conduct examinations for and to grant diplomas, certificates, and other awards of the College;
- VII. To determine who may teach and what may be taught and how it may be taught in the College; and
- VIII. To examine and make proposals for the establishment of campuses and faculties.

Kenya Medical Supplies Authority (KEMSA)

Kenya Medical Supplies Authority was established under the Kenya Medical Supplies Authority Act No. 20 of 25th January 2013 as a successor to the Kenya Medical Supplies Agency, established under Legal Notice No. 17 of 3rd February 2000. The Authority's mandate is to be the medical logistics provider with the responsibility of

supplying quality and affordable essential medical commodities to health facilities in Kenya through an efficient medical supply chain management system.

The specific Mandate of KEMSA as set out in the KEMSA Act 2013 are;

- I. Procure, warehouse, and distribute drugs and medical supplies for prescribed public health programmes, the national strategic stock reserve, prescribed essential health packages and national referral hospitals.
- II. Establish a network of storage, packaging, and distribution facilities for the provision of drugs and medical supplies to health institutions.
- III. Enter partnership with or establish frameworks with County Governments for purposes of providing services in procurement, warehousing, distribution of drugs and medical supplies.
- IV. Collect information and provide regular reports to the national and County governments on the status and cost-effectiveness of procurement, the distribution and value of prescribed essential medical supplies delivered to health facilities, stock status and on any other aspects of supply system status and performance which may be required by stakeholders;
- V. Support County governments to establish and maintain appropriate supply chain systems for drugs and medical supplies.

Kenya Medical Research Institute (KEMRI)

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

“The objective of the Institute shall be to carry out health research, innovation, capacity-building and service delivery for the improvement of human health and quality of life, and advice the Government on matters related thereto.”

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

The mandate of the Institute is:

- I. conduct health, biomedical and public health research for human health;
- II. build human health research capacity;
- III. collaborate and partner with other local and international research bodies and institutions in carrying out human health research and capacity building;
- IV. advise the responsible Ministry in matters pertaining to health research policies and priorities;

- V. undertake scientific and technological innovation as well as in the discovery, transmission and enhancement of knowledge and stimulate the intellectual life in the economic, social, cultural, scientific, and technological development.
- VI. establish incubation centers for innovation, and link research, policymakers, academia and industry in the health products value chain; and
- VII. to do all such things that are necessary or desirable to carry out its functions.

National Hospital Insurance Fund (NHIF)

The National Hospital Insurance Fund (NHIF) is a parastatal established under the NHIF Act No. 8 of 1998 with an independent Board of Management. The Fund had previously operated as a department under the Ministry of Health from 1966. The transformation was meant to improve the Fund's efficiency in order to respond to the changing dynamics in the health sector. Overall, the Fund is mandated to facilitate access to quality healthcare through strategic resource pooling and healthcare purchasing in collaboration with stakeholders. NHIF works to secure financial risk protection against the cost of healthcare services for all Kenyan residents through prudent financial management of resources.

In line with the relevant provisions of the Constitution of Kenya 2010, among which is the "right to the highest attainable standard of health and the right to basic nutrition", NHIF has aligned itself to deliver Universal Health Coverage (UHC) as one of the "Big Four" socioeconomic agendas.

The NHIF Mandate is:

- I. To receive all contributions and other payments required by this Act to be made to the Fund;
- II. To make payments out of the Fund to declared hospitals in accordance with the provisions of this Act;
- III. To set the criteria for the declaration of hospitals and to declare such hospitals in accordance thereto for the purposes of this Act;
- IV. To regulate the contributions payable to the Fund and the benefits and other payments to be made out of the Fund;
- V. To protect the interests of contributors to the Fund;
- VI. To advise the Minister on the national policy to be followed with regard to national health insurance and to implement all Government policies relating thereto; and
- VII. To perform such other functions as are conferred on it by this Act or by any other written law.

The National AIDS Control Council (NACC)

The National AIDS Control Council (NACC) was established under Section 3 of the State Corporations Act by the National AIDS Control Council Order, 1999 published vide Legal Notice No. 170 of 1999. Its mission is to provide policy and a strategic framework for mobilizing and coordinating resources for the prevention of HIV transmission and provision of care and support to the infected and affected people in Kenya.

Under circular number OP/CAB.2/21/2A/LII/43 dated November 23, 2004; NACC was categorized as a service corporation under category PC 3B.

Under Section 6 of the L.N, the mandate of NACC is to:

- I. Develop policies and guidelines relevant to the prevention and control of Acquired Immune Deficiency Syndrome (hereinafter referred to as AIDS)
- II. Mobilize resources for AIDS control and prevention and provide grants to implementing agencies
- III. Co-ordinate and supervise implementation of AIDS programmes in the country
- IV. Collaborate with local and international agencies which work in AIDS control
- V. Facilitate the setting up of sectoral programmes on AIDS
- VI. Mobilize Government Ministries and institutions, Non-Governmental organizations, community-based organizations, research bodies, the private sector and universities to participate in AIDS control and prevention
- VII. Develop strategies to deal with all aspects of the AIDS epidemic
- VIII. Develop national management information systems for AIDS control
- IX. Identify sector specific training needs and device appropriate manpower development strategies.
- X. Develop appropriate mechanisms for the monitoring and evaluation of AIDS and sexually transmitted diseases (STDS) programmes
- XI. Take a leadership role in advocacy and public relations for the AIDS Council programme.

National Cancer Institute of Kenya

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

The overall mandate of the NCI Kenya is to coordinate and centralize all activities, resources and information related to cancer prevention and control in Kenya. Specifically, the Institute is required to;

- I. Advise the Cabinet Secretary on matters relating to the treatment and care of persons with cancer and to advise on the relative priorities to be given to the implementation of specific measures
- II. Encourage and secure provision of diagnostic, treatment, rehabilitation and other medical care to persons with cancer in those institution
- III. Establish and support measures that seek to eradicate conditions that cause and aggravate the spread of cancer.
- IV. Provide access to available information and technical assistance to all institutions, associations and organizations concerned with the welfare and treatment of persons with cancer
- V. Strengthen governance and coordination of cancer response in Kenya through effective partnerships and stakeholder engagement
- VI. Ensure that accurate figures of persons with cancer are obtained in the country for purposes of planning through collection, analysis and dissemination of all data useful in the prevention, diagnosis and treatment of cancer

- VII. Provide public information on the rights of persons with cancer and recommend measures to prevent discrimination against persons with cancer
- VIII. Set standards for optimal and quality cancer care including diagnosis, treatment, palliative care and survivorship.

Kenyatta University Teaching Referral and Research Hospital (KUTRRH)

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

Kenyatta University Teaching, Referral and Research Hospital was established as a state corporation under the State Corporations Act Cap 446 through a Legal Notice No.4 of 2019. Specifically, the mandate of KUTRRH is:

- I. To receive patients on referral from other hospitals or institutions within and outside Kenya and provide them with timely and high-quality specialized healthcare.
- II. To provide facilities for and facilitate medical education
- III. To provide facilities for and facilitate biomedical research directly or with co-operating institutions.
- IV. To develop dynamic leadership and managerial skills in health care.
- V. To participate as a referral medical hub in national, regional and global health policy

The Hospital offers multi-specialty health care services both for inpatient and outpatient services including Accident and Emergency, Pharmacy, Diagnostic Imaging, Oncology, Renal, Rehabilitative Services, Pathology and Lab Medicine, Critical Care, Medical & Surgical Services, Pediatrics, Diagnostic Imaging, Obstetrics, Homebased Care and Operating Theatres

In addition to the many specialty areas, KUTRRH is poised to become the only Public facility in the East and Central African region to offer the comprehensive continuum of Cancer care with the establishment of an Integrated Molecular Imaging Cancer (IMIC). IMIC is a government funded project at KUTRRH. The facility is the first in a Public Hospital in Sub-Saharan Africa Region. It has a Cyclotron, 2PET/CTS, 1SPECT/CT, 1MRI [1.5 tesla] and 1CT scan [256 slice]. This will play a critical role in addressing the gaps in cancer screening and diagnosis hence improving treatment and ultimately survivorship.

The center will also enable production of isotopes in Kenya and beyond [Africa] which is aimed at reversing the trend by Kenyans seeking these services abroad saving upto KShs. 8-10B in foreign exchange. In addition, it will serve not only Oncology patients but other medical conditions including mental health, urology etc. thus a major boost in achieving Universal Healthcare for all.

In addition, and in accordance with the Memorandum of Understanding signed on 10th September 2020 between the Ministry of Health, the County Government of Kiambu and KUTRRH, Gatundu Level V Hospital will be managed by KUTRRH Board. The purpose of the collaboration is to allow for mutual cooperation of the parties for

the purposes of enhancing quality, efficiency, and effectiveness in provision of quality health care and referral service.

Mathari National, Teaching and Referral Hospital

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

The mandate of the hospital includes:

- I. To provide highly specialized psychiatry services including forensic psychiatry, child and adolescent psychiatry, geriatric and neurological psychiatric services.
- II. To receive and manage referrals of persons with mental disorders from other hospitals or institutions , from within or outside Kenya for specialized psychiatric services
- III. To receive mentally ill law offenders from courts, prisons and police department for assessment and forensic mental health care
- IV. To provide treatment and rehabilitation for persons with addiction and behavioral disorders
- V. To undertake community psychiatry, psychosocial rehabilitation services, counselling, psychotherapy and psychotrauma management
- VI. To provide integrated outpatient health care services including disability and medical assessment
- VII. To provide training and research facilities in mental health
- VIII. To participate as a national referral hospital in national health policy planning

Kenya Nuclear Regulatory Authority (KNRA)

The Kenya Nuclear Regulatory Authority (KNRA) is a State Corporation, established on 10th January 2020, by the Nuclear Regulatory Act, 2019 with the mandate to:

- I. Ensure the safe, secure and peaceful use of nuclear science and technology;
- II. Provide for the protection of persons, property and the environment against the harmful effects of ionizing radiation through the establishment of a system of regulatory control;
- III. Exercise regulatory control over —
 - a. Siting, design construction, operation, manufacture of component parts and decommissioning of facilities;
 - b. Nuclear and radioactive materials and facilities; and
- IV. Such other activities as may, with the prior approval of the National Assembly, be prescribed which the Authority may seek to exercise regulatory control over;
- V. Ensure compliance with the conditions of authorization through the implementation of a system of inspections and enforcement;
- VI. Co-ordinate the fulfilment of national obligations in respect of nuclear safety, security and safeguards;

- VII. Co-operate with any relevant international agency by providing any assistance or information required;
- VIII. Establish appropriate awareness methods and procedures for informing and consulting the public and other interested parties about the regulatory process and the safety, health and environmental aspect of regulated activities including incidents, accidents and abnormal occurrences.

Kenya Medical Practitioners and Dentists Council

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

Mandate of KMPDC is listed as below:

- I. Establish and maintain uniform norms and standards on the learning of medicine and dentistry in Kenya
- II. Approve and register medical and dental schools for training of medical and dental practitioners
- III. Prescribe the minimum educational entry requirements for persons wishing to be trained as medical and dental practitioners
- IV. Maintain a record of medical and dental students
- V. Conduct internship qualifying examinations, pre-registration examinations, and peer reviews as deemed appropriate by the Council
- VI. Inspect and accredit new and existing institutions for medical and dental internship training in Kenya
- VII. License eligible medical and dental interns
- VIII. Determine and set a framework for professional practice of medical and dental practitioners
- IX. Register eligible medical and dental practitioners
- X. Regulate the conduct of registered medical and dental practitioners and take such disciplinary measures for any form of professional misconduct
- XI. Register and license health institutions
- XII. Carryout inspection of health institutions
- XIII. Regulate health institutions and take disciplinary action for any form of misconduct by a health institution
- XIV. Accredit continuous professional development providers
- XV. Issue certificate of status to medical and dental practitioners and health institutions; and
- XVI. Do all such other things necessary for the attainment of all or any part of its functions.

The Kenya Health Human Resource Advisory Council (KHHRAC)

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

- I. Management of interns and medical specialists,

- II. Management of intergovernmental transfers (county to county and between the two levels of government),
- III. Management of the welfare and the scheme of service for health professionals
- IV. Maintenance of a master register for all health practitioners in the country.

The Kenya Health Professions Oversight Authority (KHPOA)

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

- I. Maintain a duplicate register of all health professionals working within the national and county health system
- II. Promote and regulate inter-professional liaison between statutory regulatory bodies
- III. Coordinate joint inspections with all regulatory bodies
- IV. Receive and facilitate the resolution of complaints from patients, aggrieved parties and regulatory bodies
- V. Monitor the execution of respective mandates and functions of regulatory bodies recognized under an Act of Parliament
- VI. Arbitrate disputes between statutory regulatory bodies, including conflict or dispute resolution amongst Boards and Councils
- VII. Ensure the necessary standards for health professionals are not compromised by the regulatory bodies

Nursing Council of Kenya (NCK)

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

The mandate of the NCK is:

- I. To establish and improve standards of all branches of the nursing and midwifery profession in all their aspects and to safeguard the interests of all nurses and midwives
- II. To establish and improve the standards of professional nursing and midwifery and of health care within the community
- III. With the approval of the Cabinet secretary, to make provision for the training and instruction for persons seeking registration or enrolment under the Nurses and Midwives Act Cap 257

- IV. With the approval of the Cabinet secretary, to prescribe and regulate syllabuses of instruction and courses of training for persons seeking registration or enrolment under the Nurses and Midwives Act Cap 257;
- V. With the approval of the Cabinet secretary, to prescribe and conduct examinations for persons seeking registration or enrolment under the Nurses and Midwives Act Cap 257
- VI. To prescribe badges, insignia, or uniforms to be worn by persons registered, enrolled or licensed under the Nurses and Midwives Act Cap 257
- VII. To direct and supervise the compilation and maintenance of registers, rolls and records required to be kept under sections 12, 14 and 16; & to advise the Cabinet secretary on matters concerning all aspects of nursing and midwifery.
- VIII. To recommend to the Cabinet secretary institutions to be approved institutions for training of persons seeking registration or enrolment under this Act
- IX. To have regard to the conduct of persons registered, enrolled or licensed under this Act, and to take such disciplinary measures as may be necessary to maintain a proper standard of conduct among such persons
- X. To have regard to the standards of nursing care, qualified staff, nursing commodities, facilities, conditions and environment of health institutions, and to take such disciplinary or appropriate measures as may be necessary to maintain a proper standard of nursing care in health institutions

The Ministry has the following eleven (11) regulatory bodies in place with their mandates as follows:

Clinical Officers Council (COC)

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

Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB)

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

Kenya Nutritionists and Dieticians Institute (KNDI)

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

Public Health Officers and Technicians Council

The Public Health Officers and public health technician's council was established under Public Health Officers act of parliament (January 14, 2013).

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

Pharmacy and Poisons Board (PPB)

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

Tobacco Control Board (TCB)

Tobacco Control Board is established under Section 5 of Tobacco Control Act 2007, it consists of 16 board members from various Government Ministries and members from private sector. The following are the board's mandates as spelt out under Section 6 of the Act:

- I. Advise the Minister on the national policy to be adopted with regard to the production, manufacture, sale, advertising, promotion, sponsorship and use of tobacco and tobacco products;
- II. Advise the Minister generally on the exercise of his powers and the performance of his functions as provided for under the Tobacco Control Act, 2007.
- III. Advise the Minister on matters relating to the administration of the Fund;
- IV. Recommend to the Minister and to participate in the formulation of the regulations to be made under section 53;
- V. Perform such other functions as may, from time to time, be assigned by the Minister.

National Quality Control Laboratory (NQCL)

The National Quality Control Laboratory (NQCL) is a body established under Cap 244 of the Pharmacy and Poisons Act. The mandate of NQCL is to perform chemical, biological, biochemical, physiological, and pharmacological analysis; evaluate other pharmaceutical drugs and medicinal substances manufactured both locally and imported.

Physiotherapists Council of Kenya

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

Health Records and Information Managers Board

Health Records and Information Managers Board is established under section 7 of the Health Records and Information Managers Act, 2016 (No. 15 of 2016) and

amendments provided for in the Health Laws (Amendment) Act, 2019. The Board is mandated to regulate training, registration, licensing and practice of Health Records and Information Managers.

Counsellors and Psychologist Board

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

1.6 Roles of Health Sector Stakeholders

Health sector is governed through the steering leadership of the Government. The following are major stakeholders in the health sector:

Table 1.2: Stakeholders in the Health Sector and their roles

Name of Stakeholder	Role of the Stakeholder
National Treasury	Providing budgetary support for investments, operations and maintenance of the Sector besides the remuneration of all employees.
State Department for Planning	Co-ordination of planning, policy formulation and tracking of results in the Health Sector.
National Assembly and Senate	Legislation and oversight on matters relating to health including law enactment and budgetary approval.
County Health Departments	In accordance with Schedule 4 of the Constitution counties departments of Health are specifically mandated with: County health facilities; County health pharmacies; Ambulance services; Promotion of preventive and promotive health care services ; licensing and control of sale of food in public places; veterinary services; cemeteries, funeral parlours and crematoriums; enforcement of waste management policies .
Non-State Actors in Health	They include the private sector, faith-based organizations (FBOs), non-governmental organizations (NGOs) and community service organizations (CSOs). Non state actors contribute to Health service delivery through advocacy and resource mobilizing, provision of service delivery, social mobilization at community level to influence health seeking behavior, promotion of best practices and address human rights and gender issues.
Academic Institutions	Universities and middle level colleges play crucial roles in health research, development of Human resources for Health, provision of tertiary health care and funding.

WHO and FCDO	Support the sector with technical advice on Health systems strengthening approaches; both national and counties.
Global Fund	The Global Fund is a multi-sectoral partnership designed to accelerate the end of AIDS, tuberculosis, and malaria at national and county levels. Key programmatic activities are for the procurement of diagnosis and treatment commodities; facilitate preventive measures. In addition, the support is to improve the quality of care; enhance use of quality data for decision-making; social behavior; support community approaches and address human right and gender.
PEFFAR (USAID &CDC)	Supports the sector in provision of Financial and Human resources and Technical assistance for the HIV and TB programs at the National and county levels.
GAVI	Support for Vaccines and Immunization programmes
World Bank	Support health systems strengthening interventions in both national and county government levels
JICA	Leadership and Governance, infrastructure, community health both National and Counties
UNICEF	Child and nutrition health services, Scorecard (RMNCAH) and water and sanitation (WASH) programs counties and Technical support to both national and County government
UNFPA	Support on Population Health and family planning commodities; maternal health programme (RMNCAH)
UNAIDS	Co-ordinate the joint UN team for multi sectoral HIV response; support M&E of HIV response
DANIDA	Health System strengthening in the Counties.
Organization of Petroleum Exporting Countries (OPEC)	Support for Burns and Pediatric centre.
Saudi Arabia Fund for Development	Support for cancer centre in Kisii Hospital and Burns and Pediatric centre.
Arab Bank for Economic Development in Africa (BADEA)	Support for cancer centre in Kisii hospital and Burns & Pediatric centre.
Private sector consortium-	Coordinates all private practice members;
Faith-Based Organization	Coordinates Faith based health services among them are SUPKEM, CHAK and KCCB

Kenya Health Federation	The federation works with commercial and public institution, professionals, non-state actors to promote strategic public private partnerships
Other state actors (MDAS)	Multisectoral collaboration to implement programs that have impact on Health including; Ministry of Environment and Forestry, Ministry of Water & Sanitation; Ministry of Agriculture, Livestock, Fisheries and Irrigation; Ministry of Labour & Social Protection, Ministry of Information, Communication and Technology, Ministry of Interior and Coordination of National Government, Ministry of Transport, Infrastructure , Housing, Urban Development and Public Works and Ministry of Education, Ministry of Public Service, Youth and Gender, Judiciary through inter-sectoral collaboration in promotion of health services, disease prevention and addressing the social determinants of health.in addition, Kenya National Bureau of Statistics (KNBS) and Kenya Institute for Public Policy Research and Analysis (KIPPRA) to conduct surveys and provide information for policy and planning purposes.
Clients/ Consumers of Health Services	Household and communities have a major role in the demand and utilization of quality, accessible and affordable services

CHAPTER TWO: PROGRAMME AND PERFORMANCE REVIEW

2018/19 – 2020/21

2.1 Review of Sector Programme Performance

2.1.1 Programme 1: Preventive and Promotive AND RMNCAH Services

Sub-programme 1.1: communicable diseases prevention & control

HIV AND AIDS

National AIDS & STI Control Program (NASCOP)

Kenya has made strides in the fight against HIV/AIDS which has seen a reduction in HIV prevalence from 4.9 in 2018 to 4.5 in 2020. Number of new HIV infections have also reduced across all age groups during the same period. Kenya is estimated to have over 1.5 million people living with HIV out of which 1.2 million (1,253,423) have been identified and initiated on lifelong antiretroviral treatment (ART) representing 80% ART coverage. Continued collaborative efforts with partners and county governments has resulted in increased retention rates among people living with HIV (PLHIV) on ART for one year from 87% in 2018 to over 90% in 2020. The program transitioned most of its clients on optimized regimens and improved viral load testing coverage which contributed to improved viral load suppression rates to over 90%.

The Ministry through partnership with development partners (DPs) continued to offer HIV testing services, and prevention of mother to child transmission of HIV services with 4,964,180 people tested for HIV, including pregnant women, infants, HIV testing at health facility and community level and linkage of the PLHIV to care and treatment. Pre exposure prophylaxis for population at risk of HIV, Methadone Assisted Therapy (MAT) for drug users, blood screening and laboratory networking of samples for routine monitoring of patient outcomes are routinely offered across health facilities in Kenya. These services are offered free of charge at all health facilities and community settings.

In the period under review, the programme rolled out interventions focusing on screening and treatment of viral hepatitis B &C. NASCOP hosts HIV surveillance systems that have been improved over time to guide HIV programing. Such improvements include information on geographical differences in recent HIV infections, early warning indicators on resistance to ARVs and HIV treatment outcomes across the years.

Despite these achievements, transmission of HIV from pregnant and breastfeeding mothers to their children remains high at 10.8% against the global target of less than 5%. COVID-19 has further aggravated the HIV /AIDS situation with PLHIV being among the most at risk of dying and increased the risk of new HIV infections among adolescent girls and young women.

Kenya spends between KSh. 20,115 – KSh. 39,959 per patient per year for provision of drugs and other laboratory tests that are required for management of HIV. Furthermore, the cost of care and treatment for patients on MAT and those that engage in behaviors are more.

Financing for HIV programing is crucial for reduction of new HIV infections and achievement of universal health coverage.

National AIDS Control Council (NACC)

Development of the Kenya AIDS Strategic Framework (KASF): KASF is the overarching policy document that guides the HIV response in the country. In the Financial Year 2020/21, KASF II was finalized and launched on December 1, 2020, during World AIDS day commemoration and disseminated to both the national and county levels. The next steps for the National and county strategies include: provision of oversight through supervisory audits to support implementation in all the 47 counties which would strengthen effective coordination of the HIV response.

The development of the Global Fund Grant proposal/New Funding Model (NFM3): In the FY 2020/2021 the NACC spear headed the development and successful submission of funding proposal to the Global Fund. Consequently, Kenya received a total of USD 441,509,321.00 to support HIV/TB/Malaria programmes for the period of July 2021/22 to June 2023/24. The HIV programme total allocation being USD 246,165,248.27. The NACC requires follow up of the implementation of this grant especially oversight of the HIV sub-recipients who received the grant.

Resource Mobilization from Infrastructure Projects: Given large expenditure for commodities and declining development partners support for HIV Programmes, the NACC focused on harnessing domestic resources towards HIV response. In the year 2018/19 the NACC with support from Government and partners, developed a policy brief on achieving Universal Health Coverage by Leveraging on the Infrastructure Sector to Reduce New HIV Infections and Enhance Domestic Financing for Health. In the FY 2019/20 the guidelines for HIV and Health Impact analysis were developed to help harness resources for HIV and health in the infrastructure project. In the FY 2020/21 the NACC piloted the guidelines in four different counties. As of 30th June 2021, 83 infrastructure projects were implementing the guideline. As a follow up in the next FY, there is need to operationalize the guidelines.

Human Immunodeficiency Virus Estimates, Global AIDS Monitoring (GAM) Reporting and Community activities: The HIV Estimates are developed annually under the overall coordination and leadership of the NACC. The HIV Estimates provide an analysis on the existing nature of HIV burden, prevalence, new infections, HIV related mortality and PMTCT at national and county levels, which are critical towards routine tracking of HIV outcomes achievements and target setting for strategic planning of the HIV response. The HIV Estimates 2020 were reported under the GAM Online Reporting which is a global obligation. Through the Community Activities Program Reporting (CAPR), the NACC coordinates systematic data collection for activities and services that are outside of the mainstream health system. Kenya AIDS response progress reports were also developed. To ensure effective utilization of these reports, there is need to disseminate to the decentralized levels to take stock of their HIV situation. ,

Kenya HIV and Health Situation Room: In the period under review, significant progress has been made in revamping the Kenya HIV and Health Situation room in the back end with more indicators added to the system in succession over the three years including COVID-19 data countrywide, on the number of tests done, number of positive, number of deaths reported, among other analytics. The plan is to further re-engineer the Situation Room to include additional Modules including the Maisha Digital, Maisha Research Hub, Adolescent and Youth Performance Data and HIV Project Financing.

HIV Prevention in Adolescents and Young People (AYP): One in three adolescent girls and young people experience some form of sexual gender-based violence. 1 in 3 ANC clients are adolescent girls aged 10-19 years and 69% of HIV positive mothers were adolescent girls and young women aged 10-19 years.

Towards being able to reach and monitor the AYP HIV response, the NACC has developed mechanisms to track the performance using the AYP performance tracking tool; build the capacity of AYP TWGs in the 47 counties; explore avenues like the faith sector to reach the AYP, by building the capacity of the school chaplains using standardized messages; reached 1752 young boys and girls, through the rites of passage that addresses puberty, life skills, HIV and STIs, ASRH, drug use, menstrual health management and mental health ; peer to peer learning to increase the meaningful engagement of Adolescents and Young People in the country's HIV Response through the Maisha Youth Movement; and institutionalization and operationalization of the Maisha Youth County Chapters in 46 counties that bring together youth leaders with various backgrounds from different sectors including non-health sectors.



Integration of COVID-19 & HIV messages: The NACC in partnership with the Kenya Institute of Curriculum Development, Ministry of Education and in collaboration with the Ministry of Health jointly implemented Infection Prevention Control (IPC) COVID-19 Teacher preparedness for schools reopening by developing and customizing COVID-19 protocols with relevant HIV messages for schools.



Distribution of COVID/HIV IEC materials at Ziwani Primary School, Chemari, Marafa zone, Magarini

Multi-sectoral eMTCT programming: Beyond Zero with Technical Assistance from the NACC constituted a multi-sectoral committee for elimination of new HIV infections in children and keeping their mothers alive. This has galvanized country leadership and ensured sustained advocacy and momentum at national and county levels on eMTCT programming especially; demand creation, and supported counties to allocate resources for Prevention of Mother-to-Child Transmission Programs. Beyond Zero provided technical and financial support to Counties to develop their specific eMTCT business plans that will enable the counties to mobilize resources and implement county specific approaches.

Condom Programming: Despite being one of the key prevention pillars, condom use



remains low in Kenya at only 14 condoms per man per year against the global target of 40 condoms per man per year. During the period under review, the NACC committed to increase condom outlets in non-health settings by 25%, which was achieved through increasing the condom outlets from 3,690 to 4,611. There was installation of 921 condom dispensers in eleven counties - Kajiado, Homabay, Kwale,

Meru, Kitui, Muranga, Kitui, Taita Taveta, Garissa, Bungoma, Bomet and Vihiga. A total 40,393,996 condoms were distributed in non-health settings in all the 47 counties. To expand the reach of the targeted audience, one of the innovations was to promote and distribute condoms through the customer care desks through the AIDS Control Units.

Addressing Legal Barriers, Addressing HIV Related Stigma and Discrimination: Sensitization of 4,723 religious leaders to address congregational stigma and discrimination was achieved. As a result, 15,330,013 congregants were reached with messaging on HIV prevention, stigma reduction, SGBV. Further close to 7 million of congregations were reached with HIV and COVID-19 prevention messaging through engagement of media, churches, and mosques, and through the use of online platforms such as Facebook, Twitter, Instagram and YouTube.

Multisectoral Reporting on HIV by Public Sector: With an estimated public sector workforce of 700,000, an HIV prevalence of 4.5% and incidence of 0.19, NACC through workplace programs (MAISHA Certification) was able to use AIDS Control Units/Committees to reach 62,541 (9% of total public servants) with wellness promotion and sensitization on prevention and management of non-communicable diseases. Out of those reached 48,744 an equivalent of 79% accessed wellness checks including HIV testing, Blood pressure, Blood sugar, and BMI screening.

HIV and AIDS Conference 2021: The sixth Maisha HIV and AIDS Conference whose theme was 'Towards the last mile: Resilience and innovation' was held from June 14-16, 2021. A total of 1,222 delegates participated in the conference proceedings virtually.

National Vaccines & Immunization Program

During the period under review, there was improved immunization coverage from 81% in FY 2019/20, to 84% in FY 2020/2021. Further, the country has been able to introduce three (3) new vaccines since 2018 to reduce child morbidity and mortality. The vaccines include the following;

- The yellow fever vaccine in high-risk counties,2019
- The malaria vaccine in high-risk counties,2019
- Human Papilloma Virus Vaccine against cervical cancer,2019

The proportion of facilities offering immunization services has improved from 60% to >90% through installation of specialized vaccine storage equipment in over 3,500 health facilities and 290 sub-county vaccine depots. Marked engagement and collaboration between national, counties and development partners has resulted in the elimination of maternal and neonatal tetanus disease as well as eradication of wild polio virus.

Malaria

Malaria remains one of key public health problems in Kenya. Malaria impacts key sectors such as education, tourism, agriculture amongst others thus affecting the overall development agenda of the country. In Kenya, malaria transmission is dependent on the climatic conditions and geography. The incidence of malaria in the country stands at **85 persons per thousand**, to about **4.3 million confirmed cases country-wide**. Pregnant

women children below 5 years of age are most vulnerable and especially those residing in counties around Lake Victoria and the coastal region.



1: Malaria incidence per thousand population (KHIS Malaria Dashboard)

Overall progress on incidence has stagnated over the last three years. In 2020/2021 the performance of the programme was impacted by two issues. There was continued delay in the renewal of tax exemptions for commodities procured through USAID. During the last three years, USAID funded medicines, test kits constituted **70%** of the overall malaria commodity needs. This situation affected the attainment of key indicators on testing and treatment. Only **86%** of the planned first-line treatments were distributed to facilities. Stock-out in facilities were reported and there was limited replenishment available at KEMSA. On testing only **67%** of suspected cases were tested against a target of **95%**. This situation was partially managed through re-directing Global fund savings to priority commodities. Whereas tax exemption issue has recently been resolved and commodity availability is expected to improve going forward. Commodity security is a priority for the programme to ensure continuous availability of essential medicines and testing at all levels.

Furthermore, the Covid19 pandemic impacted malaria service delivery from the last quarter of FY 2019/20 onwards. This delayed the implementation of key malaria interventions including the distribution of 15.7 million LLINs which was delayed by one year. 9.7 million mosquito nets distributed across 17 counties protecting over 16 million. This was after adapting the distribution processes to the COVID-19 mitigation guidance. The balance of 6 million will be distributed once they are delivered in the first two quarters of FY 2021.

Indoor residual spraying is done in Homabay and Migori counties, protecting over 2 million residents, the impact of this intervention has contributed to the reduction in malaria incidence in the area to **167 per thousand** against the lake region average of **291 per thousand** populations. The intervention is currently wholly supported by USIAD-PMI. Resources constraints have limited the ability to expand to other area in need. To further impact on malaria transmission deployment of IRS in other endemic areas is essential.

The Larval Source Management (LSM) collaborative project with experts from Cuba was delayed due to Covid19 as their arrival was postponed until April 2021. This is a Government funded project. The Ministry has procured the necessary insecticides and equipment, orientation of the Cuban experts is complete and the deployment to the eight counties is expected in first quarter of FY 2021. This is a two-year project covering eight counties.

Subsequently, additional counties will be included to diversify the malaria preventive portfolio for greater impact.

H.E the President is currently the chairperson of Africa Leaders Malaria Alliance (ALMA) which is an alliance of Heads of State and Government in Africa. In October 2020, The President launched the **Zero Malaria Starts With Me** (ZMSWM) campaign and the malaria score-card that provides visibility on accountability and performance. This campaign is in-line with his continental agenda on malaria control and elimination. Furthermore, in February 2021, the Ministry inaugurated the End Malaria Council/fund Kenya chapter to advocate for additional resources; enhanced visibility of malaria in the overall development agenda; strengthen community ownership of malaria interventions; and address barriers to optimal and synergistic interventions; and promote local manufacturing of malaria commodities.

Tuberculosis Control

In 2019, Kenya launched the first ever patient-centred and costed National Strategic Plan (NSP) for Tuberculosis (TB), Leprosy and Lung Health 2019-2023, with a vision of a nation free from TB and Leprosy and reduced burden of lung diseases. The aspiration of the Ministry of Health is to reduce the detection gap by ensuring that all people with TB have access to diagnostic TB services, holistic quality care and TB prevention in the general population.

The Ministry together with stakeholders revised latent TB infection (LTBI) treatment guidelines to include the expanded high-risk population for TB to include; prisoners, health care workers, under-5 contacts of bacteriologically confirmed TB cases and PLHIV, people with suppressed immune system such as cancer patients and people undergoing dialysis. The LTBI policy was launched on 30th June, 2020.

An estimated 140,000 people fell ill with Tuberculosis in FY2020/21, yet only 73,777 people were diagnosed, put on treatment, and notified to the National Tuberculosis Programme. The proportion of patients successfully treated of all forms of TB was 85% in 2020/21, up from 84% in 2019/20. The proportion of drug resistant cases successfully treated in the FY 2020/21 markedly increased at 79% from 45% in 2019/20.

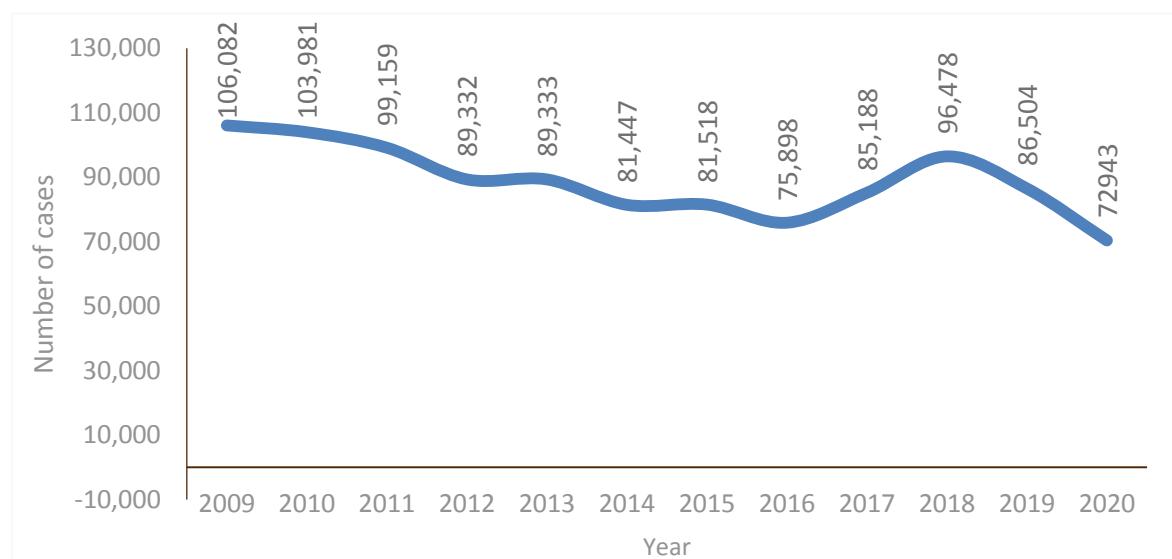


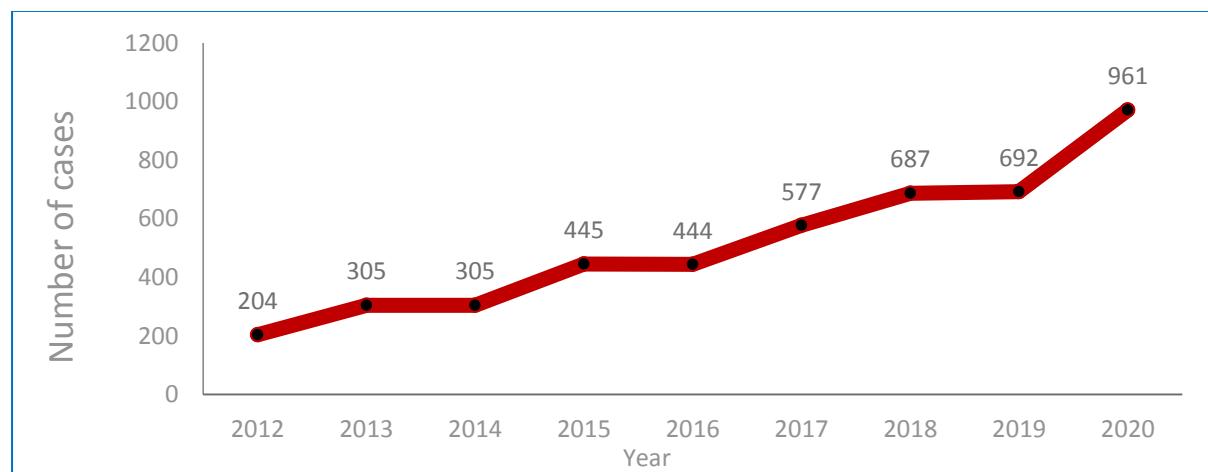
Figure 2: TB Notification rates

The program continues to improve diagnostic services through use of gene xpert as the first test of choice, with over 189 gene xpert machines distributed across the country and at least 2 machines in every county. Gene expert test was accessible to 44% of patients with all forms of TB. Challenges in sample transport and limited internet coverage led to under reporting and sub-optimal access of gene xpert in some regions. The National TB reference laboratories in Nairobi and KEMRI/CDC KISIAN in Kisumu remain central in providing culture and drug susceptibility testing (DST) for both first- and second-line services, together with three additional laboratories in Machakos, Malindi and Kitale that provide culture and DST services. In addition, Acid Fast Bacilli (AFB) microscopy sites increased from 2,320 in 2018 to 2,555 currently.

Strong TB/HIV collaborative interventions have continued to yield commendable results with; HIV testing rates of 98% among TB patients, a co-infection rate of 25% and ART uptake of 93% in 2020. In addition, treatment success rate for the cohort that started treatment in 2019 improved to 85.2% in 2020 compared to 84% in 2018. This was achieved despite the rising death rate at 6% and lost to follow up of 5.5%. Malnutrition among TB patients remains high and pose a challenge of adverse outcomes, at 46% of all TB cases notified due to sub optimal nutrition interventions marked by widespread stock out of nutrition commodities across the country.

It was estimated that close to 2,500 people fell ill of drug resistant (DR) TB in FY 2020/21, yet only 855 people were diagnosed and started on treatment. An estimated 79% of DR TB patients were successfully treated. The country rolled out injectable free DRTB regimen from January 2020 following WHO recommendation to use safe injection free DRTB regimen in late 2018, which was officially launched on 30th June 2020.

Below is DR TB trend since 2012:



COVID-19 Health Emergency Response

Testing

Department of Laboratory services worked closely with key partners including; international organizations and technical agencies to rapidly and equitably support access to COVID-19 health products and diagnostics tools kits.

During the FY2020/21, both polymerase chain reaction (PCR) kits and antigen testing kits were acquired and distributed to various testing laboratories in the country. Cumulatively, 1,721,823 million PCR and another 176,000 antigen tests were conducted in the FY2020/21. Along with the tests conducted, sample collection kits including nasopharyngeal swabs, oropharyngeal swabs and viral media transport were also sourced and redistributed.

Medical Oxygen

Oxygen has in the last one year emerged as one of the essential commodities in the management of COVID-19 specifically for cases requiring breathing support making it critical to have adequate and consistent supply.

Kenya has about 70 PSA plants, 89 percent of which are not operating at optimum capacity due to: (i) obsolete technology; (ii) lack of capacity to regularly maintain and service plants, leading to production of poor-quality oxygen at less than 90 percent purity; (iii) failure to factor in population increases in planning; and (iv) historical failure to list oxygen as an essential medicine.

The WHO only listed oxygen as an essential medicine in 2017, while the same was included in the Kenya Essential Medicines Lists in 2019. Therefore, Oxygen remains a concern and Preliminary estimates indicate that oxygen availability remains low particularly in public health facilities (16 percent).

The COVID-19 pandemic has been evolving and requires enhanced response especially in the red zoned counties ravaged by the pandemic effects. There are several Projects in the health sector that have played a critical role in supporting the GoK's response to COVID-19 by ensuring several facilities have capacity to deliver oxygen. MoH with support of development partners embarked to expand availability of oxygen in 79 COVID-19 treatment facilities.

Since FY 2019/2020, the support for oxygen has been ongoing as it is a depletable commodity that is replenished continuously based on needs. There are 5 facilities, namely Coast general hospital (45,712), Jaramogi Oginga Odinga Hospital (78,855), Tigon Level 4hospital (12,762), Kiambu Level 5 County Referral Hospital (22,149) and Thika Level 5hospital (16,233). Total of 175,711 liters of medical oxygen was delivered by June 2021.

In a bid to mitigate the effects of COVID-19-19, various referral facilities including MTRH, KNH and KNH-Othaya invested on providing oxygen which is essential commodity in management of COVID-19. Towards this, KNH-Othaya acquired a 3,000 litres Oxygen tank, with KNH installing 20,000 bulk oxygen tanks for liquid Oxygen at Mbagathi.

In addition, MTRH completed the construction of a new oxygen plant with a capacity of 2,000litres per minute of oxygen.

COVID-19 Vaccination

In the FY2020/21, the Ministry established a robust policy, governance, leadership framework and plans to improve the vaccine supply chain. The Ministry through the National COVID-19 Taskforce developed the National COVID-19 Vaccine Deployment Plan (NVDP), 2021 to guide vaccination strategy against COVID-19 as well as support the mobilization of the required resources. The strategy outlined in the NVDP is to vaccinate a total of 26 million Kenyans by June 2022 with an initial target of 10 million Kenyans by December 2021.

The NVDP estimates the cost of vaccinating 26 million people to be Kshs.46 billion. In this regard, GAVI committed to support vaccination of 11 million people through procurement of Vaccines and Injection Devices at an estimated cost of Kshs.20 billion.

On the other hand, Ministry entered into a Participation Agreement with the African COVID-19 Acquisition Trust (AVAT) for delivery of over 10 million doses for COVID-19 vaccines towards achievement of accelerated COVID-19 Vaccination targeting 26 million by June, 2022.

The Ministry of Health launched the National COVID-19 vaccinations on the 5th March 2021 and by end of June 2021, the country had received a total of 1,550,700 doses of AstraZeneca from Global Access (COVAX) facility and bilateral donations.

Table 2.1: Vaccine doses Received

Vaccine Arrival Date	Source	Quantity Received
03/3/2021	Covax	1,020,000
11/3/2021	India	100,000
29/5/2021	MOH South Sudan	72,000
22/6/2021	Denmark	358,700
Total Doses Received		1,550,700

The initial phase of vaccination targeted frontline workers, teachers, security officers and those above 58 years of age. As of 30th June 2021, a total of 1,378,585 doses had been administered, out of which 1,008,120 persons were vaccinated with the 1st dose administered and 370,465 persons with the 2nd dose thus translating to 1.42% of fully immunized adults.

Fifty-six percent of those vaccinated with the 1st dose were males and 44% female. Fifty-six percent of those vaccinated with the 2nd dose were males and 44% female. Others (intersex/transgender) constituted 621 in the 1st dose and 166 in the 2nd dose.

Sub-Programme 1.2: Non-Communicable Diseases Prevention and Control

National Cancer Control Program

During the period under review, the first Kenya Cancer Policy 2019-2030, the National Cancer Specimen Handling Guidelines 2020 and the first National Palliative Care Policy 2021-2030 were developed. Ten (10) regional chemotherapy centers were established to improve access to cancer chemotherapy services, and these centers have attended to 7,997 cancer patients in the last six (6) months of the FY 2020/21.

The target of upgrading three of these regional centers to comprehensive cancer centers was achieved during the period under review, with three of the ten centers (Nakuru, Garissa and Mombasa) having been upgraded through construction of radiotherapy bunkers and their equipping with state of the art linear accelerators, brachytherapy machine and CT simulators now at its final stages. To improve cancer diagnostic capacity in the country, a National Oncology Reference Laboratory has been established and operationalized and is currently conducting cancer testing. The ten newly established regional centers were also operationalized through distribution of oncology medicines, chemotherapy chairs, biosafety cabinets and cancer screening equipment to counties. A curriculum for training of community health volunteers and primary health care workers on cancer was developed and rolled out and training of 2,600 health workers against a target of 600 in the FY 2020/21.

In the same year, cervical cancer screening program was scaled up starting with 25 target counties and a total of 425 Trainer of Trainers trained.



Violence and Injury Prevention and Control

During the period under review, the Ministry of Health developed the National Framework for the Organization of Trauma Services in the country, the violence and injury prevention action plan 2018-2022, and establishment of the violence and injury prevention technical working group. A burns survey was conducted in an informal settlement. A total of 75 health care workers were trained on trauma prevention and care.

NCD Prevention and Control

National data collection and reporting tools for hypertension and diabetes were developed and disseminated to 26 counties. The Non-Communicable Diseases Inter Agency Coordinating Committee (NCD-ICC) was also established. Clinical guidelines for diabetes, cardiovascular diseases and sickle cell disease were also developed. A national NCD Stakeholder Database was established, and has so far mapped 93 stakeholders, in terms of where they are working in the country, and their scope of interventions. Five (5) county hospitals have been supported with basic equipment for diabetes screening and diagnosis, and 2,000 children have been enrolled in diabetes type 1 access program where free insulin is provided. A curriculum for training primary health care workers and CHVs on diabetes, cardiovascular diseases was also developed, which saw the training of 31,802 CHVs and 2,298 health workers during the review period.

Tobacco Control

The Ministry developed the National Tobacco Control Strategic Plan-2019-2023, implemented the tobacco control regulations of 2014 and operationalized 3 of the targeted 5 cessation clinics. It also ratified the protocol to eliminate illicit trade of tobacco products.

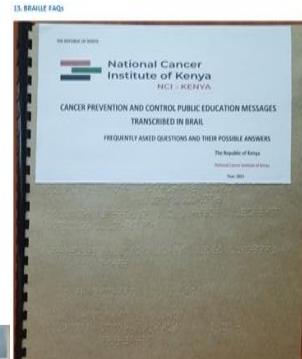
There was sustained ban of tobacco advertising, promotion, and sponsorship, sustained smoke free public places and mass media campaigns creating awareness on the dangers of tobacco use. Training of 130 health workers and enforcement officers on implementation of the Tobacco Control Act and cessation guidelines and CHMT from 11 counties sensitized on tobacco control. Notably, the Ministry offered tobacco cessation through 1192 helpline

The National Cancer Institute of Kenya (NCI-Kenya)

Public Education and Awareness Creation: The NCI Kenya reached 5.8 million Kenyans out of a possible 49 million with messages on cancer and associated risk factors, marking an increase of 3,400,000 from those reached in FY 2019/20.



The Institute translated cancer messages and 58 frequently asked questions (FAQs) available in English & Kiswahili into 11 local languages (Ekegussi, Kitaita, Gikuyu, Luhya (Lugoli), Kalenjin (Kipsigis), Borana, Somali, Kikamba, Dholuo, Kitharaka & Maa) as well as the braille version transcription with an aim of providing Kenyans with factual, acceptable and culturally-appropriate



messages.

National Cancer Registry: In FY 2020/21, the Institute initiated the process of establishing the national cancer registry (NaCaRe-KE) to support evidence-based decision-making in cancer prevention and control. It adopted a global best practice model (hub and spoke model) of establishing county-based registries (Hubs) and building the capacity of other cancer treatment – private & FBO, diagnostic and palliative care facilities (spokes) to provide population level data in the respective county.



A web-based National Cancer Notification tool was developed for cancer notification and the training of 63 cancer clinicians and HRIOS in 11 counties and 5 hospitals in Nairobi on cancer registration and notification. Presently, 11 counties are notifying cancer cases to the central database at the Institute.

Engagement of Stakeholders

County Governments: Advocacy meetings were held with 9 County Assemblies and 19



County Health Management Teams on prioritization of the response to the cancer burden in their planning and budgeting processes and increase resource allocation towards cancer prevention and control. Bomet

County has since employed a cancer registrar to enhance cancer surveillance.

Kilifi County has since engaged the Institute for technical assistance towards establishment of a cancer centre in line with the guidelines for establishment of cancer centres. Ministries, Departments and Agencies: NCI-Kenya engaged 9 MDAs¹ out of a possible 463 to raise awareness on cancer and resource allocation, up from 3 engaged in FY 2019/20.

In the last year, the Institute assessed 2 private sector cancer centers (Malkia Cancer Center in Kiambu County and Advanced Cancer Centre in Kisii County) out of a possible 27

presently, to provide technical assistance geared towards ensuring conformity to the minimum standards as per the available guidelines.

Visit by NCI-Kenya to Kilifi County Department of

Health Services and the Advanced Cancer Centre

presently, to provide technical assistance

geared towards ensuring conformity to the

minimum standards as per the available

guidelines.

Institutional strengthening: NCI-Kenya finalized the development of its inaugural strategic plan 2020-2023, to provide a framework to operationalize the Cancer Prevention and Control Act 2012 and as a mechanism to strengthen the NCI-K institutional capacity to deliver on its mandate. The Institute also developed its Citizens' Service Delivery Charter to enhance levels of awareness among clients their roles, the range of services we offer and the standards we have set for the delivery of these services.

Sub - Programme 1.3: Radiation safety and nuclear security

Central Radioactive Waste Repository (CRWPF):

Phase 1 of the CRWPF that comprises of the construction of Interim underground storage bunkers with associated health physics laboratory and waste-processing facility was 95% complete as of 30th June, 2021.

Strategic Goods Control Bill, 2021: During the period under review, the Kenya Nuclear Regulatory Authority (KNRA), in conjunction with other Government MDAs, and supported by the USA Embassy, through the Export Controls and Related Border Security Programme, finalized a draft Bill on Strategic Goods Control. The Bill aims to promote national security, facilitate international trade, foster economic growth and to enhance fulfillment of national obligations under the UN Security Council Resolution 1540, In Addition, The Authority drafted the following regulations:

- i. Nuclear security
- ii. Radioactive waste management
- iii. Non- ionizing radiation
- iv. Radiation protection

The regulations were validated by key stakeholders and are in the process of Gazettement.

Operationalization instruments of the Kenya Nuclear Regulatory Authority

During the year 2020/21, the management and the Board of Directors and with support from the State Department of Public Service (SDPS) developed guideline documents for operationalization of the Authority. These are;

- i. Categorization by SCAC
- ii. Organization and staffing structure and staffing levels

¹ MDAs include the Kenya Forest Service, Commission of University Education, Laikipia University, University of Nairobi, Chuka University, Teachers Service Commission, Kenya Institute of Curriculum Development, Media Council of Kenya and the ICT Authority.

- iii. Career progression manual
- iv. Human Resource Policies, career progression Guidelines and Procedures manual

These documents were submitted to the State Corporation Advisory Council (SCAC) for direction. The Authority also developed job descriptions in line with the Guidelines on Conducting Job Evaluation for the 2021/22-2024/25 Remuneration Review Cycle for the Public Sector.

Inspection of radiation facilities

During the year under review, the Authority inspected 2,277 radiation facilities for quality assurance and compliance to the radiation protection standards, 76 were found to have contravened the Nuclear Regulatory Act and were closed down, 2201 qualified for licensing.

Capacity building

In the FY 2020/21 the Authority engaged 8 Radiation Protection Officers and also placed 3 graduates under volunteership program as well as training of 4 officers in nuclear security forensics. The Authority has also developed a knowledge management strategy for nuclear and radiation technology applications and disseminated to stakeholders. The Authority also trained two officers in Senior Management Course and three officers in Strategic Leadership Development Program. A total of one hundred and fifty Law enforcement officers & border control officers trained in nuclear safety and security during the year under review.

Resource Planning

During the year under review, the Authority invested in an ERP system to replace its legacy systems, for cost containment reasons and to improve operational performance, efficiency and internal controls. Five modules (Procurement, Accounting, Human resource, Corporate Performance and Governance and Customer relations). Two modules (Procurement and Customer relations) were successfully implemented.

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

Reproductive and Maternal Health

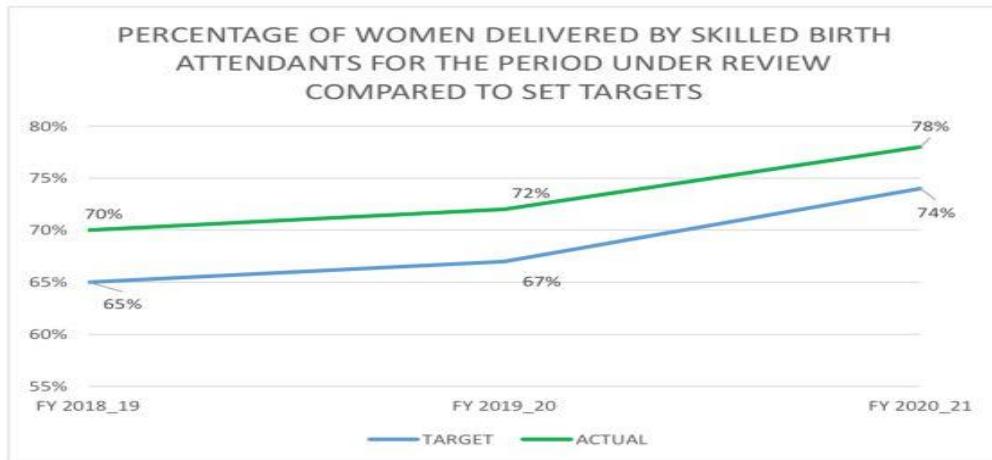
The Ministry through Reproductive and maternal health programme has managed to reduce pregnancy related deaths over the last two decades by half from a high of 790 mothers dying for every 100,000 live births to the current 362 women dying for every 100,000 live births as per the last published survey.

Over the same period, the Ministry has managed to double the proportion of married women accessing and using a modern method of family planning from 3 in 10 women to the current 6 in 10 women, translating to over 6 million on a modern method of contraceptive provided free of charge through the government service network. This entails quality maternal health and family planning services coupled with robust investment in skilled human resource for reproductive health across the country and quality safe contraceptive method mix for every Kenyan desirous of reproductive health services. For every 1 shilling invested in family planning, at least 4 shillings are saved in health-related expenditure, four times return on investment.

The First Lady continues to champion initiatives aimed at eliminating preventable maternal and child deaths by 2030. In 2019, H.E the President led the world in reaffirming commitment to end preventable maternal and newborn deaths and increase domestic financing of Family Planning, to fully finance contraceptive purchases from local resources by 2023. Development Partners for Health Kenya (DFID, UNFPA, USAID, and BMGF) have pledged to match this funding in a sliding scale till Kenya takes over domestic financing by 2023 in line with the economic transition to a middle-income country (MIC).

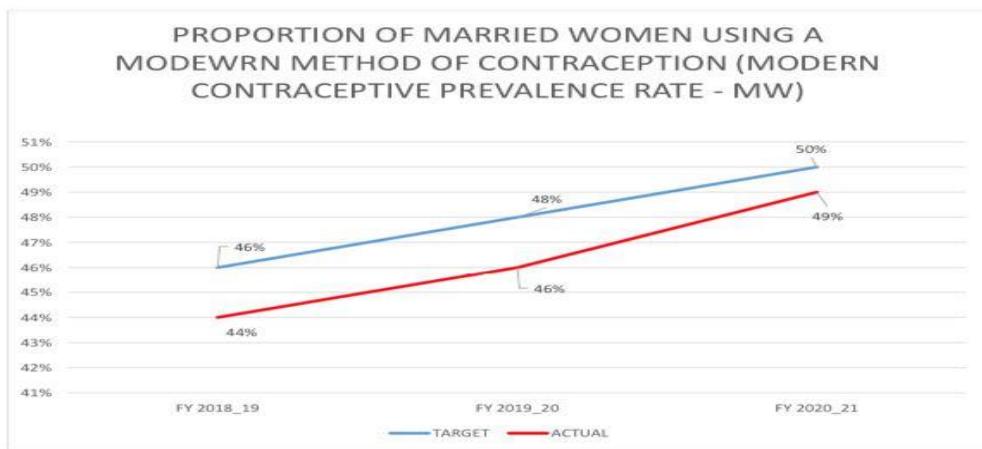
In the period under review, the Ministry of health has steadily increased the percentage of women delivering in health facilities under a skilled birth attendant. From an initial target of 70 in 100 women delivered by a skilled birth attendant to the current 78 in 100 women attended by a skilled professional at the time the woman is giving birth. Skilled birth delivery is a proven proxy for improving maternal health and preventable maternal morbidity and mortality. The biggest challenge was the COVID19 pandemic which saw many women face difficulties accessing health facilities. The MOH through the Division of Reproductive and Maternal Health led the world in developing specific guidelines <https://www.health.go.ke/wp-content/uploads/2020/04/KENYA-COVID19-RMNH.pdf>. for continuity of reproductive and maternal health services that was instrumental in mitigating the COVID-19 impact on skilled birth attendance. Over the period under review, the MOH together with partners carried out an extensive campaign across the country dubbed “Tujulishane” that generated significant demand for women enrollment on Linda Mama as well as the utilization of health facilities for delivery

1. Performance review 2018/19-2020/21: Skilled Birth attendance



Family Planning

The Family Planning programme was adversely affected by COVID-19 pandemic. The MOH through the Division of Reproductive Health was innovative, specifically scaling up community distribution of select methods and diversifying the method mix by introducing self-administration methods in the country, to avoid a total collapse of the Family Planning Programme. Further, there was drastic interruption of the commodity supply chain with multiple global plants for manufacturing commodities shutting down and adversely affecting the supply of commodities to low- and middle-income countries, Kenya included. Despite these challenges, managed to maintain an upward trajectory to remain the regional leader on use of and availability of modern contraceptives.



Sub - Programme 1.5: Environmental Health

Water Sanitation and Hygiene (WASH)

A Community-Led Total Sanitation (CLTS) Programme was implemented in the Country during the period under review. In order to fast track CLTS activities, MOH launch an open defecation free Kenya 2020 road map. A total of 46 counties were trained on the road map and were to implement Community-Led Total Sanitation (CLTS) in all the three fiscal years under review (2016/17, 2017/18 and 2018/19). Lamu County consistently was not able to be trained and implement CLTS due to their security situation. Also, training on online monitoring information system (real-time monitoring) for reporting on the implementation of CLTS activities was done in forty-five (45) Counties (Lamu and Mandera missing out). The Water, Sanitation and Hygiene (WASH) Programme was implemented during the period under review.

A total of 44 counties implemented Community-Led Total Sanitation (CLTS) and 79,736 villages were mapped across the country out of which 25,358 (32%) claimed to have achieved Open Defecation Free (ODF) status, out of which 20,240 (26%) have been certified. Three Counties, (Kitui, Siaya and Busia) have been declared open defecation free. Training on the Community Led Total Sanitation Online Monitoring Information System for reporting on the implementation of CLTS activities has been done in forty-five (45) Counties. The low achievement in the other Counties was due to lack of funding from the national, county and donor partners to roll out the same.

Table 2.2: Progress towards ODF for the last four financial years

Financial years	Triggered	Claimed	Verified	Certified
2018-2019	5%	4%	4%	5%
2019-2020	0%	2%	2%	2%
2020-2021	5%	3%	2%	2%

In Community-Led Total Sanitation, communities are taken through a process of initiating behavior change through realization on the importance of using a latrine, hand washing with soap and other non-negotiable (triggering). Once communities are triggered, they are followed-up by the local health staff (PHOs) to ensure all households have access to a latrine and a hand washing facility. Once every household has access to a latrine with hand washing facility, they will inform the local health staff (PHO) at the ward level through their CHVs or Natural leaders (NL) on their achievement. The information will be relayed to the Sub-County health team who will visit the village and carry out a thorough check and verify that the village has actually met the criteria - verified as ODF. Those villages that were verified as ODF are submitted to the County health quarters, who will in turn certify that indeed it is true the village has achieved ODF status. The whole process of the CLTS process is captured in our MOH real-time monitoring system and for the purpose of the Ministry's review of programme / achievements, only villages that were certified are captured.

Health Care Waste Management, Pollution and Climate Change

Medical waste incinerators emit toxic air pollutants and are a major source of dioxins in the environment. A microwave equipment can greatly reduce the risk of pollution and respiratory diseases. A total of eleven (11) microwave equipment, for medical waste sterilization, were installed and commissioned in 9 targeted sites Kisii, Kisumu, Nakuru, MTRH, Embu, Machakos, KNH, Kakamega, Mombasa Migori and Busia County with training on operations and maintenance conducted for 100 technical staff. An additional two microwaves were installed at Migori and Busia County referral hospitals with support from United Nations Development Programme Japan (UNDP).



Principal Secretary and His Excellency the Governor, for Nakuru County during commissioning of Microwave for medical Waste Management in Nakuru PGH

Food safety and Quality Control

There was scale up of implementation of breast milk substitutes Act 2012. Consequently, health workers were sensitized in 3 out of 4 of the targeted counties. The counties covered included Tana River, Garissa (specifically Ijara Sub-County) and Kilifi. Further, a total of 19 County Health Management Team (CHMT) members in Garissa and Tana River were also sensitized including 44 health workers who were trained in the 3 Counties of Kilifi, Tana River and Garissa. The overall goal of these trainings was to ensure that participants acquire

skills and knowledge necessary for effective monitoring and enforcement of the BMS Act 2012 at the county level with support from the Ministry of Health.

National Integrated food safety surveillance system aims to establish baseline for food borne illnesses reported in the country, map out food safety laboratory capacities for points of entry per county, identify pathogens for integration in the surveillance system and provide refresher training on food referral system. The Division has partnered with World Food Programme towards the achievement of this objective. To date, a concept paper on the food safety surveillance system has been submitted to WFP. WFP are willing to partner with MoH in this venture subject to availability of funding.

Port Health Services

Two (2) Public Health Emergency Response Plans (PHERPs) covering airports and land crossings, with one in draft to cover maritime activities were developed. Additionally, (8) Standard Operating Procedures (SOPs) were developed and validated.

Points of entry adapted digitization of surveillance in a bid to strengthen information systems and reporting leading to the introduction of **Jitenge** for contact tracing for airport travelers, Regional Electronic Cargo and Driver Tracking System (RECDTS) for timely communication of COVID-19 test results to truck drivers and panaBIOS for validation of COVID-19 PCR test certificates at both ground crossing and airports. Further, Capacity building of 40 non-health workers on early detection of communicable diseases was done for Kilindini and Mombasa Border Management Committees.



Cabinet Secretary for health and Ambassador of Japan to Kenya during the launch of smart anti-epidemic robots for use at airports

Two mobile laboratories for COVID-19 testing for truckers were established at Namanga One Stop Border Post (OSBP) and Mai Mahiu. Recruitment of various HCWs on contract basis was done for Public Health Officers (117), Clinical Officers (21), Nurses (56), and Laboratory Technologists (125) and were deployed to various points of entry to address the surge of COVID-19 cases.

Border Health Capacity Discussion Guide (BHCDG) is a tool that enables points of entry with a special focus to ground crossings to strengthen their core capacities as stipulated in IHR 2005. There are various strategies towards the achievement of this goal to include; 1) operational IHR 2005 compliant public health emergency response plans and supporting standard operating procedures at nationally prioritized POEs; 2) plans for allocating resources to strengthen detection, notification and referral procedures for prioritized geographic areas and POEs at highest risk for importation or exportation of a high-consequences communicable disease owing to population connectivity and international travel patterns; 3) timely cross-border and regional public health data sharing, coordination and collaboration to detect and respond to communicable disease. Out of the 23 designated POEs 15 were targeted to implement strategy. To date the strategy have been implemented at Jomo Kenyatta International Airport, Busia, Malaba and Namanga Borders. In 2020/21

recruitment was done at Lungalunga and Taveta though they have not officially started to implement the strategy. Need to reach out the other POEs are underway.

Tobacco Control Board (TCB)

The board reviewed TCB 2012 -2017 strategic plan and developed the current TCB 2019 - 2025 Strategic plan. The Board also developed Tobacco Control Fund Strategic Plan, the Regulations, and Guidelines for disbursement of Tobacco Control Fund as well as the Fund operational manual 2020.

The Board trained three hundred (300) County enforcement officers on the correlation between tobacco use and COVID-19 with an aim of enhancing implementation of tobacco control laws.

In terms of coordination and partnership, the Board initiated partnerships with NACADA and KRA to strengthen tobacco control interventions for the good of public health of Kenyans.

Disinfection, Vector and Vermin Control

During this pandemic period, the Ministry of Health guided and participated in disinfection of quarantine facilities and government health facilities. Twenty-two county staff were trained on spray operation. Each county availed 2 public health officers to be trained virtually on safe handling of chemicals and methodology of disinfection in light of the COVID-19 pandemic.

Sub - programme 1.6. Disease surveillance and response

Disease surveillance

Kenya conducts public health surveillance using the Integrated Disease Surveillance and Response (IDS) strategy. In 1998, world health organization Africa Regional Office (WHO AFRO) member countries adopted IDS as a regional strategy to strengthen communicable disease surveillance. The goal was to improve ability of all levels of the health system to detect and respond to diseases and hazards that cause high levels of death, illness and disability by providing timely and reliable data for action.

In the last financial year, the Ministry through the Division of Disease Surveillance and Response established Community Events Based surveillance system in five selected counties of Kajiado, Marsabit, Mombasa Nakuru and Siaya. It also increased the detection rate of non-polio acute flaccid paralysis (AFP) from 2 to 2.8 per 100,000 persons, through enhanced AFP surveillance as a strategy of elimination of poliomyelitis.

Kenya Public Health Emergency Operation Centre (PHEOC)

The first COVID-19 case was reported in Kenya on 13th March, 2020. The Directorate of Public health has coordinated the Ministry of Health response to COVID-19 and continues to maintain heightened surveillance at all points of entry, health facilities and communities across the country. Through PHEOC, the Ministry of Health has put in place the following interventions:

- i. Coordination of Response through the whole Government and multi-agency approach in accordance with the Executive Order No. 2 of 2020 issued by His Excellency the President on 28th February 2020. The National Emergency Response

Committee that was constituted following the executive order met regularly to provide policy directions on response efforts towards COVID-19 outbreak.

- ii. The PHEOC was fully activated and continued to coordinate response measures as well as provide daily situation reports to inform planning. Teams of rapid responders and contact tracers were on standby to investigate any alert and follow up on contacts of confirmed cases at sub – national level. This follows efforts by the Ministry in close collaboration with the World Health Organization to build capacity of sub - county rapid response and contact tracing teams from 26 counties² have been capacity built on investigating alerts and tracing contacts of cases.
- iii. The Diagnostic capacity in the country was scaled up. A total of 38 public and private laboratories³ in 12 counties⁴ conducted confirmatory tests for COVID-19. In addition, two mobile laboratories were deployed to Maai Mahiu and Namanga border points. Cumulatively, a total of 523,998 samples were tested.
- iv. Mandatory screening of cargo vessels crew continued at all points of entry to minimize the risk of importation of additional cases from other affected countries. Cumulatively, 1,117,542 individuals were screened across all POEs from 21st January to 17th September 2020. Port Health Services at Jomo Kenyatta International Airport were revamped and staff sensitized and equipped to screen and process passengers.
- v. By end of FY 2020/21, a total of 7,411 isolation beds and 319 ICU beds existed across the 47 counties.
- vi. PHEOC coordinated distribution of 24,283 complete personal Protective Equipment (PPE) kits to health care workers responding to COVID-19 pandemic.
- vii. The Government fully engaged Nyumba Kumi initiative committees to support outbreak response measures. The Ministry also utilized community health volunteers to enhance COVID-19 detection and reporting at household level. To this end, thirty-four million community members have been reached with COVID-19 messages.

Field Epidemiology & Laboratory Training Programme (FELTP)

In the period under review, Field Epidemiology and Laboratory Training Programme (FELTP) trained 209 field epidemiologists at Master's degree level, over 593 counties and sub counties health workers in basic epidemiology and 140 health workers in intermediate level epidemiology. Also, Public Health Management for Action (IMPACT) trained 24 health professionals at Master's degree level and 44 MOH senior level managers from both the national and county levels in the DFP programme. In the last financial year, FELTP conducted 22 outbreak investigations out of 23 notified to the programme.

² Nairobi, Mombasa, Marsabit, Wajir, Turkana, Kajiado, Kilifi, Isiolo, Mandera, Busia, Kiambu, Kwale, Nakuru, Kitui, Garissa, Tana River, Migori, Taita Taveta, Bungoma, Kakamega, Murang'a, Meru, Siaya, Kisumu, Nyeri and Uasin Gishu

³ National Influenza Centre (NIC) and the National HIV Reference laboratory at the National Public Health Laboratories, Kenya Medical Research Institute (KEMRI) laboratories in Nairobi, Kilifi, Kisumu and Alupe, KEMRI Nairobi HIV Laboratory, KEMRI CDC Nairobi, KEMRI CMR, KEMRI Walter Reed Kericho and Kisumu, ILRI, Kenyatta National Hospital, Moi Teaching and Referral Hospital, Coast General Teaching and Referral Hospital, Wajir County Referral Hospital, Machakos County Referral Hospital, Busia County Referral Hospital, Kitale County Referral Hospital, Malindi County Referral Hospital, Wajir County Referral Hospital, Nairobi West Hospital, Aga Khan University Hospital, Nairobi Hospital, Lancet, AMREF, Mombasa Hospital, Kenyatta University Teaching Research and Referral Hospital, IOM, PathCare Kenya Ltd, Meditest Diagnostic Services, Nairobi South Hospital, IOM Mombasa, Coptic Hospital and CA Medylinks Kenya Limited

⁴ Nairobi, Kisumu, Mombasa, Kilifi, Wajir, Kericho, Uasin Gishu, Machakos, Busia, Nakuru, Kajiado and Trans Nzoia

Division of Vector Borne & Neglected Tropical Diseases

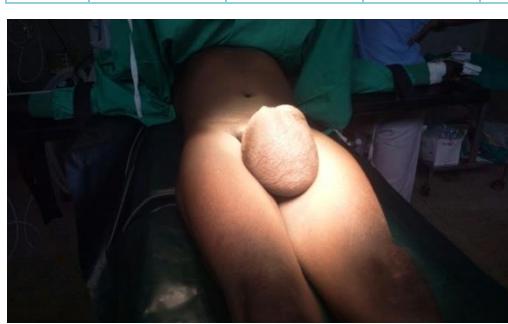
Kenya still has a high burden of both NTDs and VBDs. NTDs of public health importance. The country was certified free of guinea worm in 2018 and is on track towards certification of elimination for onchocerciasis (river blindness) and human African trypanosomiasis (sleeping sickness).

To reduce the frequency of outbreaks of visceral leishmaniasis, MoH developed and launched the first Kenya strategic plan for control of leishmaniasis 2021-2025. The strategy envisages diagnosis, treatment and management of infected persons, data reporting and vector control. A total of 225 of health care workers (medical officers of health, pharmacists, laboratory technologists and health records and information officers) were trained on diagnostic, treatment and reporting of leishmaniasis drawn from nine endemic counties.

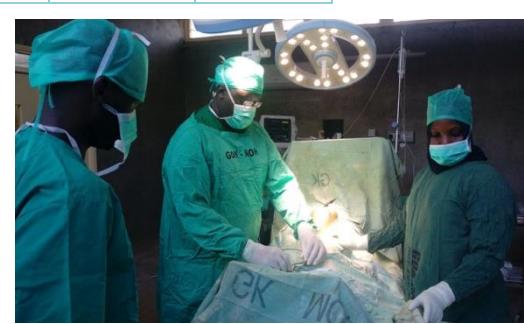
Lymphatic filariasis (LF) commonly called elephantiasis is one of the NTDs globally earmarked for elimination globally by 2030. To avoid those living in endemic areas from infection, mass treatment to all eligible population is recommended. Minimum of 65% of total population should be reached in each treatment round. In 2020/2021 a total of 4,023,825 out of the targeted 3.8 million population translating to a coverage of 101%. These people who took medicines were protected from developing debilitating and disfiguring swelling of limbs and genital. Treatment covered five coastal counties of, Kilifi, Kwale, Mombasa, Taita Taveta and Tana River counties as indicated in the table below.

Table 2.3: Lymphatic filariasis treatment

Year	Kilifi	Kwale	Lamu	Mombasa	Taita Taveta	Tana River	Treated
2002	480,900						480,900
2003	672,231	489,821					1,162,052
2005	771,003	442,226					1,213,229
2008	666,505	1,436,747					2,103,252
2011	606,921	452,869	68,959			133,563	1,262,312
2015	704,994		60,635		45,767	166,387	977,783
2016	786,298	533,176	87,440	734,855	65,710	191,685	2,399,164
2017	1,147,715	588,388	97,798	859,613	68,097	256,286	3,017,897
2018	1,262,204	628,549	105,434	1,139,837	69,780	259,303	3,465,107
2019	1,313,976	750,434	117,789	1,284,501	73,537	272,775	3,814,995
2020	1,540,384	818,576	0	1,264,762	83,545	316,558	4,023,825



Additionally,
DVBNTD



supported 575 hydrocele surgery camps in four counties (Lamu=11, Kwale=249, Kilifi=295, Tana River=20). Backlog of 4,000 remains for hydrocele there is need to establish lymphedema management. Figure 1 shows ongoing hydrocele surgery

Lymphatic filariasis hydrocele patient

Lymphatic filariasis hydrocele patient undergoing surgery

Trachoma is a bacterial infection that affects the eyes.

The disease is the leading preventable cause of blindness worldwide and very contagious. Antibiotics treat early-stage trachoma while surgery is required in later stages. Prevention can be achieved through access to clean water and improved sanitation. Last year, a total of 943,312 of the planned 1.7 million people were treated with antibiotics against blinding trachoma in endemic arid and semi-arid areas. Treatment shortfall was due delayed arrival of the donated medicines into the country. Table below shows coverage of trachoma treatment over the years.

Table 2.4: Number of people reached with trachoma treatment over the years

Year	Target	Treated	Coverage %
2007	568,398	506,036	89
2008	953,841	735,863	77
2009	1,326,382	1,030,608	78
2010	1,416,668	1,032,403	73
2011	1,660,822	1,210,778	73
2012	2,669,074	2,044,085	77
2013	2,976,039	2,539,636	85
2014	2,338,849	1,969,198	84
2015	795,627	691,235	87
2016	1,370,908	1,176,149	86
2017	508,614	395,962	78
2018	52,559	42,789	81
2019	1,761,573	1,462,104	83
2020	1,381,486	943,317	68
Cumulative	19,780,840	15,780,163	80

During the FY 2020/21 endemic an upsurge of visceral leishmaniasis was reported both in endemic counties of Mandera and Garissa. However, the diseases were also reported in new foci such as Kitui, and Wajir. The spread of this fatal disease necessitated capacity building of county teams to respond to community need. A total of 225 of health care workers (medical officers of health, pharmacists, laboratory technologists and health records and information officers) were trained on diagnostic, treatment and reporting of leishmaniasis drawn from nine endemic counties



Division of Zoonotic Diseases

During the period under review, three Zoonoses program strategies were developed namely; National brucellosis prevention and control strategy (2021-2040), National anthrax prevention and control strategy (2021-2036) and Strategic plan for prevention and control of zoonotic diseases (2021-2025) to strengthen control of these zoonotic diseases.

There was early detection and control for zoonotic disease outbreaks, Rift Valley Fever in Isiolo, Murang'a and Kiambu Counties and Anthrax in Bomet and Kakamega Counties

The following were conducted: capacity building of 40 frontline human and animal health workers in Joint Risk Assessment (JRA) for potential zoonotic disease threats, 92 human and animal healthcare workers in dog and human rabies surveillance, prevention, and control, 62 County frontline healthcare workers from 10 Counties on SARS-CoV-2 surveillance at the human-animal interface

Chaired the development of East Africa Community One Health Strategy and provided technical support to Isiolo, West Pokot and Marsabit County to establish County One Health platforms

Participated and supported collaborative research projects namely, coinfection project (Brucellosis, Q fever and Rift valley fever in Isiolo County) with International Livestock Research Institute (ILRI) and Rift valley fever surveillance among febrile patients and pregnant women in Isiolo County (with Washington State University).

The Division of Health Emergencies and Disaster Management (HEDRM)

The National Emergency Medical Care Policy 2020-2030 as well as the Health Emergencies and Disaster Management Strategic Plan 2020-2025 were developed and launched. The Kenya Emergency Medical Care (EMC) Policy 2020-2030 is the first-ever policy in Kenya that seeks to establish a working Emergency Medical Care (EMC) System as a key component of the healthcare system in the country. The policy also speaks to the World Health Assembly resolution WHA 72.16 of 21 May 2019 which urged member states to create policies for sustainable funding, effective governance, and universal access to safe, high-quality, needs-based emergency care for all as part of universal health coverage.

Standardization of Emergency medical technician and emergency vehicle operator's /ambulance driver's curriculum and mass casualty protocols were achieved. Provision of emergency relief support during floods and Landslide incidents to West Pokot, Elgeyo Marakwet, Busia, Tana River, Baringo.

Capacity building and technical assistance to six counties namely; Tana River, Turkana, Baringo, Marsabit and Wajir on vulnerability, Risk Assessment and Mapping.

Laboratory Services

During FY 2020/21, two biosafety level II laboratories were constructed at Moi Teaching and Referral Hospital (MTRH) and Marsabit County Hospital. The two laboratories are suitable for work involving agents of moderate potential hazard to personnel and the environment. This includes various microbes that cause mild disease to humans and are difficult to contract via aerosol in a lab setting. Additionally, incinerator was constructed in the two sites.

During the period under review, capacity for anti-microbial resistance (AMR) surveillance was established in 16 county referral hospitals. AMR is a major concern because drug-resistant infections can kill, spread to others, and impose huge costs on individuals and society. In line with this, virtual AMR surveillance mentorship platform using Project Extension for Community Health Outcome (ECHO) was established.

Establishment of an Integrated External Quality Assurance Centre of Excellence, accredited to ISO 17043:2010 and re accreditation of Microbiology, HIV and TB laboratory to ISO 15189:2012 and accreditation of Malaria scope to ISO 15189:2012.

Calibration of laboratory equipment across the country and Certification of biosafety cabinets Country wide and establishment of a genomic surveillance laboratory accredited by the WHO as the regional drug resistance surveillance Laboratory.

2.1.2 Programme 2: National referral and specialized services

Sub-Programme 2.1: National Referral Services

Kenyatta National Hospital

Tracheostomy Insertion Surgery

During the period under review, the Hospital performed a tracheostomy insertion surgery, the first specialized ENT surgery. Tracheostomy procedure entails opening of the neck to place a tube into a person's wind-pipe creation of an opening to allow air to enter the lungs. This is a major surgery with significant risks and potential complications.

KNH Specialists reattach hand of seven-year-old boy severed by a chaff cutter

In the FY 2020/21, the successfully performed the fifth hand reattachment surgery for seven-year-old. The boy was received at KNH within two hours of a chaff-cutter accident and was immediately taken to the theatre. The KNH multi-disciplinary team embarked on the surgery to reclaim the young boy's hand in an intricate procedure that lasted 10 hours.

Mending Hearts, Transforming lives

During the period under review, KNH performed a ground breaking minimally-invasive procedure called transcatheter closure of patient ductus arteriosus (PDA), 'a hole in the heart' in layman's terms. This was done by a team of pediatric cardiac interventionists who accessed the heart from the leg and made a way through the major blood vessels using an X-ray to insert a device right across the heart to close the PDA. In addition, KNH performed 5,232 other minimally invasive surgeries in FY 2020/21.

Regional leader in the management of Retinoblastoma

During the year, KNH team of specialists comprising of interventional radiologists, ophthalmologists, pediatric oncologists, and nursing teams performed another intricate intra-arterial chemotherapy, (a procedure that reduces the side effects of chemotherapy) on a six-year-old girl with cancer of the eye

(retinoblastoma). The procedure saved the remaining eye of a baby who had already lost one eye to retinoblastoma.

Automatic hand sanitizer dispenser



Tracheostomy insertion surgery being conducted



7-year-old boy hand reattached



Patient after the ductus arteriosus procedure



Intra-arterial chemotherapy procedure

KNH team of biomedical engineers developed a proximity infrared sensor machine that has the capacity to dispense a sanitizer once a hand is placed at least 6cm away from the nozzle. The automatic dispenser runs on only five volts of electricity and can hold up to three liters of hand sanitizer. This can be refilled after one month in a moderately busy station. KNH came up with the gadget in the month of August 2020, whose parts are sourced locally and assembled at the hospital's workshop.



Expansion of CCCU, Maternity ward and Theatres

During the FY 2020/21, KNH expanded the Critical Care Units at the prime care center from 79 beds to 82 beds in 2020/21, leading to a 27.5% increase in new admissions received at the CCU from 4,139 patients in the FY 2018/19 to 5,278 patients in the FY 2020/21. The additional facilities have provided capacity to attend to the surging number of patients services. The additional units have aided in the reduction of facility mortality rate from 9.3% in FY 2018/19 to 8.8% in FY 2020/21 and reduced theatre cancellation from 5% in the FY 2019/20 to 2.1% in the FY 2020/21. Further, the additional CCUs have resulted in 27.5% increase in new admissions received at the CCU from 4,139 patients in the FY 2018/19 to 5,278 patients in the FY 2020/21.



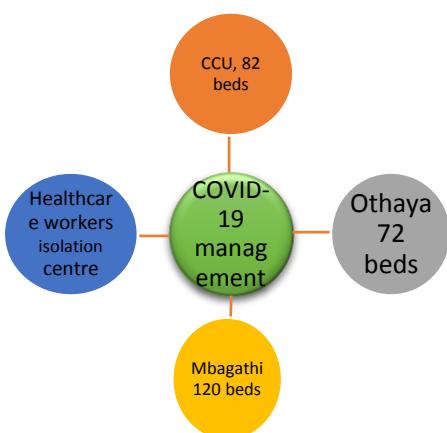
KNH Maternity ward

Average Length of Stay (ALOS) in Orthopedic ward

During the period, the Orthopedic ALOS remained high at 37.6 days as most of the patients are not able to pay for other more efficient interventions like surgical interventions using implants which are known to shorten the length of stay.

COVID-19 management

In response to COVID-19 pandemic, the hospital has remained at the forefront in fighting corona virus disease.



In the FY 2020/21, the hospital through its National Isolation, Testing and Treatment Centre at KNH-Mbagathi, attended to 29,673 cases of COVID-19. The Hospital further, established the national COVID-19 customer care help desk, Health Care Workers (HCWs) isolation and treatment centre and national COVID-19 vaccination centre. Additionally, the hospital conducted 344 medical camps, outreach programs and community-based support group activities aimed at building capacity and creation of awareness on COVID-19 management and control

measures.

During the period, KNH experienced an increase in oxygen consumption due to COVID-19 pandemic. The average consumption of the commodity sharply rose from an average of 4,158 litres of oxygen were consumed per day in the FY 2019/20 to an increased average consumption of 8,120 litres per day. The increase of 50.1% from 1,975,000 litres in the FY 2019/20 to 2,963,800 litres in FY 2020/21 was due to an increase in the number of patients requiring ventilatory support and critical care. The hospital expanded the oxygen points from 268 to 888 covering the Accident and Emergency with a 10-bed resuscitation rooms and trauma theatres, 79 – ICU beds, 24-Main and satellite theatres, Nephrology and transplant centre with multiple oxygen outlets, Paediatric Intensive Care Units (PICU) and Neonatal Intensive Care units (NICU), KNH-Mbagathi, Day-care Centre, MDR-TB and Infectious Disease Unit. At KNH-Mbagathi, a 20,000 bulky oxygen tanks for liquid oxygen were installed. Further, The Hospital acquired and installed an oxygen plant at KNH Othaya with a capacity of 3000 liters to support the peak demand of 445,547 litres of liquid oxygen per month at average of 10 litres (gaseous) Per Minute (LPM) per oxygen outlet point. Due to the rising demand for oxygen in the country, there is need for construction of an oxygen plant at KNH to supply the medical gas to the facility and its environs.

Establishment of tissue typing Laboratory (TTL):



Tissue typing Laboratory

In a bid to enhance care delivery, the hospital introduced tissue typing laboratory in the year under review. The TTL provides Leukocyte Antigen typing, HLA antibody screening and lymphocyte cross matching services for solid organ transplant candidates and prospective donors. In addition, it offers post-transplant monitoring of the immune response against donors. This service has reduced the cost

associated with transplantation and reduce time taken to conduct tissue compatibility investigations considering, the hospital sends the specimens to South Africa for investing

Value re-engineering

During the period, the Hospital made significant progress in the implementation of the ICT Strategy. The conducted Business Process Re-engineering (BPR) and is in the process of removing the identified inefficiencies and creation of a platform for automation process. The hospital has commenced the implementation of Systems, Applications and Products (SAP) which is a leading, global and robust Enterprise Resource Planning (ERP) system covering: Human Capital Management; Finance and Accounting management; Patient Registration and Billing; Supply Chain Management; and Queue Management. The SAP system provides a platform for system integration with other third-party systems such as PACS, LIMS, HMIS, Bank institutions and NHIF amongst others.



KNH-Othaya

Renovation of NBU and maternal HDU

During the FY 2020/21, KNH Othaya partnered with Safaricom Foundation to renovate and equip New-Born Unit. The renovated facility has 16 beds and four (4) maternal HDU beds. A total of 36 patients used the HDU and 104 new born. The renovation has gone a long way to attending to 36 more new-borns and 104 mothers.



Installation & Commissioning of bulk oxygen Tank

During the period, KNH Othaya in-conjunction with AMREF Health Africa and the Rockefeller Foundation acquired and installed a 3000-litres bulky liquid oxygen tank. In the FY 2020/21, On average, 35 patients used oxygen per day in the facility. In addition, the tank has provided seamless supply of oxygen to COVID-19 patients in the Hospital.



Medical camps and outreaches

In line with Universal Health Coverage aspirations, the hospital conducted ten (10) medical camps and outreaches covering the Mount Kenya region and its environs. This has aided in building capacity to referring facilities with a major focus on Non-Communicable Diseases. During the year, a total of 931 clients were sensitized, screened and few cases referred for specialized treatment. In addition, a total of 2,343 members of the public received IEC materials, and testing for COVID-19.

Expansion of Diagnostic services

During the period, the hospital partnered with Angelica and FSE (Belgium) through the Ministry of Health for acquisition and supply of critical diagnostics & therapeutic

equipment. These included ECG, ECHO, ultrasound, histology, immunochemistry, Blood gas analyzers and microbiology machines. Installation of the newly acquired machines have enhanced service delivery through timely diagnosis and treatment.

Operationalization of maternal and child clinic

In the FY 2020/21, the hospital introduced maternal and child health clinic services. These services include maternal and child health services, Antenatal, child welfare clinic, PMTCT and immunization services. Operationalization of the maternal and child clinic is critical in detection and prevention of neonatal diseases. During the year, a total of 787 babies were seen, 810 ANC attendances and 279 Post Natal clinics attendances.

Tree for Every Child

During the period, the hospital introduced tree for every child initiative as part of ensuring environmental sustainability. The initiative focuses on ensuring every child born in the hospital is given a seedling on discharge. A total of 125 babies were born and given a seedling on discharge.

Further, the hospital embarked on the finalization of Othaya kitchen, mortuary, laundry, access roads, and water sustainability project and oxygen tank.



Moi Teaching and Referral Hospital

Provision of Specialized Healthcare Services

In the year under review, MTRH introduced a 24-hour Trauma Theatre. This has significantly reduced average length of stay for surgical patients and overcrowding in the wards. Management has also initiated medical outreaches to other referring health facilities, clinical audits and feedback to county hospitals in order to improve clinical outcomes.





Commissioning of the Radiotherapy machine by

CS Health

Children's Hospital and installed oxygen piping in the entire facility in addition to modernizing medical equipment in S4A to reduce child mortality through access of quality and specialized ICU services.



Commissioning of Oxygen Plant by CS Health

management.

Operationalization of Isolation Centres

During FY 2020/21, MTRH expanded the ICU Units from 32 to 63 ICU units through the operationalization of World Bank Isolation Centre (13 ICU Units) and MTRH Rafiki Isolation Centre (18 ICU Units) . The expansion of Isolation facilities was necessitated by the need to ensure availability of Isolation Units with a capacity to provide ICU services and also provide capacity to manage COVID-19 pandemic.

Average Length of Stay for Orthopedic Surgery

Average length of stay reduced from 13 days in 2019/20FY to 12 days in FY 2020/21. This is attributable to provision of timely specialized diagnostic services, adoption of 24 Hour Theatre operations, consistent supply of drugs and non-pharmaceuticals.

Number of Kidney Transplants

During the period under review, the hospital carried out 8 successful kidney transplants compared to 16 Transplants done in the FY 2019/20 and 15 in the FY

In 2020/21FY, the Hospital operationalized the provision of radiotherapy services from 1st February 2021 after successful installation of Linear Accelerator (LINAC) and Brachytherapy machines at MTRH Radiotherapy Unit supported by installed Treatment Planning equipment

(CT Simulator and Digital Simulator).

The Hospital further successfully completed the setting up of 8 bed paediatric ICU at Shoe4Africa (S4A)

To support provision of specialized healthcare at MTRH, the Hospital invested in Pressure Swing Adsorption Plant (PSA)/Oxygen generating Plant (OGP) producing a combined 2,000 Liters Per Minute (LPM) oxygen from 2x1000 LPM Plants. This supports case

management of COVID-19 and other cases requiring oxygen in the patient

management.

2018/19 and against a target of 15. Non-achievement is attributed to postponement of elective surgeries to observe COVID-19 containment measures.

Number Minimally Invasive Surgeries

During the year under review a total of 2,226 minimally invasive surgeries were done compared to 1,839 done in FY 2019/20 and 1,651 done in the FY 2018/19, hence an improved performance. The demand for minimally invasive surgeries continues to increase hence the need for additional specialized healthcare workers and modernization of medical equipment including Laparoscopic towers, cardiac catheterization laboratory, expansion of theaters and ICU facilities.

Oncology services

During the period under review 16,395 patients were attended to in the FY 2020/21, compared to 17,106 attended in FY 2019/20 and 18,945 attended in FY 2018/19. MTRH continues to boost oncology services at the cancer centre through continuous training of staff and investing in modern equipment and adequate drugs and supplies. Advocacy to enroll with NHIF has enabled most patients to benefit from the cover. Installation of the new Radiotherapy machines was completed in the year under review and Radiotherapy services commenced.



Patient with a tumor before surgery



Positive outcome after surgery before surgery

Open Heart Surgeries

During the FY 2020/21, 8 Open Heart Surgeries were successfully done, compared with 39 open heart surgeries done in FY 2019/20. This reduction is attributed to COVID-19 pandemic. The hospital has however continued to invest in capacity building and modern equipment in order to sustain this highly specialized surgery in the hospital. Since the commencement of the open-heart surgeries in MTRH, there is high demand for this service which has resulted to need for more staff especially cardiologists and specialized nurses.

Number of Corneal Transplants

During the FY 2020/21 the unit carried out 9 successfully corneal transplants despite the



disruptions caused by the COVID-19 pandemic. MTRH plans to scale-up this specialized service in the next FY 2021/22 and the Medium Term. Due to high demand for specialized ophthalmology services in MTRH there is need to modernize infrastructure and medical equipment.

Number of Disseminated Research Papers on Health

Through its research fund, MTRH was able to successfully conduct 10 new research Papers during the period under review and published 12 in internationally reputable journals.

Youth Internships/Industrial Attachment/ Apprenticeship

During the period MTRH has continued to offer internships/ industrial attachments to interns and students across various disciplines and institutions of learning. In the FY 2020/21 MTRH offered 2,822 opportunities to students, compared with 2,785 in FY 2019/20. The number of youth on internship/industrial Attachment was scaled down due affected due to the COVID-19 pandemic.

Strategic Linkages and Partnership

Several achievements have been realized through partnerships, a number of achievements have been realized through these Partnerships including; A well-known care programme in the region is the Academic Model Providing Access to Healthcare (AMPATH) that has consistently championed HIV Care and Primary Health Care Programme in Western Kenya Region. Other Modern Facilities delivered through Strategic Partnership are Shoe4Africa Children's Hospital, Chandaria Cancer and Chronic Diseases Centre (CCCDC), Alcohol and Drug Abuse Unit (ADA) and the Cardiac Care Unit (CCU).



Ampath Centre

ICU Services in the Hospital were expanded to 63 ICU Beds (20 for Adult ICU, 4 for Neurosurgery and 8 for Shoe4Africa Children's Hospital and 31 in Isolation Centres). The new World Bank Isolation Unit and BSL II Laboratory was funded by the Word Bank through the MOH under the East Africa Public Health Laboratory Network Project.



MTRH Shoe4Africa Children's Hospital



During the COVID-19 pandemic period, MTRH was the first institution to adopt and deploy Home-Based Care (HBC) and Treatment Guidelines. The first Index was managed through HBC way before it was adopted by MOH and rolled out nationally.

MTRH was one of the countries regional COVID-19 testing site with its COVID-19 Molecular Laboratories providing consistent testing of COVID-19 disease.

MTRH-Counties Partnership to streamline National Referral Mechanisms from the counties within the catchment area to MTRH, and also support human resource training and capacity building to provide services within the county's facilities. MTRH COVID-19 Molecular Laboratories provided consistent testing as one of the country's regional COVID-19 testing sites to support containment of COVID-19

Quality Standards & Governance

The Hospital has advanced to the new QMS ISO 9001:2015 Quality Management Certification Standard through regular Internal Quality Audits, Surveillance Audits and implementation of corrections and corrective actions on non-conformities. Other standards being rolled out in the Hospital include ISO 15189:2012 on Medical Laboratories and ISO 27001: 2013 on Information Security Management System and Occupational Health and Safety Management System (OHSMS) ISO 45001:2018. Through Performance Contracting, the Hospital has achieved and maintained a score of "Very Good" in the category of State Corporations under the Government of Kenya (GoK).

Modernization of Medical Equipment



For the last 3 years, Radiotherapy Equipment (Linear Accelerator), New Oxygen Plant, Radiological and Imaging Equipment have been acquired including Magnetic Resonance Imaging (MRI), Digital X-Rays, Mammography and EPG



Machine. Laboratory Equipment, C-Arm, Laparoscopic Tower, 32 Slice CT scan, Patient Monitors and other array of Theatre Equipment

have also been acquired and the 128 slice CT-scan. The investment in modern medical equipment has improved service delivery through earlier detection, hence better outcomes to patient care. The Hospital has also acquired new Ambulances and utility Motor Vehicles for staff this has



enhanced adequate service coverage at night and to ensure patient as well as staff safety.

Information Communication & Technology

MTRH invested on data centre, ICT infrastructure upgrade and high definition (HD) CCTV during the period and deployed an in-house developed ERP. This has led to efficiency on operations and improved customer experience, by reducing the turnaround time from the previous 2 hours to 30 minutes of discharges of a patient upon discharge. This has improved patient Registration, Billing, Invoicing Modules are fully automated, Payroll processing. The potential to automate more operations is still immense - this will be considered in the current Strategic Plan 2017-2022. Roll out of the Clinical module is ongoing, dental unit is currently fully automated and the scale up to the other operational areas is ongoing.

Queue Management System was implemented to manage patient flow in various service points and thereby reducing on waiting time and increase turn-around time. Digital Boards have been installed at strategic points in the Hospital to disseminate public health information.

Mobile Technology has provided opportunities to improve operations and customer related processes.

The Hospital during the period introduced iBanking to pay suppliers, Mobile Money Transfer Services and Agency Banking as well as payment of staff imprest via Mpesa. Clients conveniently undertake payment for services through Pay Bill. The working relationship with banking institutions has also been utilized to ease customer operations and reduce movement of hard cash. This has been done through Agency Banking, Mpesa and establishment of KCB Bank in the Hospital.

To leverage on ICT technology, MTRH has harnessed on Telemedicine and Telepathology to facilitate faster diagnosis, consultation and quick decision of management of patients.

[Kenyatta University Teaching Referral AND Research Hospital](#)

The hospital reported the following achievements during the period under review:

Minimally Invasive Surgeries



Operating theatre

KUTRRH has eight (8) theatres of which four (4) are operational. The theatres are expected to operate at full capacity after on boarding of surgical



Specialised surgery ongoing

specialists from various disciplines when the hospital is fully operationalized. During the period under review, a total of 60 minimally invasive surgeries were carried out mainly in General surgery.

The hospital has embraced technology through the purchase of highly specialized equipment which ensures faster recovery of patients with minimal scarring.

Oncology Services

KUTRRH has established a new comprehensive cancer care centre that is fully equipped with the latest state of the art equipment and the soon to be launched Integrated Molecular Imaging Cancer (IMIC) for cancer diagnosis and treatment.

During the year under review, KUTRRH has been offering services to an average of 180 patients daily in its outpatient oncology unit. Of these 80 visit the outpatient clinics, 70 receive radiotherapy treatment while 30 receive chemotherapy services. The 38-bed oncology ward has an average of 35 inpatients at any given time. The hospital in collaboration with the Manu Chandaria Foundation is in the process of expanding the cancer center to ease congestion as well as offer services to more patients.

Renal Services



KUTRRH carried out 6,037 dialysis sessions in the year under review. There are 13 machines currently in use at the renal unit and 2 are in the ICU to perform dialysis for critically ill patients. Currently, one machine is performing up to 3 dialysis sessions per day.

Nurse operating Dialysis Machine at the

Critical Bed Care Capacity

KUTRRH operationalized the Infectious Disease Unit (IDU) which has a capacity of 38 additional critical care beds towards the fight against COVID-19. This increased the ICU/HDU beds in the hospital to 72.



As of June 2021, the hospital had admitted 2,941 COVID-19 patients and of these 2,348 have been discharged. The hospital is also in the process of converting 2 free wards into a 30 bed ICU to increase ICU beds to 102. This will greatly benefit Kenyan citizens in need of ICU/HDU facilities especially since the beds available in a public

facility.

Research & Clinical Trials: Through the Hospital Clinical Research Support Committee (CRSC), 46 research proposals have been received for evaluation. Of these, 18 have been approved with most being at various regulatory approvals (IRBs PPB & NACOSTI) and funds sourcing. Eleven (11) are pending approval and 17 have been declined. Of the approved studies, six have commenced implementation. These studies are in areas of Cancer, COVID-19 and Renal.

Integrated Molecular Imaging Center: KKUTRRH embarked on a new project to build an Integrated Molecular Imaging Centre in tandem with a Hospitality Centre with the foundation stones being laid on 10th September 2020. The IMIC and the Hospitality Centre at KUTRRH have the potential to make Kenya a medical tourism hub within East Africa.

An Integrated Molecular Imaging Centre is a unique facility for the early diagnosis and monitoring treatment of cancer. IMIC is part of KUTRRH Comprehensive Cancer Centre and it will be the first in a public facility in the country and the region. WHO definition of Comprehensive Cancer Care includes Prevention, Screening, Diagnosis, Treatment, Survivorship, and Palliative/Supportive.

Molecular Imaging are non-invasive, safe and painless procedures used to manage the treatment of cancer. These procedures in the IMIC will include the use of ground-breaking equipment, such as Cyclotron, PET/CT's, SPECT/CT's and more.

The Cyclotron will produce, Fluorodeoxyglucose (18F) FDG isotopes, which are injected into the patient and act as tracers for cancer in patients as well as monitor remission or progression of cancer in the body. Once the isotopes are injected into the body, the presence of cancer in patients will be detected through a PET/CT scanner or SPECT/CT scanner that will produce images

for the precise location of the cancer cells in the body.



Integrated Molecular Imaging Center



PET-CT Scan Machine Installed at the IMIC Centre

CS Health & KUTRRH Hospital Management receive the Cyclotron Machine for the IMIC

Medical Innovation & Accelerator Hub (MIAH): MIAH was launched on 13th November 2020 and is meant to deliver novel medical solutions in the areas of diagnostics, therapeutics, devices, equipment and healthcare services. MIAH will spot, vet, admit and incubate high-value medical innovations from students, staff, academia, industry and the general community. It will also provide an eco-system that brings onboard capacity and capability to drive ideas into healthcare solutions including diverse expertise to grow and mature the ideas, tools and equipment for product development as well as investors and financiers to support the innovation process.



CS -ICT, Innovation & Youth Affairs launches the Medical Innovation and Accelerator Hub

Centre of Specialized Clinics: The hospital opened up the Center of Specialized Clinics to the public and empaneled specialists to run these clinics. The clinics currently operational includes; Orthopedics, Surgical

Outpatient, Orthopedics, Surgical Outpatient, Neurosurgery, Plastics, ENT, Nephrology,



Medical Clinic, Pulmonology, Psychiatry, Gynecology, Cardiology, xUrology, Wound Care, Dental, Pediatric Surgery and Comprehensive Care Center (CCC). The centre has attended to 5,266 patients since its opening in February 2020.

Medical Products & Technologies

KUTRRH has closed the communication and collaboration gap by rolling out a state-of-the-art citizen experience solution. The Contact Center operates on a 24/7 basis and provides a toll-free line, 0800721038, with a short code, 1558. The toll-free line ensures that the burden of communication is released from the patient, caregiver, or the referring hospital while the short code ensures ease of remembrance.



Customer care Agents

Telemedicine

The hospital has invested in the state-of-the-art Telemedicine equipment in the hospital to enable medical staff consult with other specialists in and out of the country. KUTRRH facilitated a partnership venture with The University of Manchester and The Christie NHS Foundation Trust (UK) in the field of health.

Home Based Care: The Hospital also rolled out a **Home-Based Care** program where doctors and other medical staff in the hospital make follow up on their patients recovering from home. This program has benefited 132 patients all over the country since its inception in August 2020.

Gatundu Level 5 Hospital

Refurbishment of the Hospital: Ever KUTRRH was officially launched in October 2019, it has formed partnerships and collaborations with various international and local hospitals. One such collaboration is with Kiambu County that has seen Gatundu Hospital, a 300-bed capacity hospital refurbished in order to model premier healthcare delivery of a level 5 facility.

OLD SOLAR WATER HEATING SYSTEM



One of the notable projects is the solar water heating system which was not operational for more than five years. Patients are now able to access hot water showers.

HOSPITAL (MNTRH)

Mathari National Teaching and Referral Hospital was established as a State Corporation on 21st August 2020 under the State Corporations Act Cap 446 through a Legal Notice No.165, by His Excellency the President of the Republic of Kenya. A Board of Directors was appointed and inaugurated by the Cabinet Secretary for Health on 20th November 2020. The hospital received its classification from SCAC as Parastatal Category 5.

MNTRH has consistently offered specialized mental healthcare services both to outpatients and inpatients, alongside other integrated health services.

A total of 310,683 outpatients were attended to in the year 2018/19 of which 257,575 (83%) received specialized psychiatric services whereas 53,108 (17%) received integrated medical services; 322,802 in 2019/20 out of which 269,373 (83%) received specialized outpatient psychiatric services and 53,429 (17%) received integrated medical services; and 296,652 in 2020/21, with

Mathari Teaching and Referral

LD OPD WAITING AREA (CEILING)

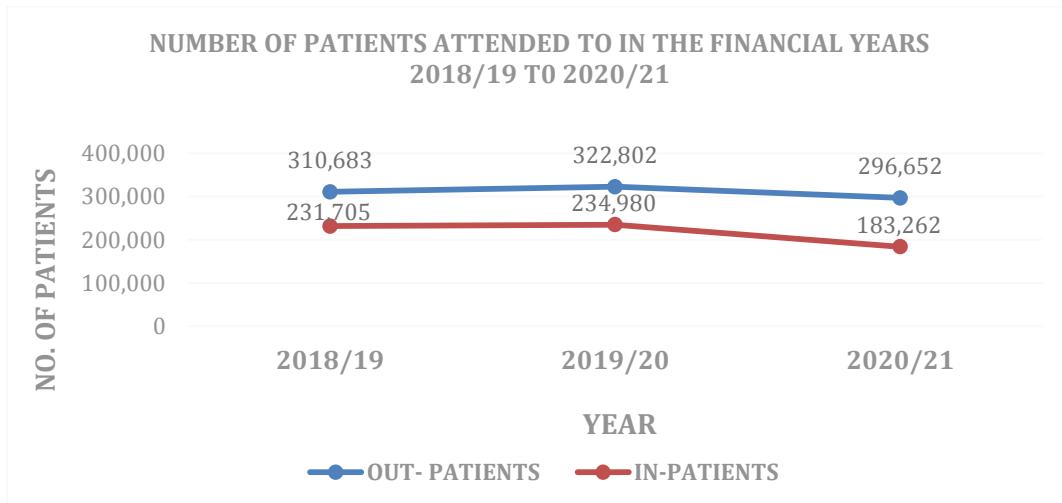


NEWLY RENOVATED OPD WAITING AREA

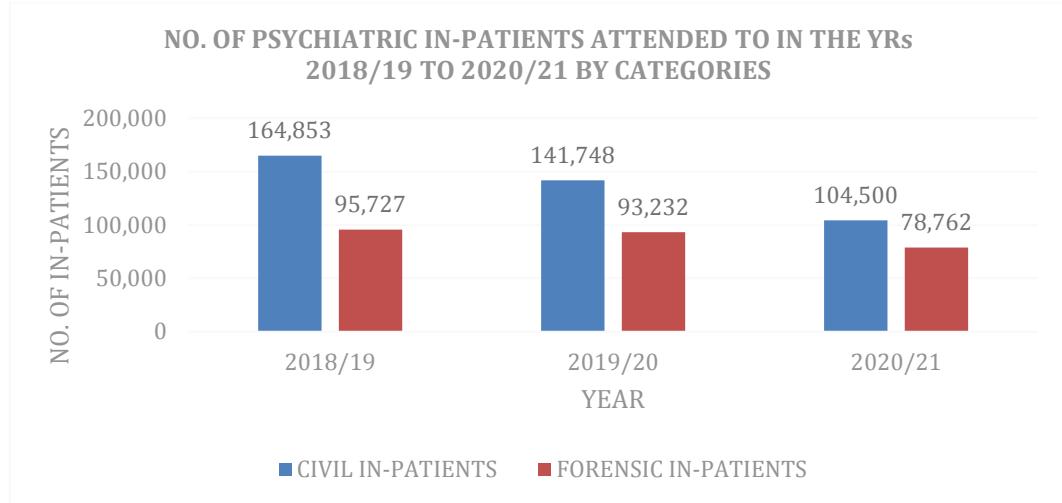


Board of Management appointed and inaugurated by the Cabinet Secretary for Health

252,180 (85%) receiving specialized psychiatric services and 44,472 (15%) receiving integrated outpatient medical services.



During the same period under review, 2018/19, 2019/20 and 2020/21 the hospital offered inpatients specialized psychiatric services for both civil and forensic patients (mentally ill offenders) to a total of 260,580 (68% civil and 37% forensic), 234,980 (60% civil and 40% forensic and 183,262 (57% civil and 43% civil) respectively.



The hospital also constituted a team to streamline re-integration of the abandoned patients back to the community. This team undertook mapping of patients whereby it identified the patients who needed to be re-integrated and traced their home areas by linking with the relevant administrative authorities. By so doing a total of 103 abandoned patients were re-integrated back to the community during the FY 2020/21.

In addition, COVID-19 vaccination was also carried out during the year 2020/21 where a total of 3,735 clients (1,761 females and 1,974 males) received the 1st dose. The 2nd dose was administered to 1,790 clients (871 females and 919 males).

In the year under-review, the hospital managed to construct a waiting bay in the psychiatry out-patient and did major renovations in the kitchen and four wards. In addition the hospital was able to tarmac the walk-ways and do a new gate which has given the hospital a major facelift as well as

improving the service delivery.



Waiting bay before and after



Perimeter Wall: The



Ward before and after

hospital has also constructed the perimeter wall on the lower hospital quarters. Out of the 300 metres targeted, 185 metres (62%) has already been completed. The rest is ongoing.



On-going construction



Completed part of perimeter wall

Spinal Injury Referral Hospital

During the review period, in-patient spine services were offered to 190 patients in FY 2018/19, 160 patients in FY 2019/20 and 219 patients in FY 2020/21. The hospital also offers specialized outpatient services for spine patients in various departments' i.e. orthopedic clinic, surgical outpatient clinic, dental clinic, medical outpatient clinic, radiology, occupational therapy, orthopedic trauma, orthopedic technology, physiotherapy and laboratory services. The workload in FY 2020/21 increased to 1,754 from 1,254 patients in FY 2019/20 and 1,230 patients in FY 2018/19 because of an improved physiotherapy department following acquisition of specialized physiotherapy equipment which improved quality of care, and reduced the hospital stay.



Introduction of CT- Scan services also increased the outpatient attendance, reduced referrals and waiting time in making a diagnosis and treatment for patients. MRIs and CT scans images are now being used to guide interventional procedures before and during surgeries.

Average length of stay

The hospital was able to achieve its target of average length of stay of eight four days due to introduction of orthopedic beds, availability of specialized physiotherapy equipment and orthopedic implants.



Autoclave machine

An autoclave machine under the MES Program was delivered to the hospital; hence there was availability of sterile surgical equipment which improved quality of care for orthopedic surgical patients.



Orthopedic bed

Resettlement programme

Resettlement of the discharged patient back to the community is part of the rehabilitation process; it entails the physical transportation of an inpatient-rehabilitated spinal cord injured patient accompanied by a family member and resettlement team to their post-discharge residence. It also includes education on life after spinal cord injury for the patient and caregivers. In addition, lack of knowledge on care for such patients in the community and at regional health care facilities was noted as a great setback to their quality of life and survival. Pre-resettlement visits are ideally conducted as an assessment of adequacy of preparation for patient re-settlement in terms of modification of the physical environment as well as the social, economic and psychological preparedness of the recipient caregivers. This is especially important for those patients who are of school-going age who are often transferred to schools with disability-friendly principles in which case both home and school environments would need to be assessed. During the reviewed period 57 patients were resettled in FY 2018/19, in FY 2019/2020 were 52 and FY 2020/2021 16 patients were resettled in various counties.



Patient resettled in Makueni

Patient resettled in Isiolo



Sub-Programme 2.2: Health Infrastructure And Equipment

Health Infrastructure

Managed Equipment Services: The Managed Equipment Services (MES) is a National Government initiative to upgrade health services in selected hospitals through provision of specialized modern and “State of the Art” diagnostic and critical care equipment. The objective of the project was to improve quality of healthcare through increased access and availability of specialized health services. All medical equipment packages for the project were delivered to the targeted hospitals as per the breakdown below.

Table 2.5: Implementation status of medical equipment

Lot	Equipment	Contractual hospitals	Implementation status
1	Theatre	115	115
2	CSSD	118	118
5	Renal	54	54
6	ICU	14	14
7	Radiology	98	98

The following are the major benefits realized under this project:

1. More reliable and uninterrupted health systems by the medical equipment which are maintained to a high standard. This translates to reduced downtime of equipment. All equipment has to meet the minimum contractual uptime guarantee of more than 95%, hence, service is not interrupted.
2. Enhanced efficiency in the health system due to reduced time spent in the referral process.
3. Reduced patients' wait times for the provided services. There used to be a long queue of patients waiting to access services such as dialysis at KNH, however with availability of equipment in the county, time taken to access services is greatly reduced.

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

Establishment of Cancer Treatment Centers: Kenya is presently experiencing a rising incidence and mortality from non-communicable conditions. This project seeks to decentralize cancer management in Kenya through a "hub and spoke" model. Under this framework, the three national referral hospitals, Kenyatta National Hospital, Kenyatta University Teaching Referral and Research Hospital and Moi Teaching & Referral Hospital, will serve as the centres of excellence in comprehensive cancer care (hubs) to support 11 designated regional cancer treatment centers (spokes) in Nakuru, Garissa, Mombasa, Embu, Kisumu, Kakamega, Nyeri, Bomet, Machakos and Meru. These centers were supported with biosafety cabinets, chemotherapy chairs, cancer screening commodities and chemotherapy starter packs and are currently all providing chemotherapy services. Upgrading of three of the ten centers to provide radiotherapy services began in May 2018 starting with Mombasa, Nakuru and Garissa through the construction of radiotherapy bunkers and equipping with a linear accelerator, brachytherapy machines and CT simulators. These three regional Cancer Treatment Centers are now in the final stages of equipping and set for commissioning in the second quarter of the current FY.

Ultimately, there is need to prioritize continued operationalization of the established chemotherapy centers through continued provision of cancer medicines and commodities and prioritize upgrading the remaining seven (7) centers in a phased approach with support for training for specialised human resources required to operate the radiotherapy facility.

In the period under review, the Ministry continued construction of the cancer treatment centres as follows:

Construction of a Cancer Centre at Kisii Level 5 Hospital

The Kisii cancer treatment center was conceptualized in the year 2016 as part of the plan by the Ministry plan to improve the capacity for cancer treatment in Public Hospitals. The estimated cost of the project is Kshs. 2.2B and it is jointly funded by

Arab development partners BADEA and Saudi Fund and the Government of Kenya. The scope of work entails construction of Two (2) bunkers, installation of one (1) cobalt 60 machine, one (1) Linear Accelerator, two (2) Operation theatres, six (6) bed ICU, twenty bed wards, four consultation rooms, reception area, support facilities and trained staff (10% of the project cost is for training of the specialized staff).

Within the review period, designs, bills of quantities and tender documents were finalized and approved by the Arab development partners who are co-financing the project. Currently a tender for construction has been advertised. Overall project implementation is at 10%.

Regional Cancer Centers in Nakuru, Mombasa & Garissa

Construction of three (3) cancer treatment centers in Nakuru, Mombasa and Garissa commenced in the 2017/18 financial year. Construction works were complete as at 30th June 2021 and part of the equipment to operationalize the centers was procured in FY 2020/21. Radiotherapy equipment has already been ordered under the Sports Fund and is awaiting delivery and installation after which they will open doors to the public. Overall project completion is 98%.

Upgrading of Kigumo Sub- County Hospital in Muranga County

Upgrading of Kigumo hospital to a level 4 facility was conceptualized in the year 2017 by the local leadership as there was no level 4 hospital in Kigumo Sub-County. Although the facility is categorized as a level IV hospital, it lacks the infrastructure of a hospital and is functionally a level III facility. Upgrading of the facility did not commence immediately due to budgetary constraints. However, in the FY 2020/21, the project was included in Ministry's budget. By the end of the financial year, the Ministry managed to award a contract for upgrading the hospital and the project information is as under:

Contract Sum:	Kshs 383,242,795/=
Commencement Date:	23rd June 2021
Contract Period:	78 Weeks
Completion Date:	21st Dec 2022
% of Works Completed:	10%

Implementation of the project will continue in the 2021/22 FY.



Foundation Cutting at Kigumo Hospital

Medical gases piping works and related accessories

During the period review, the County experienced the outbreak of the COVID-19 virus with effect from March 2020. The outbreak occasioned re-prioritization and/or mobilization of capital resources to improve the capacity of the sector to respond to the disease. A key requirement that has been identified in the management of COVID-19 cases is reliable supply of medical gases. In this regard, the Ministry initiated medical gases supply works in 12 health facilities as listed below:

- ✓ Alupe SC Hospital - Busia County
- ✓ Kauwi Level IV Hospital – Kitui County
- ✓ Mwatate Level IV Hospital – Taita Taveta County
- ✓ Gede Health Centre – Kilifi County
- ✓ Msambweni Level IV Hospital – Kwale County
- ✓ Garissa County Referral Hospital – Garissa County
- ✓ Kaimor Isolation Hospital – Mandera County
- ✓ Kangundo Level IV Hospital – Machakos County

East Africa Centers of Excellence for Skills & Tertiary Education (EAKI)

This is a project conceived for the East African Community and mainly financed by the African Development Bank. It will have a service delivery complex for teaching, research and service delivery (with 4 operating theatres, 18 ICU beds, 160 ward beds, laboratory, 45 dialysis units, lecture theatres and administration offices).

One of the components of the project is to establish a regional Center of Excellence in Urology and Nephrology.

Overall completion rate as at 30th June 2021 was 42%.

Sub-Programme 2.4: Forensic and Diagnostic Services

Kenya National Blood Transfusion Services:

Kenya National Blood Transfusion Service (KNBTS) ensures provision of adequate safe blood for the country. KNBTS works through a network of Regional and satellite blood transfusion centres which are strategically located in the country. KNBTS currently operates six regional and twenty-nine satellite centres.

During the period under review (FY2018/19), Vihiga, Wajir and Migori satellites centres were set up. In the period of FY2019/20 Homabay, Makueni, and Kwale satellites were set up. One additional satellite was also set up in Kajiado county in FY2020/21.

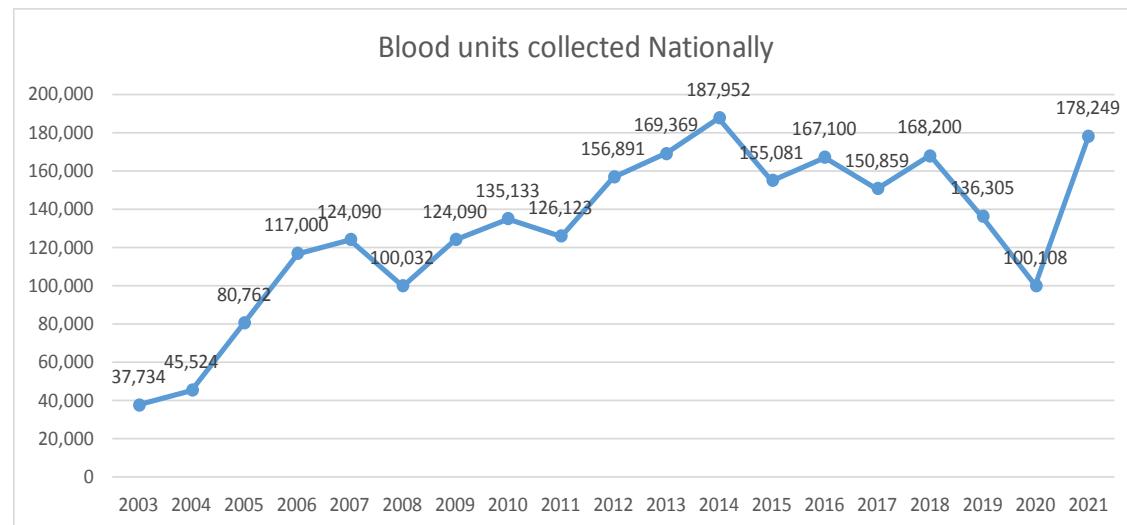
In FY2020/2021, reforms were initiated within the Kenya National Blood Transfusion Service with an expanded mandate for Tissue and Human Organ Transplant services; and a strategic shift towards technical assistance for strengthened County Blood Management Systems, thus decentralizing blood collection services to improve access to blood and blood products. The KNBTS initiated strengthened Quality

Assurance and Hemovigilance for blood safety and efficacy including the development of a Policy on donations, transfusion and transplantation of Human Derived Therapeutic Products.

Annual minimum blood requirements for the country stand at 500,000 units of blood. For sufficiency, 1,000,000 units of blood need to be collected annually. In the period under review, (FY2019/20) 136,305 units were collected, translating to 27.3%. 33.7% of the minimum blood requirements were met in the financial year 2020/21, with a sharp increase in donations in the 3rd and 4th Quarters. A total of 178,249 units were collected in the period under review for FY2020/21. Storage and Freezing capacity were expanded by 34% from approximately 23,000-unit capacity to 35,000-unit capacity across 9 counties including the Regional Blood Transfusion Centres. The Ministry also managed to acquire specialised blood component preparation equipment that were placed in satellites across 9 counties. The proportion of the blood collected and converted to components increased from 59% in FY2018/19, to 60% in FY2019/20 and 75% in FY2020/21.

Blood grouping and Transfusion Transmissible Infections screening Equipment was installed in Nakuru and Embu Regional centres during the review period. The MOH procured 4 Apheresis platelet extraction Machines that were placed in 4 regional blood Transfusion centres of Kisumu, Nairobi, Nakuru and Eldoret, bringing the total number of Apheresis machines in the public and private sector to 7 only. The MOH also educated and recruited voluntary non-remunerated blood donors under the same period.

Blood collection Trends and for FY2020/21



Forensic and Pathology Services

In the financial year 2020/21, the division achieved more than 100% in all the planned activities such as expert testimony at a court of law in 344 court cases (target 300), 1500 postmortem examinations (target 1200), cancer diagnosis for 60

patients (target 50), 25 exhumations (target 20), capacity development for 200 mortuary attendants (target 100), mortuary assessment in 60 facilities (target 50), development of 12 standard operating procedures for mortuary services (target 10), and developed and disseminated guidelines on management of bodies of persons dying from COVID-19.

Radiology and diagnostic imaging services

For a long time, the radiography profession has not been regulated and thus there was a need to have this profession being regulated through an act of parliament. During the period under review (FY 2020/2021), The Radiography bill was prepared and presented to the parliament where it has gone through the first reading. It's expected to be presented for the second reading in the floor of the Parliament.

In the same period under review, the Ultrasound guidelines for Radiographers were finalized and subjected to the internal stakeholders. It is expected to be subjected to external stakeholders the FY2021/2022.

Ophthalmic/Eye Health

The National Eye Health Strategic Plan 2020/25 was developed in the FY 2020/2021. With this, the right to sight initiative, significant milestones have been achieved, some of which include tripling the capacity to deliver quality eye care and doubling the consumption of eye health services. Trachoma, a leading cause of preventable blindness is on the verge of elimination, following strong community engagement in interventions.

National Guidelines for Screening and management of Glaucoma was developed in the year under review. This is a guideline for use by Ophthalmic workers. It is uploaded onto the MoH website and was also disseminated across the counties. The Scheme of service for Optometry Personnel (National and County Level); together with the Human Resource Department and the Ministry of Public service/Directorate of Public Service Management (DPSM) was also developed.

Orthopaedic Trauma

Development of Orthopaedic Trauma Registers (MOH 274) was started in FY2019/2020 thereafter achieved in FY2020/2021 whereby distribution to 15 Counties at level 4 and 5 was done. The Register is a data collection tool which will assist managerial decision making, staff rationalization, coming up with an indicator such like club foot management in Kenya among others. This will assist in managerial decision making in the health sector where there was a gap. This also Simplifying the data entry for Orthopaedic Trauma Personnel in the health sector especially in operationalization. The remaining counties will be done in the next financial year.

Traditional and Alternative Medicine

For the FY 2020/2021 the division finalised the development of draft traditional and alternative medicine policy together with a draft traditional health practitioner's bill. In addition, an expert committee that will focus on reviewing regulations that govern the manufacture of herbal and related products has been set up in collaboration with the Pharmacy and Poisons Board. This will improve the quality and safety of herbal products present in the market.

The division was also able to provide licensure to practice for 40 alternative health practitioners.

Nursing and Midwifery services

During, the financial year 2020/21 the Nursing and Midwifery platform was formed in order to streamline and strengthen Nursing and Midwifery services in the country. This was due to Harmonized UHC Benefits Package to the (accessibility, availability affordability quality care to the community) platform. COVID-19 accelerated implementation of Nursing and Midwifery care to the heights of achieving successful Home-Based Isolation and Care (HBIC) among all. This has improved recovery rate to 85% up from 30%. Community involvement has improved UHC achievement through passing massages among all the cohorts creating awareness and informed choice of packages for care.

Partnership and coordination among the QUAD (Policy, Council, Scholars, and Associations) of the Nursing and Midwifery has been done successfully that created the Platform. The workshop involved development partners that vowed to support the Nursing and Midwifery fraternity through the Platform. The Scope of practice for entry level of Nurses and Midwives was developed, launched and disseminated. Policy for Nursing and Midwifery is in progress following the creation of the Platform and the civic education among the fraternity is ongoing thus improving the PR from 20% to 60%.

Clinical Practice and Services

In the FY 2020/21 technical assistance to counties was done by holding the Annual meeting with county clinical officer's theme roles in Universal Health Care. This was initiated in the FY2019/2021 and contributed towards coordination of key health care personnel that play major role in primary health care in Kenya. All counties were well reached out by the FY 2020/21.

Expanded range of services was introduced in this FY20/21 to offer and cater for emergencies in line with Health and wellness center at Ministry of Health. This was a successful pilot that will be mirrored in all public service institutions and ministries to mitigate the service need especially among civil servants.

Rehabilitative Services & Physiotherapy

In FY 2020/21, there was support to the National Council of Persons with disabilities in fulfilling their mandate of registration of persons with disabilities through fast

racking and processing the disability medical assessment reports received from counties among other achievements listed below:

1. Rehabilitation and assistive Technology strategy 2021 – 2026
2. Disability Medical Assessment and Categorization Guidelines supported aimed at standardizing the process of disability medical assessment in the county and national hospital facilities.
3. Initiated establishment of a center of excellence for Assistive Technology This activity in the last quarter of FY 2020/21 which aims at establishing the only center of excellence in Africa when completed and shall provide comprehensive assistive technology services to Kenya and Africa
4. Ministry of Health Disability Mainstreaming Policy Development. This activity was done in the last quarter of FY 2020/2021.
5. The disability categorization guidelines were completed in the FY 2020/2021. This was key as per the National Council for Persons with Disabilities (NCPWD). Then decentralize the program to the counties. This aimed to decentralize, certification for People Living with Disabilities (PLWDs).
6. Accessibility Audit of built environments.

Sub-Programme 2.5: Health Products and Technologies

Kenya Medical Supplies Agency

Procurement and distribution: In the FY 2020/21 KEMSA managed to procure health products and technologies (HPTs) worth Kshs.35.8 Billion of which Kshs.6.985 billion being procurement of KEMSA Sales items and Kshs.28.5 billion being procurement of programme items.

Amidst the unprecedented global crisis caused by the COIVD-19 Pandemic, KEMSA made efforts to procure COVID-19 Health Products and Technologies against widespread supply chain disruptions emanating from the pandemic. In line with its mandate, the Authority has actively been involved in sourcing for COVID-19 HPTs to mitigate the spread of the pandemic by equipping the health workers with requisite assorted personal protective equipment. KEMSA has facilitated timely delivery of products to the doorstep of targeted health facilities, isolation centers, testing laboratories, surveillance teams, National Referral Hospitals, The National Command Center, Emergency command Centers amongst other institutions involved in the fight against the pandemic. During the period, the Authority procured COVID-19 commodities of Kshs.7.2Billion. it also received donations approximately valued at Kshs.2.5Billion.

In order to try and reduce the cost of Medical Commodities for NCDs the Authority has entered into MOUs with Medical organizations for various access programmes as shown in table below;

Table 2.6: various access programmes

PROJECT NAME	DESCRIPTION	START DATE	STATUS	COMPLETION DATE	EXPECTED OUT COME

KEMSA MERCK	-	A program for providing medicine at a subsidized price (Anti-diabetics products)	2018	Complete	December 2020	Increased availability and affordability of anti-diabetics medicines at public health facilities
KEMSA NORVATIS	-	A program for providing medicine at a subsidized price. Oncology products in particular anti-leukemia products	2018	Complete	December 2020	Increased availability and affordability of Leukemia medicines at public cancer facilities

Stock availability for essential health products and technologies was lower than the previous years to meet the National requirement for EHPTs. This was mostly brought on by the challenges caused around the world by the COVID-19 pandemic. As a developing country we import over 95% of our HPTs. During the lockdowns the major importing countries closed their borders (ports) and we therefore could not get the essential commodities as and when needed. Nonetheless, the Authority has managed to distribute HPTs as shown in the table below:

Table 2.7: HPT Distribution

2018-19	TOTAL COMMODITY VALUE	4,729,597,711	23,421,155,915	28,150,753,626
2019-20	TOTAL COMMODITY VALUE	11,956,113,932	25,691,698,383	37,647,812,315
2020-21	TOTAL COMMODITY VALUE	8,245,609,962	21,444,688,359	29,690,298,321

Order Processing and Order Fill rate: KEMSA has developed, enhanced, and trained the county health facilities on KEMSA-LMIS 3. KEMSA-LMIS is an online self-service computerized Medical Commodities ordering system for all County health facilities. The counties are able to make, track and assess their orders on the platform. The automation of the ordering process and the commodity management trainings are assisting in improving the quality of data that KEMSA is using in decision making and most importantly, enhancing management of Medical Commodities at the County level.

KEMSA Management has continuously engaged various stakeholders to support capacity building on Supply Chain Management. During the financial year 2018/19,

19/20 and 2020/21 UNICEF and WFP supported all 26 Counties on supply chain strengthening and integration for the nutrition program.

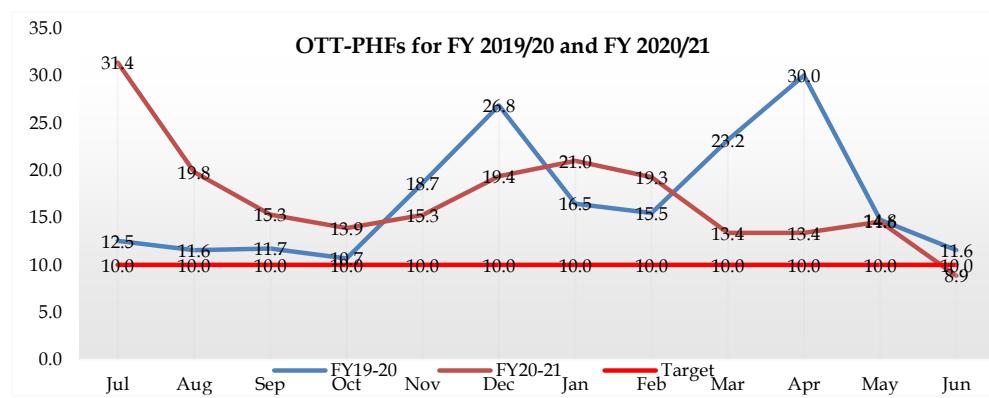
UHC Value Fill Rate: KEMSA successfully implemented the Universal Health Coverage Roll out to all 47 counties from March 2020 to June 2021 by procuring and distributing HPTs worth Kshs. 6,856,655,805. KEMSA put in place strategies including engagement of local manufacturers to provide the essential commodities to ensure improved HPTs availability. During the period FY 2020/21 the value fill rate stood at 91% and 77% and 71% in the FY 2019/20, FY 2018/19 respectively.

In addition to the above KEMSA managed to fulfill Non-UHC orders and Program Orders as shown in the table below:

Table 2.8: Non-UHC orders and Program Orders

	FY 2018/19	FY 2019-2020	FY 2020-2021
Order fill rate for KEMSA EMMS	83%	69%	54%
Target for KEMSA EMMS	90%	90%	90%
Order fill rate for Programmes EMMS (HIV, TB, FP, Malaria)	95%	90%	94%
Target for Programmes EMMS (HIV, TB, FP, Malaria)	98%	98%	98%

The order turnaround for Hospitals in the FY 2018/19, 2019/20 and 2020/21 stood at 9.7days, 12.3days and 12.6 respectively against a target of 7 days, while that of Primary Health Facilities (PHFs) stood at 14.6 days, 17.5 days and 18.1days respectively against a target of 10 days during the periods. In FY 2020/21 there was slight drop in performance of hospital and PHFs orders compared to previous years which was due to backlog of orders occasioned by prioritized COVID-19 pandemic orders during the period as shown in the diagrams below:



Warehousing

Construction of the National Commodities Storage Centre (KEMSA Supply Chain center)

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



emergencies due increased space and reducing shortages e.g. COVID-19 pandemic. The completion rate as at the end of FY 2020/21 is 88%.

During the FY 2019/2020 KEMSA upgraded its Kisumu warehouse into a Regional Distribution Center (RDC) and launched operations to serve 19 counties in the western Kenya Region.

During the FY 2020/21 the authority in a bid to improve its services and operational efficiency, has embarked in a business process re-engineering process through the KEMSA reforms. The BPR is expected to reduce the efficiencies in the organization and improve UHC objectives. Expected results include reduced turnaround time and increased Order fill rate.

HEALTH PRODUCT AND TECHNOLOGY (DHPT)

Increased availability of health products & Technology has been attained by Development of a HPT Tracer Register (MOH 647) to report and monitor 61 tracer HPTs from level 2 to Level 6 facilities. Also, by National quantification for all HPTs in all counties and National Referral Hospitals to guide national needs for HPTs and advocacy in resource mobilization to meet actual HPT requirements was achieved.

In the period under review, essential medicines affordability framework through the Medicines Affordability and Pricing Affordability Committee was developed to ensure affordability to Kenyans in light of Universal Health Coverage. In FY 2020/21 DHPT Developed a framework to promote local production to ensure availability of HPT in Kenya.

In FY 2020/21 Enhanced governance for HPT was attained by development of the Health Products & Technologies Supply Chain Strategy 2020-2025 that provides a roadmap on implementation of six strategic objectives to guide the health sector

supply chain for the next 5 years. Establishment of the HPT ICC to ensure all facets of HPT are addressed including governance. In line with Technical Assistance Dissemination of the concept of HPT Units in all Counties that will steer and guide all matters as regards HPT was also done.

2.1.3 Programme 3: Health Research and Development

Sub – Program 3.1: Training

Kenya Medical Training College (KMTC)

During the period under review (FY 2018/19-2020/21), the College collaborated with county governments and National Government Constituency Development Fund (NGCDF), resulting in the increase of infrastructural development in the form of additional 160 classrooms, 10 Libraries and 4 vehicles in various campuses across the country. This increased student enrollment from 33,245 2018/2019 to 47,459 in 2020/2021 Financial Year.



Laying foundation stone for Othaya campus by CAS for Health

In line with the health objectives of Universal Health Coverage, Vision 2030 and Sustainable Development Goals (SDG), the College admitted 17,214 for FY 2020/2021 against a target of 19,461. It also introduced e-learning and funded 22 research proposals and 28 publications in peer reviewed journals against a target of 14 Publications. The College also held a virtual scientific conference.

Further, the College developed 7 Curricula and reviewed 1 Curriculum to address emerging and re- emerging diseases e.g. Incorporating Infection Prevention of COVID-19 component for certificate and diploma courses. The College participated in the fight against COVID-19 pandemic by providing quarantine and isolation facilities in 46 campuses since March 15th 2020.

During this period, the College served a total of 4,524 clients in the quarantine facilities and 516 in the isolation facilities. The College partnered with stakeholders to mitigate the spread of COVID-19 through donation of over 11,000 boxes of disposable face masks and renovation and equipping of a Simulation laboratory for training of Critical Care Nursing and Anesthesia Courses which are critical for managing complications of COVID-19 disease.

Despite the negative effects of COVID-19 pandemic, the College was able to graduate 11,623 in 2020/21 against a total of 12,621 in 2019 and 10,869 in 2018/2019.

Sub – Program 3.2: Research and Innovation

Kenya Medical Research Institute

During the period under review (FY2018/19-2020/21), KEMRI continued executing its mandate on research, innovation, capacity building and service delivery for the improvement of human health and quality of life and advice the Government on matters related thereto. Achievements during this reporting period include the following:

Research

During the period under review, the Institute developed and approved for implementation four hundred and thirty-seven (437) new research proposals covering national health research priority areas, developed sixty-nine (69) policy briefs on Malaria, COVID-19, Cancer, TB, HIV, Health Systems among others, against a target of nineteen (19), publications in peer reviewed journals exceeded the annual target of seven hundred and eighty-seven (787) by 27.7% to stand at one thousand and five (1,005), four hundred and twenty-five (425) peer reviewed scientific abstracts were also presented in National and International conferences and scientific forums. These research studies are conducted in collaboration with over ninety (90) different stakeholders and collaborating institutions/partners from over eighteen (18) countries.

The resulting research findings aims at providing evidence-based research data to inform policy formulation, prioritization of interventions, allocation of resources and revision of national treatment guidelines.

To inform the scale up of Universal Health Coverage (UHC) under the Big Four agenda, KEMRI conducted a rapid situation analysis on population needs and operational research in government selected pilot Counties of Machakos, Kisumu, Isiolo and Nyeri. The scale up studies are ongoing in twelve (12) counties namely Bungoma, Homabay, Bomet, Nyandarua, Nyeri, Isiolo, Meru, Machakos, Kitui, TaitaTaveta, Kisumu and West Pokot.

The institute developed and continues to manage Demographic Health Surveillance Systems (DHSS), in six (6) Counties, targeting population dynamics, validating National census/demographic Health Surveys, health facility utilization, evaluation of new health interventions and priority diseases monitoring within Kisumu, Siaya, Homabay, Kwale, Nairobi and Kilifi Counties. Some of the key aspects under surveillance include pilot deployment of malaria vaccine in Siaya and Kisumu, mapping out disease dynamics within communities and mapping distribution of health facilities and their utilization in Kilifi, Kisumu and Siaya. This information is regularly shared with National and County Governments for planning.

The institute has also invested in conducting clinical trials targeted at development of Drugs, vaccines and diagnostic kits. Key clinical trials undertaken during the period includes:

1)Malaria:

- **Vaccine:**

- i.) RTSS Phase 3 completed and pilot deployment ongoing in Kenya, Malawi and Ghana
- ii.) New malaria candidate vaccine evaluation ongoing
- iii.) Malaria antigen characterization ongoing for new vaccine candidate discovery and development.

- **Drugs:**

- Malaria drug discovery by mining existing chemical libraries (360 compounds evaluated)
- Evaluation of medicinal plants with anti-malarial potential
- Clinical trials on three (3) new anti-malarial drugs
- Antimalarial drug resistance surveillance and monitoring

- **Diagnostics:**

- First locally manufactured new rapid diagnostic tests (RDT) development for malaria in support of Africa Leaders Malaria Alliance (ALMA)



The President of the Republic of Kenya and Health CS at the KEMRI -Kilifi Lab during the Launch of First Rapid Diagnostic Test for Malaria.

- Evaluation of new and existing malaria, leishmaniasis and COVID-19 diagnostic tools
- Training of health workers and researchers in malaria diagnosis

2) **Ebola vaccine:** Phase two proof of concept trial showing that the vaccine candidate was efficacious was completed. Phase three was not done since the epidemic was contained.

3) **HIV:** A Phase 3b, randomized, open-label study of the antiviral activity and safety of dolutegravir compared to lopinavir/ritonavir both administered with dual nucleoside reverse transcriptase inhibitor therapy in HIV-1 infected adult subjects with treatment failure on first line therapy. Dolutegravir Has now been adopted in the country as 2nd line treatment for HIV.

4) **Tuberculosis:** A Phase IIB, Double-blind, randomized placebo-controlled study to evaluate efficacy, safety and, immunogenicity of GSK biologicals'

candidate tuberculosis (TB) vaccine GSK 692342 against TB disease in healthy adults aged 18-50 years living in a TB endemic region. The study is now complete and showed promising results.

- 5) **Sickle cell:** A phase 3, Double – blind, Randomized, placebo-controlled, multicenter study of GBT440 Administered Orally to patients with Sickle Cell Disease. Completed and proceeded to an open label study GBT 034. The Drug has been registered and is in the market
- 6) **Yellow fever vaccine:** Currently KEMRI is developing a fractionated dose regimen. The development is in the final stages of evaluation.

COVID-19 Response

KEMRI conducted over 37% (704,884) of all COVID-19 PCR tests across the country in addition to genomic sequencing for 2,200 COVID-19 samples.

Phases 2 and 3 clinical trials on Astra Zeneca (Chadox) is ongoing.

To enhance COVID-19 response in the country, KEMRI sensitized one hundred and twenty (120) laboratory staff from all the forty-Seven (47) counties on emergency laboratory preparedness and response, biosafety and sample collection.

Innovations and products developed by KEMRI in response to the pandemic include;

- i.) COVID-19 PCR kit which is undergoing final evaluation
- ii.) The first locally produced Virus transport media (VTM) produced and distributed 26,000 pieces to health facilities testing COVID-19.
- iii.) Emanating from research conducted in KEMRI, locally produced and standardized bleach (TBCide), amounting to 157,861 units were supplied to KEMSA and other health facilities, an increase from 49,239 produced FY15/16-17/18.
- iv.) KEMRI enhanced production of sanitizers (KEMRUB) from 37,277 to 292,971 units for FY15/16-17/18 and FY18/19-20/21 respectively, in response to COVID-19 pandemic.
- v.) To ensure quality laboratory services, KEMRI obtained accreditation by KENAS (ISO17043) for COVID-19 Proficiency Testing and so far, 18 laboratories have been registered to the program.

Center of Excellence for Stem Cells Research, Synthetic Biology and Regenerative medicine (Vision 2030 Project)

The institute is currently developing a stem cell platform for production of replacement skin and other skin conditions. Preliminary animal studies are ongoing. Towards this effort, the institute also upgraded the Stem Cell Unit and acquired equipment which includes Cell culture equipment, Next Generation Sequencer and BDFACs Cell Sorter. Ten (10) laboratory staff were trained on generation and propagation of stem cells, stem cell culture and isolation on flat plates. In order to ensure sustainability of this technology, KEMRI Graduate School curricula was revised to include trainings on application of stem cells.

Natural Products: Development of indigenous technologies for manufacture of niche products

Research on herbal products led to formulation of authenticated herbal products for management of cancer and jigger (Tungicide) eradication is on-going. Pre-clinical studies for herbal medicines for cancer treatment was undertaken for One hundred and forty-seven (147) samples collected in Nairobi and Uasin Gishu. Microbial contamination and drug sensitivity studies have been completed for one hundred and seventeen (117) samples and data analysis is ongoing. Data compilation for five (5) samples tested against prostate and cervical cancer cell lines are ongoing.

KEMRI has also developed an innovative porridge flour (Ujiplus) which can deworm and at the same time provide nutrition to school children. Ujiplus is the common Uji flour made of maize and millet but fortified with bioactive extracts from a mixture of various herbal and fruit sources. Studies carried among school children in Nandi, Kirinyaga and Homa Bay counties found that Ujiplus not only had deworming capability and highly nutritious but cleared ringworms among the children. Ujiplus has been licensed for distribution by the Kenya Poisons and Pharmacy Board (PPB).

Innovations

During performance period under review, KEMRI developed the following innovations:

- a) Rapid diagnostic kit for malaria, in support of Africa Leaders Malaria Alliance (ALMA) spearheaded by the President of Kenya.
- b) Viral Transport Media (VTM) for COVID-19 was developed and 26000 units have been supplied to Health sector
- c) Developed Proficiency testing for COVID-19 (The first in Africa) and accredited by KENAS
- d) Establishment of stem cell research for regenerative and precision medicine application.
- e) Development of a COVID-19 PCR test kit; currently at the commercialization stage.
- f) Evaluation of a faster, more sensitive assay called Loop-mediated isothermal amplification (LAMP) for COVID-19 detection. Report compiled.
- g) Development and Evaluation of Helicase Dependent Isothermal DNA Amplification Method as Point-of-Care Diagnosis of Wuchereria bancrofti. Results published in Journal of Parasitology Research.

Capacity Development

In order to enhance KEMRI's capacity, quality assurance and recognition both locally and internationally, the following laboratories were either upgraded or accredited:

- i. WHO accreditation (CVR-EPI LABS polio/measles),
- ii. Microbiology & Clinical Research Labs (CAP) (KEMRI/WRP Kericho),
- iii. Re-certification of ISO 15189:2012 (Medical laboratory (CVR, CGHR-TB/HVR/DLSP)),
- iv. ISO 9001:2015 (QMS Requirements KEMRI),
- v. Certified Clinical, Microbiology & Immunology labs (GCLP) in KEMRI Kilifi, Kisumu, Kombewa, Kondele and Kericho
- vi. ISO/IEC17043:2010 General Requirements for Proficiency Testing (Production)
- vii. Seeking re-certification for ISO 13485 (Medical devices (Production)).

- viii. KEMRI is also pursuing ISO 15189:2012 Medical Laboratory certification for CCR, ESACIPAC, CVR HIV lab, KEMRI/RTCP-FACES, CGHR Malaria.
- ix. Kericho Clinical Research laboratory accredited by the College of American Pathologists [2008].
- x. Fully fledged laboratory for Human Identification & Training for paternity and for disaster and crime scene investigation.
- xi. Next generation sequencing: Equipment including the Illumina- Miseq, Oxford nanopore and Roche 454 high through put sequencing platforms and soon to be supported by a high-power computing facility under set up.
- xii. Upgrading of the p3 laboratories CRDR
- xiii. Equipping of flu lab and P3 lab at HQ
- xiv. Design and construct research labs at KEMRI Kwale
- xv. Construction and upgrade of BSL2 and other laboratories supported by USA Defence Threat Reduction Agency (DTRA)

Other Infrastructure developed during the period include;

- i) Repair, renovations of staff quarters at Mbagathi
- ii) ICT infrastructure and automation
- iii) Installation of CCTV, barrier access control
- iv) Rehabilitation/Replacement of water piping system at HQ
- v) Rehabilitation of access roads and drainage in KEMRI Kisian station
- vi) Rehabilitation of access roads, KEMRI HQ

Human Resource development

KEMRI trained a total of 117 PhD and 181 Master's degree scientists, 36 Graduate attaches and 78 postgraduate Diploma students both Kenyan and International. The Institute also undertook capacity building of African region NTDs program managers on coming up with social science research questions for implementation research in Mass Drug Administration (MDA) for filariasis elimination in Ethiopia. Similarly, the Institute trained health officials from National and Sub-National levels from Kenya, Ethiopia, South Sudan and Tanzania on various health related fields including but not limited to; deworming for schistosomiasis and soil transmitted helminths; Onchocerciasis volvulus (OV) 16 Eliza; pre-transmission assessment surveys (Pre-TAS) and transmission assessment survey (TAS) for lymphatic filariasis elimination using triple therapy-ivermectin, diethylcarbamazine and albendazole (IDA); malaria diagnosis; COVID-19-19 awareness together with Dengue and Chikungunya prevention and control in Kwale County. The Institute also trained County MOH officials from Kiambu, Bondo and Kwale on Schistosomiasis diagnosis kit together with 40 and 6 MOH officers on schistosomiasis and soil transmitted helminths diagnosis from Malawi and Ethiopia respectively. Similarly, KEMRI Trained 50 MOH officers on granular mapping for schistosomiasis in Kenya.

Through collaboration with Japan International Cooperation Agency (JICA) Third Country Training Programme (TCTP), KEMRI trained fourteen (14) participants from seven (7) countries (Ethiopia, Uganda, Eritrea, South Sudan, Rwanda, Burundi, Kenya (Mandera, Busia, Turkana, Nairobi)) on Laboratory Preparedness for Building resilience Against Public Health Emergencies in Eastern African Region, between October and November 2019. Further, one hundred and fifty-nine (159) Health

Workers from forty-seven (47) Counties on emergency laboratory preparedness and response with a network of trained personnel established for sharing information on emerging and re-emerging disease in support of Global health security Agenda.

On Professional development, KEMRI trained officers on Environmental Surveillance (16), Performance evaluation of a prototype rapid diagnostic test for the diagnostic of schistosomiasis (12), Full Genome Sequencing-Miseq (10), Malaria Microscopy Competency (1), Environmental Surveillance, Research Methodologies and Monitoring and Evaluation in Global Health (60), Corporate Governance and Senior Management course at the Kenya School of Government (KSG) (120). All KEMRI employees have been sensitized on COVID-19 vaccination.

Service delivery

KEMRI researchers were assigned to various units within the MOH to support strategic initiatives and departments e.g. National Public Health Laboratory, COVID-19 task force, COVID-19 vaccine deployment, National Immunization Technical Advisory Group (NITAG), National Laboratory Technical Advisory Committee (NLTAC), Kenya Coordinating Mechanism for Global Fund

KEMRI responded to outbreaks of dengue, Rift Valley fever, Yellow fever, Chikungunya among other suspect outbreaks like ebola. In addition, KEMRI has operationalized One Health Research approach programme.

KEMRI increased specialized laboratory services offered in FY15/16-17/18 from 651,361 to 3,577,412 for FY18/19-20/21. These services include Viral Load testing which covers 75% of all National tests, PCR-Early Infant Diagnosis of HIV, HIV/Rapid Test and DNA tests. This was made possible through acquisition of new technology with the capacity to conduct one million tests quarterly. The technology further sends information to client on real time (both patients and health facility).

The Institute developed and commercialized 1,475,919 diagnostic kits and other product, an increase from 161,951 from FY15/16-17/18. The products include: Culture Media (plates), Culture Media (Tubes), KEM-rub, TBcide, Safi Kem (Hand wash), Sheep blood and Distilled Water



Regional, Continental and International responsibilities

- a) East African Community: East African Health Research Commission focal point.
- b) African CDC: East African Region Coordination Center (RCC) laboratory support
- c) WHO: Regional reference laboratory for polio
- d) Arbovirus regional reference laboratory
- e) Global reference center for Malaria diagnosis
- f) KEMRI supported establishment of Malaria Diagnostics Centers of excellence in Tanzania, Ghana and Nigeria.

Recognition

- a. KEMRI was ranked number one in health research innovation in Africa, for the period 2018 to 2021 according to the authoritative Global Information Analytics Giant, Scimago Institutions Ranking.
- b. KEMRI was awarded the 16th (2020) JICA President award for its contribution to diagnostics and research in human health especially during the COVID-19 pandemic
- c. COVID-19 diagnostic evaluation center by Africa CDC
- d. COVID-19 sequencing reference center for Africa by WHO

2.1.4 Programme 4: General Administration, Planning & Support services

Sub- Programme 4.1: Human Resource Management and Development

In the FY 2020/2021, the HRH strategy of 2019-2023 was finalized. Workload Indicators for Service Needs (WISN) trainings was done and technical assistance given to counties to conduct WISN. The National Health Workforce Accounts (NHWA) Technical working group and secretariat was formed and the process of harmonizing data sources to an interoperable system is ongoing. HRH-ICC was conducted and mapping of health care specialists done.

Labour Market Analysis (LMA) and productivity index exercise was initiated. IHRIS hand over from Intra health to ministry is in advanced stage. Professionalization of health care management task force was also formed FY 2020/21 and in the process of developing a policy on professionalization. HRH protocol on COVID-19 was developed and in process of adopting WHO tools on COVID-19.

The Ministry is committed to creating an accessibility and usability of the built environment for all including persons with disability. In order to provide an accessible physical environment for PWDs seeking recommendation for registration, the Ministry constructed a ramp and two disability sanitation blocks during FY 2020/21. This initiative has facilitated ease of service to persons with disability visiting the institution.

The Ministry also worked towards ensuring a smooth business continuity through the implementation of succession management. Furthermore, to improve the staff morale and job satisfaction as well to address staff stagnation, over eight hundred (800) officers were promoted. In addition, a total of 15,348 HRH were recruited towards achievement of UHC.

The Ministry still manages Pension benefits of officers at National level and those seconded to County Governments. In FY 2020/21, 758 officers were issued with retirement notices at least one year before expected date of retirement and their benefit documents processed and submitted to the National Treasury for payment.

A total of 1,804 internship opportunities were offered for the following cadres; - Medical, Dentist, Pharmacist, BSC Nurses and BSC Clinical officers who successfully completed the program and transited to employment. Training was also facilitated for a total of 1,151 officers which included 248 Senior Management Course, 106 Senior Leadership Development Program, 143 Supervisory Skills Development, 3 Record Management Course, 21 Secretarial Management, 68 Supervisory Management Skills and Transformative Leadership at Kenya School of Government in Matuga & 560 for Group trainings.

Network connectivity at Afya House was improved through the removal of old LAN and installation of a new LAN. This has enhanced communication, sharing of

information and knowledge sharing. The new infrastructure has facilitated the ease of virtual meetings especially during this time of pandemic and prompt exchange of information which was problematic in the past.

Sub – Programme 4.2. Finance and Planning

The Kenya Health Sector Strategic and Investment Plan (KHSSIP) 2018 – 2023 was developed within the context of long-term international and local health development goals. Further the KHSSP was subjected to Mid Term Review which is an important undertaking of the Ministry of Health.

The Government of Kenya has periodically undertaken public expenditure surveys, as part of its overall public expenditure management. Public Expenditure Tracking Survey (PETS) are meant to provide information on availability of drugs and medical supplies, and to identify key challenges faced by facility and managers in accessing and utilizing funds. The information generated from these studies is critical in helping the ministry to find solutions to ensure effective health service delivery. The Ministry conducted, finalized and disseminated Public Expenditure Tracking Report (PETS) 2018/19.

To support evidence generation for resource mobilization, the Ministry undertook the Kenya National Health Accounts (NHA) to track the flow of funds in the health sector for the fiscal years (FY) 2016/17 - 2018/19. National Health Accounts (NHA) is an important tool for understanding the financing of a country's health sector, providing a framework for measuring the total public and private health expenditures.

The approved estimates for the Ministry of Health experience a growth of 43% from Kshs.85.1 billion in FY 2018/19 to Kshs.121.7 billion in FY 2020/21. The actual expenditures also increased from Kshs.74.5 billion, Kshs.108.5 billion and Kshs.107.9 billion from FY 2018/19, FY 2019/20 and FY 2020/21 respectively. In the period under review, the Sector also realized a growth in AIA that is mainly collected by SAGAs from Kshs.11 billion in FY 2018/19 to Kshs.14.8 billion in FY 2020/21.

2.1.5 Programme 5: Health Policy, Standards and Regulations

SP 5.1: Health Policy and Healthcare Financing

Health Policy, Research, Monitoring and Evaluation

The Ministry has improved access to health data and information through the establishment of the Kenya Health Research Observatory (KHRO). The KHRO system development was finalized and launched on 22nd January, 2020.

The Kenya Harmonized Health Facility Assessment was also carried out and the results have been used as evidence base to feed into the ongoing UHC roadmap and strategic developments, annual health reviews and to guide more effective county and partner investments. The results have also been used as baselines to Plan and monitor scale up of interventions key to achieve UHC and SDGs (e.g., interventions to reduce child and maternal mortality, non-communicable disease control, emergency services, HIV/AIDS, tuberculosis, malaria).

The Ministry also developed the UHC Policy 2020-2030 to guide on the UHC scale-up in the country. The overall objective of the Kenya UHC Policy 2020 - 2030 is “to accelerate progress in attaining universal access to quality promotive, preventive, curative, rehabilitative and palliative health services based on need and without experiencing financial hardship for the Kenyan population”.

The Ministry has developed the e-health Bill, 2020 in line with the Health Act 2017. The health sector stakeholders (Ministry, implementing partners and agencies) have been engaged in the development of the draft e-Health Bill.

The Ministry was able to conduct 3 out of 4 COVID-19 response assessments in the last FY 2020/2021 through the support of the CHERP Project (for the baseline in July 2020) and WHO (December 2020 and April 2021) and all assessment reports are available. An initial assessment to establish a baseline of the necessary infrastructure, human resource, and commodities was conducted in July 2020 and a final report and policy briefs were developed.

The Ministry is in the process of developing an end-to-end digital health platform. Local developers were identified and a landscape assessment of the digital health platform was conducted and a report is available. The business requirement framework, business logic/intelligence and work flows were developed. The out-patient modules and one vaccination module (Chanjo System) were also developed. Inpatient and specialized clinics modules are yet to be developed.

Sub – Programme 5.2 -Social Protection in Health

Universal Health Coverage

Phase 1 (Dec 2018-Dec 2019): - was a pilot in four counties (Nyeri, Machakos, Isiolo and Kisumu) that focused on (i) strengthening health systems, (ii) increased access to healthcare services and (iii) financial risk protection. This was achieved through input financing in respect to increasing availability of; human resources for health (HRH); health products and technologies/medicines and medical supplies; basic medical equipment including community health volunteer kits and the health systems

strengthening component by improving governance in health facilities and monitoring and evaluation.

A total of 3 million Kenyans were registered as beneficiaries of UHC translating to a coverage of 88% of the population in Phase I pilot counties with 723 (110%) Community units so far established and 8,538 Community health volunteers oriented on UHC to provide Level 1 services. A total of 1,108 cases were referred for specialized services at level 6 health facilities, such as obstetric emergencies, dialysis, specialized surgical care, Road Traffic Accidents, complicated Intensive Care Unit cases, oncology (radiotherapy, chemotherapy) among other cases, through an investment worth KSh. 500 million.

On HRH, of the 2,898 HCWs gap identified, a total of 752 (26%) were recruited on contract and deployed across the four counties. On service utilization an increase in outpatient utilization was realized by 25% in the first quarter (January – March 2019) of implementation of UHC and overall increase of 19% by end of 2019 compared with same period in 2018 in these counties.

Phase 2 (Jan 2020-June 2020): - This was marked by a rollout of UHC to the 47 counties following signing of an Intergovernmental Participatory Agreement (IPA) between the Ministry of Health and County governments to allow for further investments in (i)Human resources for health; (ii) Medicines, commodities, and equipment; (iii)Health information systems and research; (iv)Primary health care (Primary care Networks); (v)Community health services; (iv)National social insurance model.

An internship policy was developed that allowed healthcare practitioners to be exposed to 602,720 clinical practice hours, during their period of internship for at least 3 months, at the primary levels 2 and 3 health facilities. KMTC placed a total of 13,368 KMTC students under clinical placement primary health facilities between September 2019 and February 2020. A total of KSh. 42 million was transferred to KMTC to train community health assistants (CHAs), while 26,280 Community Health Volunteers (CHVs) (84%) were trained to strengthen the Community Health Units. The Ministry of Health received an approval to hire and place 4,000 (post-interns) for 1 year and 9,858 HCWs on a 3-year contract in the year 2019/2020.

A National Medicines and Therapeutic Committee was established that guided the revision of the Kenya Essential Medicines List (KEML) 2019 and the Kenya Essential Medical Supplies List (KEMSL) 2020.

To enhance sector accountability, the Ministry of Health initiated the process of digitalizing health services, by first assessing the ICT infrastructure in level 5s, followed by connection of the Local Area Network (LAN) using the National Optic Fiber Backbone (NOFBI), in collaboration with the Ministry of ICT. In addition, a systems requirement specification, and development of an outpatient module, was done.

Phase 3 (July 2020 -June2021): Focused on transition from input- to output-based financing with continued support towards HPTs, HRH, operationalization of primary care networks and establishment of a UHC insurance scheme. During this period, several policies and guidelines were developed including the UHC policy, Primary Healthcare Strategic Framework, and Community Health Policy and Strategy, the Health Financing Strategy and subsequent sessional paper and operationalization bills. The essential benefit package was also finalized and identification of 1,022,078 extremely poor households to benefit from social insurance. A new IPA was developed but not signed off, as the Ministry of Health waited for feedback from The National Treasury.

Other achievements included training of 30,000 new CHVs, and sensitization of 60,000 old CHVs to offer home based care. Set up of PCNs in Turkana, West Pokot, Samburu, Elgeyo Marakwet, and Kisumu. So far, counties have utilized 97% of the drawing rights available worth Ksh. 5 Billion at KEMSA, with 70% of these commodities dedicated to primary level facilities.

Recruitment of HCWs based at primary level facilities on a 3-year contract was finalized, with 8,229 HCWs and 2,177 interns employed on a one-year contract. Quality of care has also been enhanced through regular inspections of health facilities, and Kenya Quality Model for Health ongoing, to ensure compliance to minimum quality of health standards.

Collaborative efforts with other ministries identified as enablers for UHC is ongoing with 156 out of 635 facilities connected to electricity; planned water connection to 2,907 facilities; 18 facilities connected to LAN; planned upgrade of roads to 134 level 4 health facilities.

Strategic National Hospital Insurance Fund (NHIF) reforms are ongoing to support implementation of UHC, including the establishment of an electronic claims system, consolidation of the multiple schemes from 74 to 3 schemes to facilitate universal Health Coverage (UHC) and biometric registration.

National Health Insurance Fund

Universal Health Coverage (UHC) Scale up/Government Sponsored Indigents

The following were achieved during the FY2020/21;

- i) **Registration of UHC Beneficiaries:** NHIF registered 1,022,078 households from all the 47 Counties to benefit from social health insurance, out of which 67,700 were registered using biometrics
- ii) **Amendment of the NHIF Act;** for accelerated scale up of Universal Health Coverage, it is necessary to review the current legal framework to support implementation of UHC by NHIF. In this regard, amendments to the NHIF Act and other relevant laws and regulations have been proposed. A team comprising of officers from the Ministry of Health (MOH), NHIF, Attorney General's Office (AG), Kenya Law Reforms Commission (KLRC) and other Development partners namely World Health Organization (WHO) and World Bank was appointed and prepared

proposals for amendments of the NHIF Act No.9 of 1998. The NHIF Amendment Bill 2021 was prepared and presented to Parliament for the 2nd reading and the Fund sent a Memorandum in support of the Bill on 17th June 2021. Parliament has also sought for public participation with MOH, COTU and other stakeholders.

- iii) **UHC Benefits Package:** There is a harmonized UHC Benefit package in place. The benefit package is a blend of the NHIF Supa Cover and the UHC Essential Benefits Package proposed by the Health Benefits Advisory Panel (HBAP) comprising of 12 Benefits has been recommended. In the meantime, beneficiaries can access the supa cover package.
- iv) **Monitoring & Evaluation Framework:** A UHC Monitoring and Evaluation Framework was also developed.

Membership

In the FY 2020/21 the Fund registered 541,813 New Members bringing the total membership to 9.5 million Kenyans and active Membership of 5.3M. This is approximately about 20.7million Kenyans under the NHIF cover which translates about 43% of the Kenyan Population. During the FY2020/21 a total of 453,660 members were registered under the informal sector and 88,153 members registered in the formal sector. The Funds membership has grown over the years with the current number of members as at 30th June 2021 being 9.542 million as illustrated in the table below;

Table 2.9: members registered

SECTORS	2019/2020	2020/2021	GROWTH
Formal Sector	4,452,298	4,540,451	88,153
Informal Sector	4,546,528	5,001,188	454,660
TOTAL	8,998,826	9,541,639	541,813

Revenue Collection

In FY 2020/21 the fund collected Kshs.61,958,399,054 against a target of Kshs.64,492,970,652 which translates to an 96% performance. The target was not achieved due to macro-economic factors in the country as well as the COVID-19 pandemic which caused companies to downsize, reduce salaries and some to close. The informal sector has also faced financial challenges caused by the COVID-19 pandemic thus making it difficult for members of this sector to make their voluntary contributions to the fund. However, compared to the previous FY 2019/20, there is a slight growth in revenue of 2% from Kshs.60 billion to Kshs.61billion in FY2019/20.

Benefits Paid out

Total claims paid out during the financial year 2020/21 was KES 54.8 billion. For the National scheme Kshs.30.5 billion was paid out as benefits broken down as follows;

Table 2.10: Total Claims Paid Out-National Scheme

Total Claims Paid Out-National Scheme	Amount (Kshs)
National Scheme, Inpatient Cover	9,074,526,273
NHS, Outpatient Cover	5,163,263,914
NHS, Special Packages	15,904,234,390
NHS, Evacuation Services	334,617,548
Total, National Scheme	30,476,642,125

Vision 2030 Flagship Projects

The government introduced targeted health care subsidies for social health protection which have extended coverage to the poor and vulnerable through health insurance subsidies.

The various subsidy programs targeting various segments of the population include:

Health Insurance Subsidy (HISP-OVC) Programme

The Health Insurance Subsidy Program (HISP) is Government flag-ship Program under the Vision 2030 which is being implemented by NHIF and financed by the Government of Kenya. It is a demand side financing mechanism where funds are channeled to NHIF on behalf of identified and targeted households classified as poor and vulnerable.

The program was rolled out on 1st September 2014 as a pilot targeting 21,546 households spread within the 47 counties. The program was scaled up on 1st July 2016 targeting an additional 160,422 Households. Cumulatively, the total number of households under HISP as at 2020/2021 is 181,968. A total of Kshs.7,255,127 was paid out as benefits for beneficiaries of the program as at 30th June 2021.

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

Government of Kenya through the Ministry of Health subsidizes the premiums of the beneficiaries of the Older Persons and Persons with Severe Disability Cash Transfer Program. The OPWD program was rolled out in all 47 counties covering 42,000 households.

The OPWD target group constitutes the households under the Older Persons and Persons with Severe Disability Cash Transfer Program. Ministry of Health disbursed funds amounting to Kshs. 342,300,442 during the period under review. A total of Kshs.1,480,500 was paid out as benefits for members of the scheme; Inpatient Kshs.855,000 and benefit packages at Kshs.625,500.

Linda Mama

Ministry of Health commissioned Free Maternity Services Program in 2013 in all Government/ public healthcare facilities countrywide. All pregnant women who are Kenyan citizens are eligible to benefit from the programme. Registration of expectant women is done through the following access points:

- Mobile platform – USSD Code *263# and follows the simple steps
- Contracted health facility – through NHIF Health System
- NHIF country wide offices and Huduma Centres.

Currently, over 6,000 healthcare facilities are in the Linda Mama program to offer services. Beneficiaries accessed benefits worth Kshs.4.9 billion as broken down below;

Table 2.11: Benefits Paid - Out

Benefits Paid - Out	Amount in KES
Inpatient Care	1,327,278,166
Caesarean Section	712,654,373
Normal Delivery	2,337,146,051
Ante-Natal Care	518,413,647
Post-Natal Care	74,707,309
Administrative	-
Total	4,970,199,546

Inua Jamii 70+ Program (IJP)

The Ministry of Labour and Social Protection expanded the Older Persons Cash Transfer Program to cover all poor and vulnerable persons aged 70 years and above. Therefore, this group of beneficiaries is meant to access health insurance cover through the National Hospital Insurance Fund (NHIF) once their premiums are paid by the government. 484,086 members were registered with NHIF.

Electronic Claims Processing

To enhance the NHIF's capacity to deliver the promise of UHC to Kenyans, the Cabinet Secretary for Health, Mrs. Sicily Kariuki, established the Health Financing Reforms Expert Panel (HEFREP) in the period under review for the Transformation and Repositioning of the National Hospital Insurance Fund as a Strategic Purchaser of Health services by 2022.

One of the recommendations from the report was the implementation of an Electronic Claims Processing (E-claim) system as the manual system was taking about 24 hours to complete most of the NHIF transactions. The E-Claim development entails an Electronic Health Management Information system (EHMIS) which is a web-based health information Technology that allows health providers to submit claims electronically on behalf of the patients. NHIF launched the electronic claims processing (E-claim) system in the Month of April 2021 in Kakamega County. Currently, NHIF has connected all eligible private Healthcare providers and level 4,5,6 GOK facilities in the country. The remaining GOK facilities have infrastructural challenges including lack of connectivity to the KPLC national grid and lack of

computers among others. The switch off from the manual claims to Electronic Claims has already taken place.

Table 2.12: Summary of E-Claim Connectivity (All Regions)

CATEGORY	CONNECTED	NOT CONNECTED	TOTAL
GOK	429	61	490
FAITH BASED	178	87	265
PRIVATE	975	488	1,463
TOTAL HCPS	1,582	636	2,218

Biometric Registration

His Excellency the President launched the UHC biometric registration exercise in Mombasa County on October 31st, 2020. The biometric registration of members is done at NHIF Service Points and hospitals at the point the member or dependent is seeking services. The exercise which targets members of the National scheme (Supa Cover), Enhanced Schemes and Indigents aims at improving efficiency and reducing fraud. Details of members and their dependents including fingerprints are captured.

A total of 2,937,269 members have been registered biometrically out of whom 67,700 are vulnerable households. A Rapid response initiative to carry out biometric registration of vulnerable persons households registered by the County Governments is ongoing. Nine teams have been deployed across the County to hasten the process of registration to enable the identified beneficiaries to access benefits.

Human Resource Reorganization

One of the findings by the Health Financing Reforms Expert Panel (HEFREP) was that the Organization Structure had several weaknesses including inadequate coverage of all core functions that are needed to make NHIF a strategic purchaser.

Review of the organizational structure which has aligned the core functions of the Fund in readiness of UHC, was finalized and approved by the State Corporations Advisory Committee (SCAC). To support the process, a Human Resource Consultant was brought on board for expert guidance on the process. Significant progress in the NHIF Human Resource restructuring process has been made; a new Staff Establishment, corresponding Career Progression Guidelines and a Human Resource Procedures Manual have already been prepared. In addition, Human Resource Suitability Assessment for Management Cadre staff has been done.

ICT Reforms Digitization

To increase efficiency, the Fund has Digitized the services operational services including Company and Member registration which can be done online. The Fund

has also made it possible for members to make enquiries and interact with NHIF through the NHIF App, and USSD code.

This Digital Initiatives have seen the Fund shift from monolithic IT architecture to micro services.

Health Financing

In the financial year 2020/21, the Division of Health Care Financing was able to undertake the development of a Harmonized UHC Benefits Package. The purpose of the Benefit Package is mainly to strengthening strategic purchasing decisions and clearly outlines the benefits, beneficiaries and from where the benefits can be accessed. Through collaborative and persistent efforts, the Health Financing Strategy obtained approval by the Cabinet Secretary. Other achievements towards the realization of the UHC goal included submission of the Draft Social Health Insurance Sessional Paper, in conjunction with the counties and Ministry of Social Protection the identification and registration of one million plus indigents across the forty-seven (47) counties and the development of the COVID-19 and UHC Conditional Grant Framework to guide implementation of UHC in counties. Finally, the DHCF in the FY initiated the process of development of (FIF) Guidelines to outline the process of retention of user fees and NHIF reimbursements among other sources of revenue for the health facility.

The Sports, Arts and Social Development Fund

In the FY 2018/19 three projects/areas/programme areas benefited from the provisions of the Sports Arts and Social Development Fund, namely- completion of the national cancer radiotherapy treatment decentralization project; replacement of obsolete plant equipment and the equipping of a day care surgical center at the Kenyatta national hospital and Operationalization of the Portable Medical Clinics .The overall purpose of the Fund is to provide funding for the advancement of sports, arts and the promotion of social development including universal health care.

Table 2.13: The Sports, Arts and Social Development Fund

S/No.	Project	Project deliverables	Status of the projects
1.	Completion of the national cancer radiotherapy treatment decentralization project	Three comprehensive cancer centers with radiotherapy capabilities established in Nakuru, Mombasa and Garissa.	80% Complete
2.	Replacement of obsolete plant equipment and the equipping of a day care surgical center at the Kenyatta national hospital.	Operational surgical day care center and installation of obsolete equipment.	70% Complete
3.	Operationalization of the Portable Medical Clinics:	One-hundred portable medical clinics fully operational across the forty-seven counties	60% Complete

The overall rate of completion of the three projects stands at 70%. The procurement of the cancer radiotherapy machines for the three centers at Nakuru, Mombasa and Garissa County Referral Hospitals is complete and installation of the machines on-going. For the portable Clinics, the ground preparation works is on-going and the procurement of the equipment is complete. Lastly, for the KNH Project- the procurement of the equipment on-going and the installation of the Steam Boiler and Reticulation system and equipment is complete.

Sub- Programme 5.3 -Health Standards and Regulations

Health Standards, Quality Assurance and Regulation

The Ministry developed Quality of Care Certification Framework for the Kenya Health Sector to guide the Sector in shaping the modalities for monitoring the quality of inputs, processes and outcomes of health services delivery in order to ensure that they are of high standard, safe, acceptable and provide positive experiences for both providers and users. The Ministry has continued to capacity build and offer technical support to counties to implement the Framework. In 2020/21 FY, Garissa, Embu, Meru, Kakamega, Machakos, Mombasa, Taita Taveta and Vihiga counties were trained on electronic Kenya Quality Model for Health (eKQMH) and supported to undertake assessment of respective county referral hospitals on KQMH compliance.

A total of 35 county health inspectors were trained on electronic joint health inspection checklist (Ejhic) in 2020/21 FY, with an aim to improve quality of care in public and private health facilities. Within the period under review, 1,264 health facilities were inspected. 78% of inspected facilities complied to basic patient safety and quality standards.

The Ministry launched the Anti-Microbial Resistance Policy and National Action Plan on AMR in 2017. As part of implementation of this Policy, eight counties were supported to implement the Policy within 2020/21 FY. These counties, namely Busia, Kiambu, Kilifi, Kisumu, Uasin Gishu, Mombasa, Machakos and Makueni were supported to establish County Antimicrobial Inter-Agency Committees and also to strengthen respective Infection Prevention Committees.

On implementation of Health Act, 2017, Traditional and Alternative Medicine Practice Bill and e-Health Bill were drafted within 2020/21 FY. Other Bills from the National Assembly and Senate were also reviewed including Kenya National Blood Transfusion Bill, 2020 and Mental Health Bill.

Health Sector Coordination & Intergovernmental Relations

The Health Sector Intergovernmental Consultative Forums is one of the key activities for the Directorate. This forum brings together National and County Governments for consultation on health matters. It takes place on a quarterly basis. During the review period, three Forums were held, one physically with an agenda focusing on Universal Health Care and launch of the UHC Insurance Scheme and two virtually with an agenda focusing on COVID-19 pandemic and sharing of best practices on emergency response and preparedness. The target of four forums on a quarterly basis was not achieved due to the COVID- 19 pandemic.

During the same period, the partnership framework was launched and the governing Structures activated. The framework is built on the principles of development effectiveness as outlined in the 2012 Busan declaration (and Paris Declaration). It Encourages partnerships based on mutual accountability, benefit and learning.

During the Reporting Period, Kenya was elected as Chair of the World Health Organization Executive Committee (EB). Kenya also participated in all the meetings of the WHO governing bodies, World Health Assembly and the Executive Board. The election as Chair of the Executive Board gives Kenya advantage over other Countries in the region to negotiate over health issues.

Kenya Health Human Resource Advisory Council (KHHRAC)

During the period under review, the Council with support from State Department of Public Service, Ministry of Public Service and Gender finalized the development of operationalization documents namely: - the Organization Structure and Staffing, Career Progression Guidelines, Salary Structure, Human Resource Policies and Procedures Manual.

The documents are awaiting approval by Salaries and Remuneration Commission (SRC) and State Corporation Advisory Committee (SCAC) for operationalization.

Service delivery: Mapping of medical specialists in public facilities was carried out countrywide and a draft report is in place being finalized for launching. This report is envisaged to inform policy on training, management and deployment of medical specialists for equity specialized service delivery in the country.

The development of a multi-dimensional health worker productivity index in Kenya that is a phased process commenced in the financial year under review and piloting phase in the FY 2021/2022. This will increase efficiency of service delivery and make the best use of available human resources.

During the same period, the Council initiated process of establishing a framework for the training and management of medical specialists in the country through a multi-stakeholder taskforce to address the persistent challenges to both levels of government, posing a threat to the achievement of positive health outcomes and Universal Health coverage (UHC).

Capacity building: The National Health Workforce Accounts (NHWA) is a system that enables Countries to progressively improve the quality, availability and use of Health Workforce Data and evidence through progressive monitoring of a set of indicators to support achievement of UHC and Sustainable Development Goals (SDGs). The NHWA is composed of data characteristics that can be progressively measured in order to generate reliable HRH information and evidence to enable the planning, implementation and monitoring of workforce policies; to improve the comparability of the health workforce landscape nationally, regionally and globally; and to enable more sophisticated research about future trends regarding health workforce and systems.

KHHRAC started the implementation of the NHWA in the Country with technical support from the WHO and established the Governance structure for its

implementation; Training on NHWA and Integrated Human Resource Information system (iHRIS) conducted in 43 Counties, the National Government and the national Referral facilities targeting the County Human Resource Management Officers for Health (CHRM) and County Health Records Information Officers (CHRIOs). After the training the Counties were able to continuously update HRH data and utilize the information for policy and data driven decision making at all levels.

The progressive data collection on Human Resource for Health (HRH) was initiated as a step towards establishment of a Master Register for health professionals since it is one of the Council's functions. The data is used for routine planning at sub-national and national levels recognizing that an adequate and accessible health workforce is fundamental to an integrated and effective health system and for the provision of health services. This data was also reported in the WHO NHWA platform in compliance to the requirement of the WHA resolution WHA 63.19.

In the year under review, Kenya through KHHRAC was able to report on the World Health Organization (WHO) Platform on the Impact of COVID-19 on the Health and Social care workers (HSW) by 31st December, 2020.

KHHRAC supported Human resource management and development, Division of Human Resource for Health and other regulatory bodies in tasks related to her mandate.

Kenya Medical Practitioners and Dentists Council (KMPDC)

The Following activities were carried out during the previous financial years in collaboration with the Ministry of Health, the Office of the Attorney General, State Corporation Advisory Committee and the state Department for Public service among other key stakeholders:

Indexing of Medical students and posting of Interns: During the years under review the council was able to index 1270 students and out of these 1,235 were medical students and 35 were dental students. Also, there were 603 active registered interns posted and out of these 570 are medicine and 33 on dentistry.

Registration of new health facilities and Licensed: The council was able to register 5,277 out of the targeted 6,227 new health institutions in the FY 2020/21. This represents 84% achievement for the council in meeting the targeted Health facilities to be registered and issued with licenses.

Categorization by State Corporation Advisory Committee (SCAC): Categorization of the Council by State Corporation Advisory Committee (SCAC) as a State Corporation PC 6A. This was achieved in the last F/Y 2020/2021 and the implementation of the Human Resource instruments as advised by SCAC is being done effective July 2021.

Coordination of Quarantine and Isolation centres/UHC Coverage: The council is Supporting the National and County Governments by coordinating quarantine and isolation facilities in the country. The Council continued to play a critical role in establishment of Internship training centres across the country and carried out continuous inspections of the sites to ensure quality healthcare delivery by

competent practitioners. The Council is expected to assess weekly community engagement by interns.

Collaboration and Partnerships: The council is registered with regional bodies like Association of Medical Council of Africa (AMCOA) and College of Surgeons of East, Central and Southern Africa (COSECZA) and through the collaboration periodically do joint inspection of our health facilities and medical colleges to comply with the required standards and exchange of international best practice.

Inspection/Verification of Health facilities: The Council Participated in the Inspection /Verification of the Health facilities in the Country which resulted in 11,486 health facilities inspected/verified representing 98.5% of the registered facilities in the country. 9067 health facilities were gazetted to various levels of healthcare provision. 7786 health facilities were maintained at the same level, 288 health facilities upgraded, 993 health facilities downgraded and 1,269 health facilities closed. The remaining facilities to be Inspected/verified in the financial year 2021/2022.

Establishment and fully equipping the regional offices for the Council as directed by the Senate: Currently, eight (8) regional offices have been established jointly with the Pharmacy and Poisons Board (PPB) and County governments. Consequently, additional qualified compliance officers, equipment and motor vehicles will be required for the much-needed supportive inspections going forward.

Clinical practice Logbooks: Review of the clinical Practice Logbooks to capture Universal Health coverage aspirations, and rotation at the Primary Health Care Levels.

Draft CPD guidelines and Review of Cap 253 Act: The council was able to develop Draft CPD guidelines to incorporate UHC, customer care, public communication, ethics and professional practice. It is awaiting stakeholder validation and approval. There was also review of Cap 253 Act to align operation towards the execution of the Council's mandate including introducing penalty on unregistered persons and facilities illegally in business of providing health services. The council also developed, reviewed and implemented rules including training rules, registration rules, inspection rules among others in line with the reviewed Act

The following policy documents were developed in the year under review and are being implemented:

- Code of Professional Conduct and Discipline, 6th Edition (Referral of Patients Abroad) Rules, 2017
- Medical Camp Rules, 2016.

The Kenya Health Professions Oversight Authority (KHPOA)

The Kenya Health Professions Oversight Authority is a body corporate established under part VI, section 45 of the Health Act No. 21 of 2017. The functions of the Authority are fundamentally oversight/regulatory in nature and serve to ensure provision of ethical and quality health care services. The Authority has established oversight mechanisms to ensure good governance in health regulation and health

service delivery in a manner that is responsive to the right of Kenyans and ensure they are treated with dignity and respect in accordance with the Constitution of Kenya 2010.

Specifically, the Authority is mandated to coordinate joint health inspections; provide oversight in the regulation of health service delivery, training, registration and licensing of health professions; receive and facilitate resolutions of health complaints and arbitration of disputes/conflicts; monitor execution of respective functions and mandates of health regulatory bodies while ensuring standards of health professionals in the country are not compromised.

Operationalization of the Authority: During the period under review, the management with support from the State Department of Public Service (SDPS) developed documents that will guide operationalization of the Authority. These are;

- v. Organization, grading and staffing structure
- vi. Career progression manual
- vii. Human Resource Policy and Procedures manual

The Authority is categorized by the State Corporation Advisory Committee (SCAC) as an Oversight/Regulatory state corporation; category PC6B.

In addition, the Authority has developed job descriptions in line with the Guidelines on Conducting Job Evaluation for the 2021/22-2024/25 Remuneration Review Cycle for the Public Sector.

Development of KHPOA regulations: As prescribed in Section 48 (2), the Authority finalized drafting the following regulations;

- I. The Health Act (KHPOA, Joint inspections) Regulations, 2021
- II. The Health Act (KHPOA, Complaint handling) Regulations, 2021
- III. The Health Act (KHPOA, Monitoring the Execution of Mandates and Functions of Health Regulatory bodies) Regulations, 2021
- IV. The Health Act (KHPOA, Standards) Regulations, 2021
- V. The Health Act, (Criteria for forming a new regulatory body)

The above regulations have been validated by stakeholders and submitted to office of the Attorney General for legal opinion.

Inspection of health facilities: The Authority inspected 1,176 health facilities (public and private) for quality of health care improvement and compliance to standards. In addition 691 health facilities were inspected for verification of licensing and corresponding levels of care. Further, 36 health inspectors from 12 counties were trained for to conduct inspections for quality-of-care improvement in respective county health facilities. Lastly, guidelines and tools for assessing compliance to norms and standards in all training institutions for health professionals and hospitals for internship have been developed.



KENYA HEALTH PROFESSIONS OVERSIGHT AUTHORITY (KHPOA) STAKEHOLDERS CONSULTATION WORKSHOP ON DRAFT REGULATIONS 1ST-3RD FEB, 2021 AT NGONG HILLS HOTEL, NAIROBI

Complaint resolution and mediation of disputes: The Authority received and facilitated resolution of 13 complaints. Two (2) complaints in health were investigated by a multidisciplinary team led by KHPOA while eleven (11) were referred to respective regulatory bodies. The Authority mediated resolution of two (2) disputes from Clinical officers Council against Kenya Medical Practitioners and Dentist Council and NHIF respectively.

Capacity building: During the period under review the Authority supported training of three (3) officers in the following priority areas;

- Strategic Leadership & Development (SLDP)
- Senior Management Course
- Job Evaluation & development of Job Description

Nursing Council of Kenya (NCK)

Categorization by SCAC: Categorization of the Council by State Corporation Advisory Committee (SCAC) as a State Corporation PC 6B. This was achieved in the last F/Y 2020/2021 and the preparation of the Human Resource instruments as advised by SCAC is being done effective July 2021.

The Council achieved the targets set in the following three (3) core mandate activities in collaboration with the Ministry of Health, State Corporation Advisory Committee and the state Department for Public service among other key stakeholders:

Education and Examination: During the years under review the council was able to conduct nine (9) Nurses licensure examinations and review 100 (one hundred) training Curricula for training Institutions, conducted licensure examinations for 19,806 students. In addition, 10,210 Nursing and Midwifery students were indexed.

Standards and Compliance: The council was able to register 5,277 out of the targeted 6,227 new health institutions in the FY 2020/21. This represents 84% achievement for the council in meeting the targeted Health facilities to be registered and issued with licenses. The Council inspected two hundred and thirty (230) Health facilities for nurses and midwives' clinical placements.

Registration and Licensure: During the years under review, the Council was able to register and license 19,339 nurses and midwives who applied for registration. Hundred percent (100%) of BSN presented by Ministry of Health.

Policies Developed in the three (3) years: The Council in support of the Universal Health Coverage (UHC) agenda was able to develop/review the following regulations/rules and are being implemented:

- Three (3) specialist registration guidelines and private practice regulations for Nurses and Midwives
- Nurses/Midwives private practice regulations
- Fitness to Practice
- Registration & Licensing

- Nursing and midwifery training guidelines
- Nursing and midwifery training guidelines on management of pandemics
- Published nursing and midwifery workforce report
- Publish Policy brief on critical nursing and midwifery

2.1.6 Analysis of Outputs, KPIs and Targets for FYs 2018/19 – 2020/21

PROGRAMME 1: PREVENTIVE, PROMOTIVE AND REPRODUCTIVE MATERNAL NEONATAL CHILD AND ADOLESCENT HEALTH

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
Programme Outcome: Increased access to quality promotive and preventive health care										
SP 1.1: Communicable Diseases Control	Division of Disease Surveillance and Epidemic Response	Healthcare Workers Trained on the Revised IDSR technical guidelines	Number of Healthcare Workers Trained on the Revised IDSR technical guidelines	N/A	N/A	200	N/A	N/A	200	The IDSR guideline was revised in 2020 after which 200 Health Care Workers were trained for implementation of the revised guidelines.
		Community Event Based Surveillance (CEBS) in counties established	Number of Counties with Functional CEBS	N/A	N/A	5	N/A	N/A	5	Funds availed from CDC Africa for roll out of CEBS
	Field Epidemiology & Laboratory Training Program (FELTP)	FELTP residents (MSc Applied Epidemiology) trained by GoK	Number of FELTP residents (MSc Applied Epidemiology) sponsored by the GoK	15	15	20	15	15	20	The Ministry placed yearly advertisement of the MSc course. Applicants were shortlisted and recruited for the course. In 2020, 20 resident Fellows were enrolled for the course.
	Division of Zoonotic Diseases	One Health committees at the county level operationalized (strengthened human	Number of counties with operationalized One Health	N/A	9	19	N/A	0	2	Available funding managed to reach two counties of Marsabit and Isiolo. Funds were reprioritized for COVID-19

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		and animal health integration)	Committee							response.
	Neglected Tropical Diseases	People treated for Lymphatic filariasis (LF)	No. of people treated for LF in Millions	3.4	3.8	3.9	3.4	3.8	4	Enhanced media coverage on television made neighboring non-eligible population cross to targeted areas to receive medicines.
		People treated for Trachoma	No. of people treated for trachoma in Millions	0.7	1.2	1.7	0.042	1.4	0.945	Delayed customs clearance and signing of Memorandum of Understanding with drug donor led to non-shipment of medicines.
	Department of National Public Health Laboratories	Testing capacity of laboratory network for referral services	No. of national reference laboratories and county reference laboratories able to conduct testing of at least 5 priority diseases	3	13	3	13	3	3	Funds were made available for building the referral system in selected priority counties.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		COVID-19 tests conducted	Number of COVID-19 tests conducted in Millions	N/A	N/A	N/A	N/A	N/A	1.9	The 1.9 M people tested comprised of 1,721,323 and 176,731 Polymerase Chain Reaction (PCR) and antigen tests respectively. Covid-19 testing depends on outsourced reagents therefore targets for 2020/21 was not set.
	Public Health Emergency Management Operations Centre	Public Health Emergency Operations Centres established	Number of Public Health Emergency Operations Centres established in counties	N/A	N/A	16	N/A	N/A	17	Due to Covid-19 pandemic, 17 Public health emergency centers were set in the country
	Health Emergencies and Disaster Risk Management	Emergency rapid response medical Teams established in the 47 counties	Number of emergency rapid response teams	N/A	N/A	16	N/A	N/A	17	17 emergency rapid response medical teams were instituted in counties where PHEOC were established
	National Aids Control Council (NACC)	Adolescents and young people reached with HIV and SRH information	Number of adolescents and young people reached with HIV prevention and SRH	N/A	1,500,000	1,000,000	N/A	304,676	782,236	This indicator requires physical meetings which were curtailed from the year 2020 due to COVID-19 restrictions and closure of schools.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		information								
		Male engagement in HIV services	Number of men reached with information on HIV prevention and SRH and UHC information	250,000	420,000	600,000	414,980	598,339	699,118	Over achievement due to resumption of community outreach and mobilization e.g. boda boda and fisherfolk outreaches and male engagement
		People Living with HIV (PLHIV) networks trained on Meaningful Involvement of PLHIV(MIPA) package, NCDs and UHC	Number of PLHIV networks trained on UHC literacy and NCDs	N/A	30	30	N/A	25	150	The target for the year was surpassed due to engagement through the use of virtual meetings especially in the last quarter which allowed many people to participate as opposed to physical meetings which had number restricted. The opening up of the Country also saw NACC utilize the opportunity to reach out to PLHIV networks with key information on Universal Health Coverage for HIV prevention and treatment services and Non-Communicable Diseases.
		Condoms dispensers installed in non-health	Number of condom	N/A	300	600	N/A	545	921	Over achievement due to uninterrupted installation of

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		settings	dispensers installed in non-health settings							condom dispensers in bars, lodgings and other potential condom distribution points.
		Condoms distributed in non-health settings	Number of condoms distributed in non-health settings	1,500,000	15,000,000	12,000,000	10,000,000	10,131,843	12,125,494	Over achievement was mainly due to community advocacy through the male champions and boda boda activities.
		People reached with HIV prevention and UHC messages via different platforms	Number of people reached with HIV prevention and UHC messages	11,000,000	20,000,000	9,000,000	12,000,000	8,300,000	29,559,395	The intensive campaign on leading national TV and Radio stations through structured themed talk shows during prime time surpassed the targeted number. The campaign was complimented by social media engagements.
		Counties reached through Beyond Zero medical safaris clinics	No of counties reached through Beyond Zero medical safaris clinics	5	10	5	5	2	7	The target was surpassed due to high level advocacy through the county first ladies. The counties visited include Nairobi, Narok, Kisumu, Westpokot, Nyandarua, Meru and Kiambu
		Health and HIV prevention Programmes incorporated and	Number of Health and HIV prevention	N/A	50	40	N/A	30	83	The increased development by the government in line with the big 4 agenda and

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		implemented in infrastructure projects (Road, Energy, Water and Irrigation, Housing)	Programmes incorporated and implemented in Infrastructure projects							devolution have increased the roads network undertaken by KERRA and KURRA within counties as well as urban areas.
		Counties supported in Capacity development of the County AIDS Strategic framework (CASPS)	Number of Counties supported in Capacity development of the County AIDS Strategic framework (CASPS)	N/A	N/A	20	N/A	N/A	47	This indicator was achieved due to riding on the development of County AIDS Implementation Plans that were done in all counties due to the support of Global Fund.
		Thematic modules introduced into the Situation Room	Number of thematic modules introduced into the Situation Room	N/A	3	4	N/A	3	8	Data sources on AYP, Sub County Estimates, COVID-19 data were added
		Organizations reporting through the CAPR system	Number of organizations reporting through the CAPR system	N/A	1,625	1,650	N/A	1,619	1,654	This target was achieved due to virtual facilitation and oversight including sending soft copies of the reporting tools.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		MDAs reporting on Maisha Certification system	Number of MDAs reporting on Maisha Certification system	N/A	287	300	N/A	236	377	The target was surpassed due to change of reporting from physical to online reporting and MDAs were guided and able to report virtually.
		Counties supported to develop HIV related policies	Number of Counties supported to develop HIV related policies	N/A	N/A	14	N/A	N/A	10	The policies were targeting counties with high human rights violation. The process was interrupted by the COVID19 restrictions on physical gatherings.
	NASCOP	HIV positive clients on ARVs	Number of people Currently on ART	1,096,548	1,150,926	1,254,841	1,116,260	1,191,367	1,253,423	Forecasting and Quantification was done timely and procurement of ART done as planned.
			Number of people tested for HIV	8,000,000	11,245,432	8,686,478	11,556,966	6,447,971	4,964,180	The target was not achieved due to stock out of test kits and disruption of services due to COVID 19.
			Number of HIV Positive Identified	144,000	171,832	182,416	177,467	157,897	126,049	The Ministry performed less test and identification was also reduced. The fewer tests were mainly due to stock out of testing commodities and also COVID 19.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
TB Programme	TB clients identified	Percentage of HIV pregnant women who received HAART in ANC, PNC and Labour and Delivery	90	93	94	85	94	93	COVID 19 affected ANC attendance and hence the number of women identified and put on maternal HAART.	
			101,414	107,883	112,800	90,301	80,223	73,777	There is annual decline of incidence of TB of up to 5% annually. The health system misses up to 40% of TB cases. Health system challenges including strikes and advent of covid has hampered active case finding. Poor health seeking behavior leads to missed opportunities.	
	TB clients treated	Proportion of Childhood TB cases notified	N/A	10%	10%	N/A	9.7%	7.8%	It is quite difficult to get sputum from children though the health workers capacity is being expanded.	
		Proportion of successfully treated TB cases (all forms of TB)	90%	90%	90%	85%	84%	85%	High death rate above 5% and has been going up due to malnutrition. Lost to follow up is also high about 5%.	

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
National Malaria Program	Prompt Malaria treatment	Proportion of drug-resistant TB cases successfully treated	72%	43%	70%	68%	45%	79%	High death rate above 10% and has been going up due to malnutrition. Lost to follow up is also high about 5%.	
			Number of Artemisinin Combination Therapy (ACTs) doses distributed to public health facilities	8,487,399	6,700,000	6,800,000	8,776,020	6,747,745	5,889,685	Commodity availability was impacted negatively by the Covid19 pandemic and national level stock out were experienced thus reducing the quantities available for distribution. In addition, PMI funded commodities encountered delays due to tax waiver exemptions.
	Malaria cases in public health facilities tested	Proportion of suspected cases presenting to public health facilities tested (microscopy or RDT)	70%	90%	95%	58%	56%	67%	The target of 95% was not achieved, this is despite the improved availability of diagnostic services (Microscopy and/or RDTs). Stock-outs of test kits were noted in some facilities across the country. Oversight of health worker practices was not adequate and this contributed to lower adherence to test, treat and track policy. Commodity	

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance		
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21			
										availability was very low across the country both for testing and treating. This was occasioned by the delay in the renewal of tax exemption on PMI funded commodities. The last quarter was impacted by further delays due to COVID-19 restriction in source countries for RDTs		
				Malaria cases treated	Proportion of Confirmed Malaria Cases	98	70	80	97	60	92	The target was achieved due to increase in proportion of the clients treated with other anti-malarials.
				Long Lasting insecticidal nets distributed through Maternal and Child Health (MCH) clinics	Number of Routine Long Lasting Insecticidal Nets distributed	1,800,000	1,700,000	1,700,000	1,820,252	1,468,565	1,421,616	There was continued stock outs due to challenges in receipt of LLINs from PMI resulting from tax waiver exemptions issues; health facilities had not fully resumed routine services disrupted by Covid19; In the last two quarters routine LLIN distribution modalities are in transition and this process delayed distribution to health facilities.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
SP1. 2: Non-Communicable Diseases Control	Cancer Programme	Women of reproductive age screened for cervical cancer	Number of women of reproductive age screened for cervical cancer	400,000	400,000	369,380	369,380	313,065	328,852	COVID-19 led to disruption of essential services including screening, with most counties putting on hold screening services; inconsistent availability of screening commodities in health facilities.
		Comprehensive regional cancer centres established	Number of comprehensive regional cancer centers established	0	0	3	1	1	3	Funding was made available by GOK for construction as well as allocation through Sports Fund for radiotherapy equipment.
		Primary Health care workers trained on the Cancer prevention and management	Number of primary health care workers trained on cancer prevention and management	N/A	0	500	N/A	128	2600	The use of virtual platforms and availability of funding from donors enabled the department to surpass the initial target; the use of TOT approach also helped.
		Access to specialized cancer treatment services enhanced	Number of new cancer patients accessing treatment	0	0	12,000	0.	7,000	12,000	Target was achieved

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
	National Cancer Institute Kenya- NCI	Cancer information platforms established at national and county levels	services							
			Number of National & County based cancer registries established	0	0	12	0	0	13	The target was achieved and in addition, 5 private facilities in Nairobi county were also supported to develop registries.
			Stakeholders sensitized on prevention and control of cancer	0	2	15	0	3	19	The target was surpassed due to more counties reaching out to the Institute for technical assistance and seeking collaborations.
			Number of people reached with cancer Prevention & Control messages	0	2,000,000	5,000,000	0	2,399,081	5,800,000	The annual target was achieved and passed because the Institute leveraged on social media and HUDUMA Kenya platforms for dissemination of cancer messages.

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				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
			Number of MDAs sensitized on workplace cancer prevention and control activities	N/A	N/A	8	0	3	9	9 MDAs were sensitized and areas of collaboration identified against a target of 8 due to increased willingness among MDAs to collaborate with NCI-Kenya.
			Number of Health Care Workers Trained on Mental Health interventions guide	600	600	10,000	0	2,000	1,247	The under achievement was due to scale down as a result of COVID-19.
	Mental Unit	Key messages for Mental Health developed	Number of key mental health messages	0	10	15	0	10	10	
		Health Care Workers trained on Diabetes and CVDs prevention and management	Number of Health Care Workers trained on Diabetes and CVDs prevention and	2,500	2,500	500	800	90	498	COVID -19 affected the ability to conduct comprehensive trainings given that they require practical sessions. The numbers achieved were largely through virtual

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
			management							trainings.
		Community Health Volunteers trained on Diabetes and CVDs prevention and control	Number of Community Health Volunteers trained on Diabetes and CVDs prevention and control	400	400	285	285	285	232	
		Access to specialized health care in management of lifestyle diseases Diabetes and Hypertension enhanced	Number of diabetes patients receiving treatment	N/A	100,000	100,000	N/A	80,988	113,099	
			Number of hypertensive patients receiving treatment	N/A	150,000	150,000	N/A	101,246	186,474	
	STEPS Survey conducted	STEPS survey report	0	1	1	0	0	0	0	COVID -19 hindrance.
	Violence and Injuries Prevention	Health Care workers trained on trauma prevention and care	Number of Health Care workers trained	50	50	75	25	25	0	Covid-19 affected the ability to conduct training, since trauma training is largely practical in

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
and Control Division		on trauma prevention and care								nature.
		National trauma framework established	Number of trauma framework established	0	0	1	0	0	1	The development and finalization of the framework was made possible through a multi-sectoral collaboration and funding made available by partners.
	Tobacco Control Division	Health Care Workers trained on implementation of Tobacco Control Act, NTCSP and Cessation Guidelines	Number of Health Care Workers trained on implementation of Tobacco Control Act, NTCSP and Cessation Guidelines	50	20	100	30	100	100	The target was achieved.
		Tobacco control and enforcement officers trained	Number of Enforcement officers trained on Tobacco Control Act	100	100	300	100	200	100	The under achievement was due to restrictions occasioned by COVID-19.
		Tobacco cessation clinics established	Number of Tobacco	0	5	5	0	0	4	Inadequate resources to support setting up of cessation

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		cessation clinics established								centers
		IEC materials on Tobacco control developed and disseminated	Number of IEC materials on tobacco control developed and disseminated	0	0	500	0	0	500	The target was met.
Geriatric Medicine	Geriatric care centers established	Number of geriatric care facilities established	1	12	6	0	0	0	Lack of funds to support their establishment	
	Exercise clinics Established	No. of exercise clinics established	1	2	2	0	0	0		
	Policies, strategies and guidelines on Physical Activity, Healthy Ageing and Older Persons developed and disseminated	Number of Policies, strategies and guidelines on Physical Activity, Healthy Ageing and Older Persons developed and disseminated	1	0	1	0	0	1	The target was achieved as funds for development and dissemination was made available.	

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
S.P 1.3: Radiation Safety and Nuclear Security	Kenya Nuclear Regulatory Authority	Rapid geriatric assessment (RGA) conducted	Number of RGAs conducted	N/A	200	200	N/A	200	0	Lack of funding to support this activity
		Nuclear safety and security regulations standards and guidelines developed	No. of nuclear safety and security regulations standards and guidelines	N/A	N/A	2	N/A	N/A	2	The target was met.
		Facilities inspected and licensed annually	Number of facilities inspected and licensed annually	2,385	3,971	4,210	2,233	2,821	2,277	Lack of funding to support this activity
		Integrated management system developed.	An Integrated Management System (IMS) in place	1	2	2	1	1	1	System in place.
		Law enforcement officers trained in nuclear safety and security	Number of law enforcement officers trained in nuclear safety and security	100	100	200	70	60	150	Covid 19 travel restrictions hindered achievement of the target.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
SP 1. 4: Reproductive Maternal Neonatal Child and Adolescent Health	Family Planning, Maternal and Child Health	Uptake of FP commodities/services increased	Proportion of women of reproductive age receiving family planning commodities	49	45	50	43	45	43	COVID-19 effect on services especially Jan-July 2021 due to guidelines on use of long-term methods, commodity stock outs and industrial actions
		Deliveries conducted by skilled health workers	Proportion of deliveries conducted by skilled health workers	79	70	70	67	72	78.3	Increased enrolment to Linda Mama, technical assistance to counties on Respectable Maternity Care, roll out of MNC QoC Standards
		Women receiving 1st ANC services increased	Proportion of women receiving 1st ANC services	N/A	90	90	83	90.7	95.8	Access to health facility as well as Social cultural issues affected the achievement of this indicator.
		School age children dewormed	No. of Preschool and school going children dewormed in Millions	6	6	6	6.1	3.0	2.6	Delayed procurement of deworming medicines, Stock outs of deworming medicines necessitating implementation in 14 out of 27 counties, Covid 19 pandemic led to suspension of program activities in schools
		Coverage on Pentavalent Vaccination Increased	Proportion of fully immunized children (Proxy)	80	80	84	81	77	84	The target was met.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		Penta 3)								
		Facilities with Functional Cold Chain Equipment increased	Proportion of Health Facilities with Functional Cold Chain Equipment	82	80	90	82	90	88	Increase in immunizing facilities compared to the projected investment in cold chain, hence the gap of 2%
		Vitamin A Supplementation (VAS) coverage increased	Proportion of Vitamin A Supplementation (VAS) coverage	70%	80%	62%	65%	62%	82%	The community health strategy enhanced the increasing coverage
		Covid 19 vaccines doses administered	Number of Covid 19 vaccines doses administered	N/A	N/A	9M	N/A	N/A	1.4M	There were global constraints in the supply of COVID -19 vaccines
			Proportion of fully immunized adults	N/A	N/A	17%	N/A	N/A	1.4%	There were global constraints in the supply of COVID -19 vaccines
SP 1.5: Environmental Health	Water, Sanitation and Hygiene (WASH)	Open defecation free villages increased	Number of Villages certified as open defecation free	1,500	2,000	2,832	1,812	4,879	2,832	Support from UNICEF on Sanitation for UHC accelerated ODF activities including training on Community led total sanitation (CLTS).
	Food Safety	Intergrated food saftey	Proportion of	N/A	N/A	1	N/A	N/A	0	The funds were redirected to

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
Healthcare Quality and Safety	and Quality Control	surveillance system established	the integrated food safety surveillance established							support COVID-19 prevention and Control efforts
	Health care waste management , pollution control and climate change	Medical waste microwave equipment in health facilities commissioned	Number of health facilities with functional microwave equipment for medical waste treatment	3	3	4	3	6	2	Ten medical waste microwave had been targeted. Cumulatively 9 have been installed with one pending. During 2020 Partner contributed by installing 2 microwaves in two counties
			Number of healthcare workers trained on healthcare waste management	600	600	600	600	100	100	Inadequate funding to support training.
	Occupational Health and Safety	Establish committees in National and County health referral hospitals and trained on occupational health safety	Number of committees established in National and county referral hospitals and number trained on occupational health safety	10	10	15	10	0	0	Inadequate funding for occupational health and safety activities.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
Health and Safety	Port Health Services	Border Health Capacity Discussion Guide (BHCDG) in POEs implemented	No. of Points of Entry (POEs) implementing BHCDG	3	3	3	3	1	0	COVID-19 pandemic resulted to prioritization of activities geared towards its prevention and control.
	Vector and Vermin Control	Capacity build 94 spray operators in 47 counties to strengthen vector control activities	No. of county staff trained on spray operation	N/A	N/A	94	N/A	N/A	22	Donor funds were redirected for Covid-19 mitigation and only 22 trained
	Tobacco Control Board	Develop Tobacco Control Policy	Tobacco control policy developed	N/A	N/A	1	N/A	N/A	0	Funding prioritized to COVID-19 response measures.
		Issue advisories on tobacco control matters in the Country to the Cabinet Secretary	No. of advisories issued	N/A	N/A	8	N/A	N/A	3	Inadequate funding limited the achievement of planned targets.
	County tobacco control enforcement committees established and trained	No. of county tobacco control committees established and trained	N/A	10	11	N/A	6	11		The target was achieved
	Develop instruments for operationalization of tobacco control fund	No. of instruments developed	N/A	N/A	8	N/A	N/A	3		Inadequate funding limited the achievement of planned targets.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
SP 1.6: Primary Health Care	Community Health Unit	Community Health Units operationalized	Number of Community Health Units established	8,000	9,000	9,513	6,335	8,442	8,663	Underachievement was due to restrictions as a result of COVID measures.
			No. of CHVs trained on basic modules	20,000	30,000	31,187	0	28,157	28,340	Mandera county did not conduct the training
			No. of CHVs trained on technical modules	N/A	50,000	59,000	N/A	59,000	61,000	Over achievement was as a result of partnering with donors
		Community Health Information System (eCHIS) established	Digitization of the Community Health information System	N/A	N/A	47	N/A	N/A	197	Over achievement was as a result of partnering with donors
Division of Primary Health Services& Family Medicine	Primary Health Care Networks (PCNs) Established	No. of PCNs established	0	0	47	0	0	1	Lack of funds to establish the PCNs. The PCN established in Garissa was supported by UNICEF	
		Number of functional Multidisciplinary Teams (MDT)	N/A	N/A	17	N/A	N/A	6	Formation of the MDTs was hindered by delayed formation of the PCNs due to lack of funding	

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
			Number of hospitals functioning as hubs for the PHC Networks	N/A	N/A	100	N/A	N/A	6	Low uptake by Hospitals functioning as Hubs for the PCNs due to lack of the PCNs
			Number of PHC communication and advocacy documents developed	N/A	N/A	3	N/A	N/A	2	The development was delayed due to restriction in convening physical meetings.
			Number of Policies and guidelines developed to support PHC and UHC	N/A	N/A	5	N/A	N/A	5	The target was met.
			Quarterly Multisector coordination meetings held at national and county levels	N/A	N/A	200	N/A	N/A	190	COVID-19 restrictions hindered holding the meetings.
			Health advocacy and communication enhanced	Number of functional Regional Centers of	6	5	3	1	2	3

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved Targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		Excellence for advocacy and communication								
		Schools functioning as health promoting environments enhanced	Percentage of schools with health promoting activities	80	40	60	10	20	40	COVID Pandemic caused many schools to close and restricted coming together of individuals
		Workplaces functioning as health promoting environments enhanced	Proportion of organizations with Health Promotion Programs at the work place	N/A	N/A	20	N/A	N/A	20	The target was met.

Programme 2: National referral and specialized services

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
Programme Outcome: Increased access and range of quality specialized health care services										
SP 2.1: National Referral Health	KNH	Specialized health care services offered	Number of Heart surgeries done	74	80	150	20	47	326	The Hospital established Cardiothoracic Critical Care Unit

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance	
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21		
Services										dedicated for heart surgery patients. This led to over achieving the target.	
				Number of Kidney Transplants conducted	25	22	25	15	15	7	The performance of this indicator was affected negatively by the COVID-19 Pandemic where all elective surgeries were suspended
				No. of other Cardiothoracic surgeries conducted	0	210	613	0	408	913	The target was surpassed due to acquisition of additional heart lung machine, re-opening of cardiothoracic CCU at Level 4 and allocating a dedicated theatre (Theatre 11) for cardiothoracic procedures.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
			Number of cancer patients on (Chemotherapy and radiotherapy)	35,000	46,000	48,113	45,055	47,994	39,971	With counties investing on Cancer management, many patients to seek services at the county facilities. Covid restrictions also contributed to the reduction of numbers.
			Number of minimally invasive surgeries done	503	2,600	4,849	2,208	3,637	5,232	The increase is attributed to the acquisition of three additional Laparoscopic towers and heart lung machines to facilitate these surgeries.
			Number of patients undergoing specialized Burns treatment (OBD)	674	1,493	575	1,422	523	534	The performance of this indicator was affected negatively by the COVID-19 Pandemic. Also, county investment

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
										has on burns management has shifted the workload from KNH.
				16	15	16	16	16	16	The hospital has expanded the knowledge repository and has provided a platform for knowledge sharing through scientific seminars and conferences.
				ALOS for orthopedic patients' days	N/A	N/A	34.6	N/A	N/A	Target not achieved due to inadequate supply of implants and appliances and need to test patients for COVID-19 before surgery.
				Average waiting time (days) for radiotherapy	N/A	N/A	20.0	N/A	N/A	The average waiting time in days reduced from

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance	
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21		
										28 days to 21 days. This is attributed to introduction of 24-hour operations for radiotherapy and conducted outreaches and cancer screening sessions	
				Average Length of Stay (ALOS) for trauma patients (days)	32.0	32.0	32.0	39.2	39.6	39.1	Target not achieved due to inadequate supply of implants and appliances due to the complexity and delays in importation.
				Multi-disciplinary medical outreaches conducted	Number of Multi-disciplinary medical outreaches conducted	15	65	70	17	34	344

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		Mentorship and preceptorship training for specialized health personnel undertaken	Number of staff under preceptorship training	N/A	N/A	50	N/A	N/A	32	Target not achieved due rising COVID-19 cases that necessitated cancellation or postponement of the preceptorship trainings
			Number of Youth Internships/Industrial Attachment/Apprenticeship provided	1,400	1,850	1,650	1,691	1,611	1,731	The Hospital provided attachment and internship opportunities to a total of 1731 youth. Target surpassed due to introduction of new services and mapping hospital needs on various specialties.
	KNH-Othaya	Specialized Health care Services offered	Number of minimally invasive surgeries done	N/A	625	746	N/A	678	1,398	Target surpassed due to acquisition of C-arm, surgical sets and appliances

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
			Number of specialized clinics	N/A	6	9	N/A	10	16	Target surpassed due to recruitment of additional medical experts and introduction of weekly specialist clinics by visiting KNH doctors
			Number of renal dialysis done	N/A	550	856	N/A	778	2962	Operationalization of the facility 24/7 renal unit operations and acquisition of additional dialysis machine.
			Percentage occupancy bed	N/A	2	40	N/A	13.5	65	Target surpassed due to introduction of 6 additional specialized services and installation of bulky oxygen tank.
			Number of chemotherapy sessions done	N/A	20	30	N/A	13	779	Introduction of daily chemotherapy

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance	
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21		
										sessions and increasing availability of essential chemotherapy supplies to 99% as well full operationalization of KNH-Othaya.	
				Number of Research Projects completed and disseminated	N/A	2	3	N/A	2	3	Target achieved. This attributed to operationalization of research unit in the Hospital.
				Average length of stay for trauma patients in days	N/A	7	7	N/A	9	14.1	Target not achieved due unavailability of implants and appliances. The Hospital has put in place mechanisms for framework contracting.
				Average waiting time (days) for chemotherapy	N/A	15	14	N/A	12	7	Target achieved due to implementation of framework

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
										contracts for essential medicines.
				No of outreaches conducted	N/A	3	10	N/A	4	10
			Number of Youth Internships/Industrial Attachment/Apprenticeship	N/A	80	200	N/A	0	113	Target not achieved. During the year the number of youth on internship/industrial Attachment was affected by Covid-19 pandemic. The hospital restricted student admission to maintain Covid protocols.
				MTRH	Provision Specialized Healthcare Services	Average Length of Stay for Orthopedic Surgery (Days)	15	14	12	14

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance	
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21		
provided										of 24 Hour Theatre operations, consistent supply of drugs and non-pharmaceuticals.	
				Average Length of Stay for Pediatric Burns Patients	39	35	34.1	37	34.7	31.5	Availability of highly trained staff, modern equipment, and adequate drugs and supplies.
				No. of Kidney Transplants undertaken	14	15	16	15	16	8	Non-achievement is attributed to postponement of elective surgeries to observe COVID-19 containment measures.
				Number of Minimally Invasive Surgeries	1,500	1,651	2,150	1,651	1,839	2,226	Continuous Training and capacity building of staff and investment in modern theatre equipment
				Number of Patients	15,060	15,242	16,024	18,945	17,106	16,395	Achievement of

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
			receiving oncology services							target attributed to trained staff, modernized medical equipment and adequate supplies. MTRH has also commenced to offer Radiotherapy Services.
			Number of Open-Heart Surgeries	7	27	39	26	39	8	Non-achievement of target attributed to postponement of elective surgeries to observe COVID-19 containment measures.
			Number of Corneal Transplants	8	12	13	11	20	9	Non-achievement of target attributed to the need to postponement of elective surgeries to observe COVID-19 containment measures.

Sub- Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/1 9	2019/2 0	2020/2 1	2018/1 9	2019/2 0	2020/2 1	
			Number of Hemodialysis Sessions for Children	1,400	1,470	1750	1,420	1,701	2,083	Achievement of target attributed to highly trained staff, modern equipment and adequate drugs and supplies. MTRH is the only Public Hospital in Kenya doing Children Hemodialysis.
			Number of Cardiothoracic Surgeries	27	29	45	27	29	297	Achievement attributed to modernized Theatres and ICU, highly trained staff and adequate supplies.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
			Number of Multidisciplinary consultations conducted	13	50	52	20	51	57	MTRH supports 22 Counties in the Region, and thus conducted 57 Multi-disciplinary Consultations with Counties
			Number of Youth Internships/Industrial Attachment/Apprenticeship	2,262	2590	3,380	2,265	2,785	2,822	The number of youth on internship/industrial Attachment was scaled down due affected due to the Covid-19 pandemic.
			Health Research conducted, disseminated and published	Number of health research conducted, disseminated and published.	6	12	12	10	12	22

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
	KUTRRH	Specialized Health Care Services	No. of Open-Heart Surgeries	N/A	N/A	2	N/A	0	0	The priority shifted to management and control of COVID-19
			No. of Kidney transplant undertaken	N/A	N/A	3	N/A	0	0	The priority shifted to management and control of Covid-19.
			No. of minimally invasive surgeries done	N/A	250	500	N/A	6	60	The hospital empaneled surgical specialists late in the year under review. Most of the laparoscopic surgeries done were General Surgeries where we had specialists from the beginning of the year.
			No. of patients receiving Radiotherapy & Chemotherapy Treatment	N/A	1,000	14,700	N/A	9,639	17,339	Extended working hours for radiotherapy (up to 70 sessions a

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
										day).
			No. of Hemodialysis sessions conducted	N/A	3,000	9,411	N/A	4,826	6,037	KUTRRH carries out dialysis for an average 30 patients per day. The target had assumed day and night sessions but the hospital was only able to do day sessions during the year under review
			No of Specialized Gynecology surgeries done	N/A	400	200	N/A	1	30	In the Process of fully operationalizing Gynecology Services but hampered by inadequate budget and the COVID-19 Pandemic
			Percentage of IMIC constructed	N/A	40	100	N/A	5	95	Mechanical installation of Radio pharmacy Hot Cells ongoing pending validation and Good

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
										Manufacturing Practice (GMP) approvals.
			No. of Staff trained in IMIC	N/A	20	15	N/A	0	12	Intense training intended to commence once mechanical and installation works are complete.
			No. of Bed Capacity Open to Patients	N/A	160	0	N/A	560	0	Additional funds provided for additional beds since the facility was designated as a COVID Centre.
			No. of ICU beds operationalized	N/A	N/A	34	N/A	N/A	72	Additional of 38 CCU beds as a result of conversion of the existing IDU.
		Average waiting time for specialized diagnostic and treatment services reduced	No of days Average waiting time for radiotherapy/chemotherapy	N/A	N/A	21	N/A	N/A	17	The hospital increased Oncology consultants which reduced the amount of time

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
										patients have to wait before being reviewed by a consultant
				N/A	N/A	2	N/A	N/A	2	KUTRRH introduced an appointment scheduling system where patients are booked for review at a particular time in the day. This reduces the amount of time patients have to spend queuing.
				N/A	N/A	7	N/A	N/A	7	Acquisition of laparoscopic equipment that aided in timely surgeries.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		Studies & Research conducted	No. of research conducted	N/A	N/A	2	N/A	N/A	1	The advent of new Covid-19 virus strains has affected progress of the study that was being conducted on Convalescent Plasma. 6
			No of Medical Outreaches and Mentorships conducted	N/A	6	8	N/A	4	4	The target was not achieved due to introduction of containment protocols.
		Youth Internships/Industrial Attachment s/ Apprenticeship increased	No. of Youth Internships/Industrial Attachments/Apprenticeship	N/A	5	500	N/A	3	210	Colleges and training institutions were closed for most of the year due to covid-19 hence the under achievement
		HMIS system in place	Percentage of Implementation of the HMIS system	N/A	100	100	N/A	60	100	The HMIS System has been fully implemented and is currently

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
										operational.
		2 nd Tower completed	% Completion and equipping of 2 nd Tower Level 5 hospital	N/A	N/A	50	N/A	N/A	5	The under achievement is as a result of procurement processes.
	Mathari National Teaching and Referral Hospital	Specialized health services	No of patients receiving in-patient mental health services	330,882	347,427	246,729	231,705	234,980	183,262	Low Admissions due to covid- 19, One ward was converted into a covid- 19 isolation ward
			No of patients receiving out-patient mental health services	244,696	274,165	282,842	257,575	269,373	252,180	Low attendance due to covid- 19 pandemic restrictions in movements
		Average length of stay reduced	ALOS for civil psychiatric in-patients (days)	55	52	42	52	44	64	Covid-19 movement restrictions made it difficult for discharged patients to go home
		Discharged	Number of reintegrated	96	96	96	27	42	103	Relaxed travel

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
Spinal Injury	Patients re-integrated to the community	abandoned Patients re-integrated to the community	patients							covid-19 measures
		Wards refurbished	Number of Wards refurbished	0	3	1	0	0	4	Refurbishment of wards was prioritized within available funding.
	Specialized health spinal care services	Specialized health spinal care services	No of in-patients receiving spinal services	135	190	190	190	160	219	Target was surpassed due to the acquisition of orthopedic beds that increased bed capability and improved quality of care
			Number of out-patients receiving spinal services	800	1230	1,353	1,230	1,254	1,754	There was increase of outpatient attendance in FY 2020/21 due to introduction of CT-Scan services and purchase of physiotherapy equipment
			Reduced Average Length of Stay (days)	90	90	90	90	90	84.2	The target was achieved due to

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
										the introduction of orthopedic beds, availability of physiotherapy equipment which resulted into improved service delivery
SP. 2.2: Health Infrastructure and Equipment	Health Infrastructure Management	Theatre equipment supplied under the MES project utilized for service delivery	Number of hospitals utilizing MES theatre equipment	115	115	115	108	108	108	Lack of specialized staff to operate the equipment has hindered utilization of equipment in 7 hospitals. The 7-year contract for theatre equipment in 115 hospitals became effective on 02/12/2015 and will lapse on 02/12/2022
		CSSD equipment supplied under the MES project utilized for service delivery	Number of hospitals utilizing MES CSSD equipment	118	118	118	117	117	117	One facility is not utilizing the equipment due to lack of three phase power necessary to run it. The CSSD

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
										equipment for 118 hospitals was provided under a contract effective on 31/12/2015 which will lapse on 02/12/2022
		Renal equipment supplied under the MES project utilized for service delivery	Number of hospitals utilizing MES renal equipment	54	54	54	54	54	54	The renal equipment was provided in 54 hospitals under a contract that became effective on 25/05/2016 which will lapse on 25/05/2023.
		ICU equipment supplied under the MES project utilized for service delivery	Number of hospitals utilizing MES ICU equipment	14	14	14	14	14	14	The ICU equipment was provided in 14 hospitals under a contract that became effective on 01/04/2016 which will therefore lapse on 01/04/2023.
		Radiology equipment	Number of hospitals	98	98	98	91	91	91	Power upgrade to

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		supplied under the MES project Utilized for service delivery	utilizing MES radiology equipment							three phase required to power the digital General X-Ray machines in 7 hospitals. The radiology equipment was provided in 98 hospitals under a contract that became effective on 08/04/2016 which will lapse on 08/04/2023.
		Regional Cancer Centers in Nakuru, Mombasa & Garissa constructed and equipped	Percentage Completion of Cancer centers	50	70	100	30	60	98	Construction work is complete. The remaining part is equipment supply and installation funded separately by the Sports Fund. Orders have already been placed and delivery is awaited.
		Cancer Centre established at Kisii Level 5 Hospital	Percentage completion of cancer centre	30	5	20	0	5	10	Much time was lost obtaining mandatory no

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
										objections / approvals by financiers for implementation processes before embarking on the next.
				East Africa Center of Excellence for Skills & Tertiary Education (EAKI) Established	Percentage Completion	20	40	75	10	Time was lost in determining scope of work (initial scope scaled down), coordination of various stakeholders (UON, KNH, KMTC, EAC partners) and obtaining statutory construction approvals
				Kigumo Sub- County Hospital upgraded from Level III to level IV	Percentage Completion of upgrading project	N/A	N/A	20	N/A	Contract for construction awarded in June 2021. The county took long to crystallize scope of work hence delay in completion of

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
										designs and start of construction. Upgrading of hospital was a Presidential directive in Dec. 2017
SP 2.4: Forensic and Diagnostic services	National Blood Transfusion Service Tissue and Human Organ Transplant	Increased access to safe blood and blood components for transfusion	No. of blood units collected	200,000	500,000	750,000	155,000	136,305	178,249	COVID 19 Pandemic interrupted Blood collection points
			Percentage of whole blood units collected and converted into components	75	75	85	59	60	75	Due to Malfunction of component preparation and storage equipment.
			Proportion of transfusing facilities under Hemovigilance surveillance	70	80	100	38	50	38	Reduced hemovigilance activities such as surveillance, support supervision to transfusing hospitals due to the enforced COVID 19

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
										protocols for HCW and Health facilities.
			No. of specialized commodities and equipment procured for 30 sites	15	25	30	10	12	30	Needs assessment conducted and procurement done in a timely manner
			Kenya Blood transfusion and Organ Transplant service established	Functional Kenya Blood Transfusion and Organ Transplant service	N/A	N/A	1	N/A	N/A	0
		Health Facilities with the capacity to deliver oxygen	Number of Health facilities with the capacity to deliver oxygen	N/A	N/A	79	N/A	N/A	5	The infrastructural support for oxygen delivery is still ongoing in the remaining 74 Health Facilities.
SP 2.5: Health products and Technologies	KEMSA	Health Products & technologies availed	% Order fill rate for HPTs	90	90	90	83	69	54	The achievement was below the target due to low stock availability occasioned by delays by suppliers and importation restriction from

Sub- Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/1 9	2019/2 0	2020/2 1	2018/1 9	2019/2 0	2020/2 1	
										originating countries during the COVID-19 period.
				100	100	100	72	77	91	The achievement was below the target due to low stock availability occasioned by delays by suppliers and importation restriction from originating countries during the COVID-19 period.
				10	10	10	14.6	17.5	18.1	Performance was mainly due to backorders occasioned by prioritization of COVID-19 orders. Insecurities & poor transportation network during wet conditions in hard-to-reach areas also

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance	
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21		
										contributed to the long order turnaround times experienced.	
				Order turnaround time (days)- Hospital	7	7	7	9.7	12.3	12.6	Performance was mainly due to backorders occasioned by prioritization of COVID-19 orders. Insecurities & poor transportation network during wet conditions in hard-to-reach areas also contributed to the long order turnaround times experienced.
				National Commodities Storage Center (KEMSA Supply Chain center) completed	% Completion rate	50	80	90	45	75	88

Programme 3: Research and Development

	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
Programme Outcome: Increased capacity and provide evidence for policy formulation and practice										
SP:3.1: Pre-service and In-service Training	KMTC	Health professionals certified	Proportion of health professionals (cohort) certified	98	100	96	94	95	95	Discontinuation of students, natural attritions, inability to attain academic requirements for progression.
		Students enrolled for training	Number of students enrolled	16,084	12,046	12,692	12,964	14,403	17,241	With increase in infrastructural development more training opportunities were introduced
		Community Health Workers Trained (Chews and Chas)	Number of CHEWs trained	N/A	2,400	90	N/A	80	66	Funding agreed with Community Health Strategy Implementing Partners was not provided.
			Number of CHAS trained	N/A	800	400	N/A	599	938	More counties, donors and the national government came on board for sponsorship in FY 2020/21.

	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		Health Professionals training Curriculums reviewed	Number of curriculums reviewed	11	30	11	9	23	1	The target could not be achieved since the onset of Covid-19 resulted in restricted travelling and imposition of curfews and therefore not able to meet with stakeholders.
		Students to primary health facilities attached.	Number of students attached to the primary health facilities	N/A	5493	6042	N/A	2650	293	Due to outbreak of Covid 19, classes were suspended which delayed finalization of classes and also with restricted travelling and imposition of curfews.
		Evidence based internal Policies developed	No. of evidence-based internal policies developed	19	24	12	10	14	10	The target could not be achieved since the onset of Covid-19 resulted in restricted travelling of stakeholders
SP 3.2: Research and Development	KEMRI	Policy briefs developed	Number of policy briefs developed	4	5	10	19	2	48	Improved performance attributed to strengthened

	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		Research protocols approved	Number of new research protocols developed & approved							coordinating mechanism (Establishment of Knowledge Management Unit)
				218	200	125	175	119	143	Increased demand for Scientific protocols approved through the Scientific Ethics and Research Unit for implementation during the reporting period.
		Research Findings Disseminated	No. of research Papers published	330	400	405	427	430	520	Inclusion of research priority areas in NCDs and UHC
				175	302	310	274	285	446	Short term applied science projects contributed to the rapid increase in publications.
			No. of research Abstracts presented	165	190	135	180	152	93	Reduction in abstracts presented was attributed to inability to hold

	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
			No. of Scientific & Health Conferences held							presentations forums due to COVID-19 restrictions.
				4	4	1	5	4	1	The KEMRI annual scientific and health conference conducted
		Health Researchers enrolled for graduate studies	Number of researchers enrolled for graduate studies	55	60	60	46	0	59	The Covid -19 affected the enrolment in 2019/20
		Quality diagnostic and specialized laboratory services	No. of Diagnostic kits produced	66,105	251,790	698,617	126,086	651,220	698,613	There was demand for Technology Transfer to support service delivery within the health sector.
			No. of Clinical and Specialized laboratory services	413,787	1,272,896	1,223,256	1,006,807	1,234,733	1,335,872	Improved performance is as a result of acquisition of state-of-the-art equipment and improved reporting.
		Open days and outreaches on	No. of open days and	16	18	16	18	20	16	Outreaches done as part of CSR, in all

	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
		disease screening conducted	outreaches conducted							communities adjacent to KEMRI centers
		Projects Completed	Completion rate	100	100	100	100	90	77.2	The variance is attributed to the stoppages in observance of covid guidelines.

Programme 4: General Administration, Planning and Support Services

	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Remarks
				2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	
Programme Outcome: Strengthen Governance and Leadership in the sector										
SP4.1: Human Resource Management and Development	Human Resource Management & Development	UHC Health care workers recruited	No of UHC health care workers recruited	6,096	13,656	9,308	5,397	1,245	8,706	Lack of specialists in job market and some didn't take the offer given.
		Health Workers in different specialties trained	No. of Health workers trained in different health	100	120	130	84	882	121	The expression of interest by the targeted group as per set criteria did not reach the

				specialties							required numbers.
SP4.2: Financing and planning	Finance division, planning and M&E	Public health sector financial resources mobilized	Amount of AIA collected in Billions	14.6	14	16.2	11	13	14.8	Lack of reporting by donor funded projects.	
		Quarterly budget performance reports reviewed	Number of quarterly reports submitted	4	4	4	4	4	4	Target achieved	
		Public Expenditure Tracking Survey conducted	Public Expenditure survey report	N/A	N/A	1	N/A	N/A	1	Target achieved	

Programme 5: Health Policy Standards and Regulation

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
Programme Outcome: Strengthened Health Policy, Standards and Regulations										
SP5.1: Health Policy	Department of Health Policy and Research	UHC policy developed and disseminated	UHC policy document	N/A	N/A	1	N/A	N/A	1	The UHC Policy 2020-2030 was finalized and is awaiting printing, launching and

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
										dissemination
		Policy on transfer of facilities from County to National Government developed	Intergovernmental facility transfer policy	N/A	N/A	1	N/A	N/A	0	A committee has been constituted
		Policy making guidelines finalized	Policy making guideline	N/A	1	1	N/A	0	1	Draft policy making guidelines in place, awaiting internal and external validation from stakeholders.
		Health policies approach mainstreamed into all health-related sectors	Proportion of multi-sectoral collaboration platforms on mainstreaming health policies	N/A	N/A	50	N/A	N/A	70	The funding Covid-19 enhanced hence overachievements .
		Research findings disseminated	Number of forums held to disseminate research finding policies	N/A	N/A	2	N/A	N/A	1	Physical conference could not take place and One KEMRI conference was held virtually

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
		National Health Research Committee (NHRC) Operationalized	Number of NHRC forums held	N/A	N/A	4	N/A	N/A	0	Appointments were done for the NHRC though the committee is yet to be gazetted hence no meeting has been conducted
		Health Technology Assessment (HTA) frameworks developed	HTAs frameworks developed	N/A	N/A	1	N/A	N/A	1	Draft framework for the HTA in place, awaiting internal and external validation from stakeholders. Plans are in place to launch it in November 2021
		Usage of Kenya Health Research Observatory (KHRO) tracked	Number of persons using Kenya Health and Research Observatory s	N/A	N/A	600	N/A	N/A	560	KHRO was completed and launched, The target was not achieved because the platform is still new and more advocacy has not been done.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
	Department of Monitoring & evaluation and health Informatics	UHC implementation assessments conducted	No of counties assessed on UHC implementation annually	N/A	100	10	N/A	0	0	In adequate funds in 2020/21. The implementation assessment is scheduled for this FY 2021/2022 due to budget cuts
		Harmonized health facility assessment conducted	Number of HHFAs reports	1	N/A	N/A	1	N/A	N/A	The HHFA was conducted in FY 2018/2019 and it is not possible to conduct them annually because of the high costs involved
		Country burden of disease assessment conducted	Number of disease burden assessments done	N/A	N/A	1	N/A	N/A	0	Not conducted due to inadequate funding
		Kenya Demographic and Health Survey (KDHS) conducted	KDHS report	N/A	N/A	1	N/A	N/A	0	The planned KDHS was postponed due to census.
		COVID-19 readiness assessment carried out	Number of assessments reports	N/A	N/A	50	N/A	N/A	75	The Department was able to conduct 3 out of 4 assessments in

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance		
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21			
										the last FY 2020/2021 through the support of the World Bank CHERP Project (for the baseline in July 2020) and WHO (Dec 2020 and April 2021) and all assessments reports are available		
				Kenya Health Information System (KHIS) enhanced	Proportion of Integration of KHMFL and DHIS	100	100	75	0	50	100	The KHIS and KMHFL received additional resources from USAID (Health IT) and support from COVID-19 funding to enhance collection of COVID data.
				Data centre established and operationalized	Completion rate of the data centre	N/A	60	80	N/A	70	95	The MOH data centre is 95% complete and should be fully

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance	
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21		
										operational by 31st August 2021. The pending issues are Network configuration, staffing and Network Operations Centre.	
				Standardized Electronic Health Records (EHR) /ERP system developed	Completion rate of Standardized EHR-(ERP)	N/A	N/A	100	N/A	50	Target was not achieved as the System was developed virtually due to COVID-19.
				UHC Dashboard developed, deployed and maintained	completion rate of UHC dashboard	N/A	N/A	100	N/A	8.50	The UHC Dashboard was developed only for the 4 UHC pilot counties and there were no funds to sustain it.
Department of Intergovernmental Affairs	Health Sector	Number of Health Sector intergovernmental consultative forums held		4	4	4	1	1	3	The target was not met due to lack of adequate funding	

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
			forums held							The three meetings in 2020/21 were held virtually due to Covid 19 restrictions
	UHC Secretariat	Population service Coverage enhanced	Service coverage Index	N/A	83	86	N/A	67	83	It is a composite index generated from the different health outcomes. Some of the programmes did not achieve their targets and their indicators form part of the composite of getting the average
		Households Covered under UHC Scheme	No of Households Covered under UHC Scheme	N/A	N/A	1,000,000	N/A	N/A	0	An MOU that would guide transfer of funds from MOH to NHIF was not cleared by AG's office.
		Service Access index	Service Access	N/A	76	82	N/A	70	75	It is a composite

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
		enhanced	Index							index generated from the different health outcomes. Some of the programmes did not achieve their targets and their indicators form part of the composite of getting the average
SP5.2: Social Protection in Health	NHIF	Financial access barriers to access to healthcare reduced	No of mothers accessing healthcare services through the Linda mama program	1,200,000	1,272,990	1,231,200	1,285,720	1,298,577	1,163,712	Slow uptake by private & faith-based facilities because of the low reimbursement rates, Covid-19 related restrictions have reduced visits to hospitals, inadequate emergency services & referrals protocols for deliveries, Traditional &

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance	
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21		
										cultural practices e.g. FMG, home deliveries among others.	
				Number of indigents accessing health care through HISP.	181,700	181,700	253,400	181,700	253,400	The indigents are fully been registered and covered for the scheme.	
				Number of elderly & Persons with severe disabilities accessing health care	42,000	42,000	58,800	42,000	58,800	The indigents are fully been registered and covered for the scheme.	
				Number of elderly persons accessing Inua Jamii	35	55	75	19	29	43	The elderly persons are fully been registered and covered for the scheme
				Average claims processing period (days)	N/A	39	30	38	27	27	The improvement is as a result of reviewed claims procedure and adoption of e-claim system

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
SP5.3: Health Legislation, Quality Assurance & Standards	Division of Patient and Healthcare Worker Safety	Health Facilities with laboratory capacity to detect and report on Antimicrobial Resistance enhanced	Number of facilities with capacity to detect and report on Antimicrobial Resistance	N/A	5	12	N/A	5	11	The target for 2020/21 was not achieved due to COVID 19 disruptions and the fact that funding for this activity was approved late in the FY.
		Infection Prevention and Control (IPC) Mainstreamed in curriculum of medical Training Institutions	Number of Training Institutions with IPC Mainstreamed in their curriculum	N/A	30	30	0	0	0	A mechanism on how to mainstream IPC in training institutions is under development.
	Division of Norms and Standards	Guidelines on Norms and Standards on Human Resource Reviewed	Number of reviewed guidelines Norms and Standards on Human Resource	0	1	1	0	0	0	The under achievement was due to insufficient funding
		Guidelines on Norms and Standards on Leadership/Governance and Health Service	Number of reviewed guidelines Norms and Standards on	N/A	1	1	N/A	0	1	Delivery was finalized and submitted for approval

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
		delivery finalized	Leadership/Governance and Health Service delivery finalized							
	Division of Legislation/Regulation	Health Act 2017 implemented	Number of Bills and /Regulations developed to operationalize the Health Act	1	2	4	1	2	2	The target was achieved
	Division of Quality Assurance	Technical assistance on quality improvement provided	Number of Counties implementing eKQMH	N/A	5	15	N/A	5	8	The target was not achieved due to COVID 19 disruptions and delayed approval of funding
			Number facilities inspected and certified using eKQMH	N/A	N/A	10	N/A	N/A	5	The target was not achieved due to late approval of funding.
			Safety and Quality of Care Policy approved	N/A	1	1	N/A	0	0	Funding for development of the Policy approved late. Development of the Policy started in 2021/22 FY

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
	ISO Secretariat	MOH-ISO9001:2015 Quality Management System document approved	Approved ISO QMS Document	N/A	1	1	N/A	1	0	Funding for ISO consultancy services approved after end of 2020/21 FY
		Implementation of ISO9001:2015 QMS assessed	Number of ISO – internal audits conducted	N/A	N/A	2	N/A	N/A	0	The capacity to conduct internal audit was limited. Funding for training of 30 internal ISO Auditors budgeted for 2021/22 FY
	Kenya Health Professionals Oversight Authority	Inspection of Health facilities conducted	Number of Health Facilities inspected	N/A	N/A	3,000	N/A	N/A	1,176	Inspectors were trained in 4 th Quarter FY 2020/21 due to Covid 19 restrictions hence they could not conduct inspections as planned.
		Health facilities graded for gazettlement	Number of facilities verified and presented for	N/A	N/A	1000	N/A	N/A	691	There was inadequate funding for this

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
		Gazetttement								activity
		Tool for inspection for compliance to standards by internship centers developed	Approved inspection tool in place	N/A	N/A	1	N/A	N/A	1	The target was achieved.
		Complaints from patients, aggrieved parties and regulatory bodies handled	Number of complaints received and handled	N/A	N/A	40	N/A	N/A	13	The authority handled the 13 cases received as they are on demand basis.
		Disputes between statutory regulatory bodies resolved	Numbers of disputes from boards and councils resolved	N/A	N/A	2	N/A	N/A	2	The Authority achieved its target.
		Health facilities graded based on implementation of quality-of-care measures	Number of health facilities graded on quality-of-care measures	N/A	N/A	200	N/A	N/A	0	Covid restrictions affected this activity.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
Kenya Human Resource Advisory Council (KHHRAC)	Kenya Health Human Resource Council (KHHRAC)	M&E framework for monitoring the execution of functions and mandates of regulatory bodies developed	M&E framework in place	N/A	N/A	1	N/A	N/A	0	There was delay in the Procurement of consultancy services
		Master register for all health professionals developed	Master register developed	N/A	N/A	1	N/A	N/A	0	Progressive HRH data collection initiated from the Counties and National health facilities as a step towards establishment of a Master Register for health professionals
		Report on medical specialists mapping in the Country	N/A	N/A	1	N/A	N/A	0	Due to COVID-19 restrictions, the report is in draft form awaiting stakeholder validation.	
	National Health Workforce Accounts (NHWA) in the Country	Number of counties capacity built to implement	N/A	N/A	18	N/A	N/A	43	The target was surpassed due to support from	

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
KMPDC	KMPDC	implemented the NHWAs								WHO and Public Finance Management Reforms Secretariat (PFMRS).
		Medical and dental students indexed	No. of students indexed	1,143	1,270	1,342	1,151	1,266	1,329	Covid-19 Pandemic delayed the admission of medical students in the various colleges.
		Medical, dental and COHOs practitioners registered and licensed	No. of practitioners registered and licensed	10,422	11,580	12,645	10,402	11,442	12,586	Covid-19 hindered the completion of internship programme.
		Medical, Dental internship and specialist training centers inspected	No. of Medical, dental internship and specialist training Centers inspected to comply to standards	32	36	47	32	35	40	The risks involved in movement of the inspection team during Covid-19 pandemic hindered achievements of the set target.
		Health facilities and	No. of health	8,100	9,000	9,200	7,998	8,798	8,886	The risks involved

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
		Family medicine training sites inspected	facilities and family medicine training sites inspected							in movement of the inspection team during Covid-19 pandemic hindered achievements of the set target.
		New Health Institutions and health facilities registered and licensed	No. of new health institution and health facilities registered and licensed	9,613	6,225	6,227	6,853	7,538	5,277	COVID-19 Pandemic affected operations of health facilities economically hence unable to meet their obligations.
	Nursing Council of Kenya (NCK)	Nursing and midwifery students indexed	Number of students indexed	5,000	5,800	7,000	5,908	4,302	4,949	Covid-19 Pandemic delayed the admission nurse and midwifery students in the various colleges.

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
		Candidates examined for Licensure examinations	Number of candidates who undertook the exam & reports released	5,250	7,300	7,000	8,000	4,601	7,205	Covid-19 Pandemic delayed licensure examinations occasioning postponements
		New Eligible Nurses and Midwives Registered	No. of nurses and midwives registered	6,500	7,000	6,000	6,832	7,974	4,533	The delay and Postponement of licensure examinations affected new registrations
		Specialist registration guidelines and private practice regulations for nurses and midwives developed	No. of specialist guidelines and private regulation developed	N/A	N/A	1	N/A	N/A	1	Target achieved
		BSN interns processed as posted by ministry of Health	% of BSN interns processed as posted by ministry of Health	100	100	100	100	100	100	The target achieved as planned

Sub-Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned targets			Achieved targets			Reason for variance
				2018/19	2019/20	2020/21	2018 /19	2019/20	2020/21	
		Joint inspections in collaboration with regulatory boards/Councils undertaken	No. of joint inspections done in collaboration with regulatory boards/Councils	N/A	1	8	N/A	1	4	Planned joint inspections were scaled down due to budgetary constraints and resulting impact of Covid-19 pandemic
		Health facilities for nurses and midwives students clinical placements inspected	No. of health facilities and family medicine training sites to be inspected	70	90	120	85	100	150	Restriction of movements and lockdowns imposed affected inspection.
		Nursing and midwifery training guidelines developed.	No. of developed/reviewed nursing and midwifery guidelines	N/A	9	4	N/A	3	3	Targeted number for review scaled down due to budgetary constraints

2.2 Analysis of performance trends for FY 2018/19 – 2020/21

This section analyses trends of approved budget and the actual expenditures. Budget expenditures can be broadly categorized into recurrent and development. As shown in the table below, the approved estimates for Ministry of Health were at KSh 120.9 billion in 2020/21 and KSh 85.1 billion in 2018/19, which represented a 43% increase in budget allocation. The actual expenditures were at KSh 74.5 billion, KSh 108.5 billion and KSh 107.9 billion for FY 2018/19, FY 2019/20 and FY 2020/21 respectively. The MOH Budget absorption rate stood at 88%, 91% and 89% in FY 2018/19, FY 2019/20 and FY 2020/21.

Table 2.14: Analysis of MOH Budgetary Trends 2018/19– 2020/21

VOTE By Economic Classification	Approved Estimates (KSh) Million			Actual Expenditures (KSh) Million		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Total Recurrent	53,199	76,097	68,034	48,752	71,221	66,203
% of Total	62%	64%	56%	65%	66%	57%
Total Development	31,943	43,197	52,864	25,782	36,092	41,699
% of Total	38%	36%	44%	35%	34%	43%
Total Expenditure	85,142	119,294	120,898	74,534	107,313	107,902

As shown in the table 2.2, the MOH increased the share of recurrent expenditures from Ksh 53 billion in 2018/19 to Ksh 68 billion in FY 2020/21. Most of this amount was allocated to grant transfers to the semi-autonomous government agencies under the Ministry. The actual expenditure also increased from KSh.48 billion in 2018/19 to Ksh. 66billion in 2020/21. The AIA collected in the sector has also increased from Ksh. 9.7 Billion to Ksh. 16 Billion in 2020/21. This is mainly attributed to the increase in the number of SAGAs under the Ministry of Health. However, the targeted AIA of KSh. 16.2 Billion in FY 2020/21 was not met due to interruptions of COVID-19 which included students' enrolment in KMTCs etc.

Table 2.15: Analysis by category of expenditure: Recurrent (KSh Million)

Budget Category	Approved budget allocations			Actual expenditure		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Gross	53,199	76,097	68,034	48,752	71,221	66,203
AIA	11,465	14,971	16,233	9,708	13,417	14,421
NET	41,734	61,126	51,801	39,044	57,804	51,782

Compensation to Employees	7,096	8,904	13,264	7,137	8,091	13,264
Transfers	43,857	65,102	52,840	39,385	61,424	51,060
Other Recurrent	2,246	2,091	1,930	2,231	1,704	1,879
<i>Insurance</i>	2	2	2	2	2	1
<i>Utilities</i>	112	112	113	111	112	110
<i>Rent</i>	11	11	11	11	11	11
<i>Contracted Professionals (Guards & Cleaners)</i>	56	57	58	56	57	56
<i>Others</i>	2,065	1,909	1,745	2,051	1,522	1,701

The government increased the allocation to the development vote from KSh. 31.9 Billion in FY 2018/19 to KSh. 52.8 Billion in 2020/21 as shown in the table 2.3. This is due to government prioritisation of Health Sector towards achievement of UHC as part of the Big Four Agenda. The Actual expenditure also increased from FY 25.7 Billion in FY 2018/19 to KSh. 41.7billion in FY 2020/21. However, the development absorption rates are still low at 79% and this is mainly due to non disbursement of funds from some of the development partners.

Table 2.16: Analysis by category of expenditure: Development (KSh Million)

Category	Approved budget allocations			Actual expenditure		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Gross	31,943	43,197	52,864	25,782	36,092	41,699
GOK	16,973	26,892	32,007	15,527	25,545	28,902
Loans	5,876	10,773	11,005	3,142	6,844	7,675
Grants	9,094	5,532	9,852	7,113	3,703	5,122
Local AIA	-	-	-	-	-	-

Programme and Sub-Programme expenditure analysis

This section shows the breakdown of approved and actual expenditures in FY 2018/19 to 2020/21 disaggregated by programmes and sub programmes. Under programme 1 the absorption rates declined from 75% in Fy 2018/19 to 57% in FY 2020/21. In programme 2, the absorption rates remained high at 99% in FY 2020/21. Also in Programme 3, the absorption remained high at 95% in FY 2020/21. Absorption rates in programme 4 and programme 5 was at 91% and 103% in FY 2020/21 respectively. The overall absorption rate will change when the final Appropriation Accounts taking into account the development partners expenditure

returns and any other adjustment are finalized to reflect the final actual expenditures.

Table 2.17: Analysis by category of expenditure: Programmes (KSh Million)

Programme	Approved Budget (Kshs. Millions)			Actual Expenditure (Kshs. Millions)		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Programme 1 - Preventive and Promotive Health Services						
SP1.1 -Communicable disease prevention	5,459	4,365	6,366	4,736	3,219	5,580
SP1.2 - Non-communicable disease prevention & control	435	423	367	286	420	333
SP1.3 - Radiation safety and nuclear security	185	142	142	201	88	120
SP1.4- RMNCAH	4,320	1,357	8,047	2,497	2,654	4,446
SP1.5 Environmental Health	544	61	66	529	57	146
SP1.6 Disease Surveillance and Response		3,432	13,516		2,640	5,575
Total Expenditure Programme 1	10,943	9,780	28,504	8,249	9,078	16,200
Programme 2 - National Referral and specialized Services						
SP2.1 - National Referral Services	23,577	29,326	33,095	23,176	28,681	33,643
SP2.2 -Health Infrastructure and Equipment	9,150	6,205	6,205	8,872	6,189	6,195
SP2.3 - Free Primary Healthcare		8	8	-	4	8
SP2.4 - Forensic and Diagnostics	559	658	1,705	531	346	1,035
SP2.5 - Health Products and Technologies	3,178	4,864	3,692	1,299	2,871	3,341
Total Expenditure Programme 2	36,464	41,061	44,705	33,878	38,091	44,222
Programme 3 - Health Research and Development						
SP3.1 - Pre-Service and In-Service Training	5,584	7,955	7,130	5,584	6,288	6,619
SP3.2 - Research & Innovations	2,659	2,615	2,644	2,557	2,526	2,702
Total Expenditure Programme 3	8,243	10,570	9,774	8,141	8,814	9,321
Programme 4 - General Administration & Support Services						
SP4.1 - General administration	5,908	7,234	6,117	5,990	6,842	6,088
SP4.2 - Finance and planning	788	980	1,866	772	780	1,193
Total Expenditure Programme 4	6,696	8,214	7,983	6,762	7,622	7,281
Programme 5 - Health Policy, Standards and Regulations						

Programme	Approved Budget (Kshs. Millions)			Actual Expenditure (Kshs. Millions)		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
SP5.1 -Health Policy	11,294	37,356	14,759	8,721	33,189	17,438
SP5.2 -Social Protection in Health	10,926	11,162	14,216	8,212	10,765	12,597
SP5.3 -Health Standards and Regulations	577	1,154	957	571	945	843
Total Expenditure Programme 5	22,797	49,672	29,932	17,504	44,899	30,878
Total Expenditure Health Vote	85,143	119,297	120,898	74,534	108,504	107,902

Table 2.18: Analysis by category of expenditure: Economic classification (KSh Million)

Expenditure Classification	Approved Budget (KSh. Millions)			Actual Expenditure (KSh. Millions)		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Programme 1: Preventive and Promotive Health	10,943	9,779	28,505	8,249	9,077	16,200
Current Expenditure	2,137	5,492	5,149	2,142	4,568	5,115
Compensation to Employees	626	672	3,872	623	703	3,872
Use of Goods and Services	795	454	236	808	297	227
Subsidies						
Current transfers to Govt Agencies	711	4,366	1,041	707	3,568	1,016
Social Benefits						
Other Expense	5			4		
Non-financial Assets						
Capital Expenditure	8,806	4,287	23,356	6,107	4,509	11,085
Compensation to Employees						
Use of Goods and Services	3,454	628	4,639	2,542	1,748	984
Subsidies						
Capital transfers to Govt Agencies	4,924	3,299	18,256	3,263	2,401	9,650
Non-financial Assets	428	360	461	302	360	451
Programme 2: National Referral and specialized Services	36,464	41,059	44,705	33,878	38,092	44,222
Current Expenditure	25,706	31,821	34,792	24,003	29,546	35,304
Compensation to Employees	675	843	1,122	674	631	1,122
Use of Goods and Services	271	333	600	233	263	605
Subsidies						
Current transfers to Govt Agencies	24,617	30,539	32,922	22,965	28,546	33,430
Social Benefits	100	100	100	100	100	100
Other Expense	19			17		
Non-financial Assets	24	6	48	14	6	47
Capital Expenditure	10,758	9,238	9,913	9,875	8,546	8,918
Compensation to Employees						
Use of Goods and Services	9,304	6,548	7,068	9,026	6,522	7,059

Subsidies						
Capital transfers to Govt Agencies	714	1,780	1,348	214	1,759	1,602
Non-financial Assets	740	910	1,497	635	265	257
Programme 3: Health Research and Development	8,243	10,570	9,773	8,141	8,815	9,321
Current Expenditure	7,496	9,797	9,140	7,394	8,042	8,633
Compensation to Employees	130	132	58	130	99	58
Use of Goods and Services						
Subsidies						
Current transfers to Govt Agencies	7,366	9,665	9,082	7,264	7,943	8,575
Social Benefits						
Other Expense						
Non-financial Assets						
Capital Expenditure	747	773	633	747	773	688
Compensation to Employees						
Use of Goods and Services						
Subsidies						
Capital transfers to Govt Agencies	518	601	360	518	601	436
Non-financial Assets	229	172	273	229	172	252
Programme 4: General Administration & Support Services	6,696	8,214	7,983	6,762	7,622	7,281
Current Expenditure	6,518	7,732	6,738	6,591	7,247	6,766
Compensation to Employees	5,433	6,496	5,900	5,478	6,162	5,900
Use of Goods and Services	949	833	744	978	711	714
Subsidies						
Current transfers to Govt Agencies	95	394	94	95	366	152
Social Benefits						
Other Expense	19			18		
Non-financial Assets	22	9		22	8	
Capital Expenditure	178	482	1,245	171	375	515
Compensation to Employees						
Use of Goods and Services						
Subsidies						
Capital transfers to Govt Agencies	178	482	1,245	171	375	515
Non-financial Assets						
Programme 5: Health Policy, Standards and Regulations	22,797	49,672	29,932	17,504	44,898	30,877
Current Expenditure	11,342	21,255	12,215	8,623	21,816	10,406
Compensation to Employees	232	761	2,312	232	496	2,312
Use of Goods and Services	115	431	271	111	399	257
Subsidies	10,968	20,038		8,254	20,901	
Current transfers to Govt Agencies			9,601			7,808
Social Benefits						
Other Expense	5			5		
Non-financial Assets	22	25	31	21	20	29
Capital Expenditure	11,455	28,417	17,717	8,881	23,082	20,471
Compensation to Employees						
Use of Goods and Services		232	697		191	795

Subsidies						
Capital transfers to Govt Agencies	11,455	27,709	16,972	8,881	22,416	19,612
Non-financial Assets		476	48		475	64
Total Expenditure for the programme	85,143	119,294	120,898	74,534	108,504	107,900

EXPENDITURE ANALYSIS BY PARASTATALS

Kenyatta National Hospital (KNH)

Table 2.19: Analysis of recurrent Budget for semi-autonomous Government Agencies (SAGA) in KSh. Million

Economic Classification	Approved Budget			Actual Expenditure		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Gross	14,307	15,057	15,234	13,578	15,995	17,751
AIA - Internally Generated Revenue	6,846	5,382	5,093	6,117	6,320	7,610
NET - Exchequer	7,461	9,675	10,141	7,461	9,675	10,141
Compensation to Employees	9,571	11,157	10,733	9,527	11,585	12,992
Other Recurrent	4,736	3,900	4,501	4,840	7,115	7,214
Insurance	8	13	8	7	7	7
Utilities	740	603	696	595	599	628
Rent	0	0	0	0	0	0
Contracted Professionals (Guards, Cleaners etc.)	56	66	108	78	72	80
Others	3,932	3,218	3,689	4,160	6,437	6,499
Deficit	0	0	0	-789	-2,705	-2,455

Compensation to Employees -The actual spend includes;

- Payroll cost for COVID-19 health workers for Kshs.814 million whose funds were allocated in the FY 2019/20 but actual disbursement was done in the FY 2020/21.
- Pension scheme service cost Ksh. 1,200 million as the recognition of employee pension liability for the FY 2020/21.
- Increased staff medical cost arising from COVID-19 related complications

Other Recurrent - Includes cost of commodities from KEMSA UHC drawdown rights that was allocated in the FY 2019/20 and serviced in the FY 2020/21.

The Deficit in FY 2020/21 is attributed to uncollectable indigent bills totaling to Kshs. 976 million; medical service contract loss from implementing NHIF contracts of Kshs. 678 million; and defined benefit scheme re-measurements of assets totaling to Kshs. 801 million.

Kenyatta National Hospital - OTHAYA

TABLE 2.20: ANALYSIS OF SAGAs RECURRENT BUDGET VS ACTUAL EXPENDITURE (KSH.MILLIONS)

Economic Classification	Approved Budget		Actual Expenditure			
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
GROSS	-	650	760	-	538	967
AIA	-	-	-	-	38	207
Net Exchequer	-	650	760	-	500	760
Compensation to Employees	-	353	510	-	45	609
Transfers	-	-	-	-	-	-
Other Recurrent	-	297	250	-	493	358
Insurance						
Utilities	-	3	17	-	3	14
Rent	-	-	-	-	-	-
Subscriptions to International Organizations	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	-	-	10	-	-	14
Others						
TOTAL	-	650	760	-	538	967

AIA- At the time of preparation of the budget for FY 2020/21, the AIA was not considered because the hospital is operating in Nyeri county where Universal Health Coverage (UHC) was being piloted. However, the hospital was able to attract referrals beyond Nyeri county and referred patients were required to finance their medical costs through NHIF or out of pocket realizing a total of Kshs. 207 million.

Compensation to Employees and Other recurrent expenditures – The hospital was allocated kshs. 150 million in the FY 2019/20 through supplementary II budget to enhance capacity of the hospital to offer treatment and management of COVID-19. The disbursement of the funds was done in July 2020 and the resultant engagement and other recurrent expenditures were effected in the FY 2020/21.

Moi Teaching and Referral Hospital (MTRH)

TABLE 2.21: ANALYSIS OF SAGAs RECURRENT BUDGET VS ACTUAL EXPENDITURE (KSH.MILLIONS)

Economic classification	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
GROSS	9,823	10,027	10,751	9,555	10,230	11,384
AIA	3,049	3,049	2,703	2,804	3,252	3,336
Net Exchequer	6,774	6,978	8,048	6,751	6,978	8,048
Compensation of Employees	6,743	7,240	8,266	6,751	7,221	8,287
Other Recurrent	2,697	2,333	2,024	2,524	2,685	2,422
Insurance	225	289.2	308	225	289.2	308
Utilities	127	133	122	127	133	122
Rent	1.2	1.8	1.2	1.218	1.834	1.2
Subscription to Inter. Organizations	-	-	-	-	-	-
Contracted Professional	-	-	-	-	-	-
Others	30	30	30	30	30	30

During the period under review, there was a shortfall of Kshs. 239 Million in FY 2020/21 in Personnel Emoluments as a result of inadequate funds allocated compared to the request presented for funding. Also, there was a reduction in actual AIA collected as a result in increase in Waivers for indigent patients as well as effects of COVID-19 Pandemic on the ability of patients to pay for services. This has resulted in delay in payments to suppliers and utilities.

Kenyatta University Teaching Referral And Research Hospital

TABLE 2.22: ANALYSIS OF SAGAs RECURRENT BUDGET VS ACTUAL EXPENDITURE (KSH.MILLIONS)

Economic	APPROVED BUDGET	ACTUAL EXPENDITURE
-----------------	------------------------	---------------------------

classification	2018/19	2019/20	2020/21		2019/20	2020/21
GROSS	0	2,452	2,647	N/A	1,438	3,046
AIA	0	288	990		194	881
Net Exchequer	0	2,164	1,657		1,244	2,165
Compensation of Employees	0	907	1,383		516	1,496
Other Recurrent	0	1,545	1,264		922	1,550
Insurance	0	103	174		78	35
Utilities	0	154	148		36	126
Rent	0	0	0	0	0	0
Subscription to Inter. Organizations		-	-	-	-	-
Contracted Professional		36	185		47	91
Others		1,252	757		761	1,298

KUTRRH received additional MOH support of Kshs 447M for PE support, contracted services and utilities during the FY 2020/21.

The KUTRRH gross estimate for FY 2020/21 includes Gatundu AIA of Ksh 240M and Exchequer receipt of Ksh 253M

Kenya Medical Research Institute (KEMRI)

TABLE 2.23: ANALYSIS OF SAGAs RECURRENT BUDGET VS ACTUAL EXPENDITURE (KSH.MILLIONS)

Economic Classification	Approved Allocation			Budget			Actual Expenditure		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Gross		2,502	3,323	2,493			1,991	2,876	2,727
AIA - Internally Generated Revenue		647	562	130			136	157	356
NET - Exchequer		1,855	2,761	2,363			1,855	2,719	2,371

Compensation Employees	to	1,717	2,574	1,920	1,520	2,115	2,172
Other Recurrent		785	749	573	471	761	555
Insurance		16	11	12	11	11	10
Utilities		71	79	105	84	88	92
Subscriptions		3	3	3	3	3	3
Rent		2	2	2	2	2	2
Contracted Professional (Guards & Cleaners)		58	61	64	54	61	63
Others		635	594	387	317	596	385

In the FY 2020/21, the actual expenditure in PE was attributed to the implementation of SRC job evaluation phase II amounting to kshs 89M and 162M expenditure for recruitment of approved 65 employees to help in UHC and Covid-19 management.

In the same year, there was an increase in AIA of Kshs 226M from the budgeted amount of Kshs 130M. The growth was attributed to sale of sanitizers during the epitome of the pandemic. This trajectory is however not sustainable considering there are currently many players manufacturing the same products.

Kenya Medical Training College (KMTC)

Table 2.24: Analysis of SAGAs Recurrent Budget Vs Actual Expenditure (Ksh.Million)

Economic Classification	Approved Budget			Actual Expenditure		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
GROSS	4,935	7,356	6,589	6,837	6,923	5,813
AIA	1,868	3,832	3,640	3,414	3,399	2,864
Net-Exchequer	3,067	3,524	2,949	3,067	3,524	2,949
Compensation to Employees	3,067	3,524	4,155	3,423	3,495	4,093
Other Recurrent	1,868	3,832	2,434	3,414	3,428	1,720
Insurance	490	530	632	390	491	542
Utilities	160	191	222	140	143	113
Rent	27	31	4	3	4	2

Subscription to International Organisations						-
Contracted professional (Guards and cleaners)	275	297	300	220	234	288
Others	916	2,783	1,276	2,661	2,556	775

In FY 2020/21, there was a reduction of Ksh. 200 Million in supplementary budget that led to a final allocation of Ksh. 2,949 Million. This meant that the shortfall could only be cushioned by the A-I-A. This negatively affected operations and maintenance as funds were directed towards payment of PE which had a shortfall of kshs1,206 Million.

The College was also closed for 9months due to COVID-19 pandemic leading to revenue shortfall of Ksh.776Million.

Kenya Medical Supplies Authority (KEMSA)

Table 2.25: Analysis of SAGAs Recurrent Budget Vs Actual Expenditure (Ksh. Million)

Economic Classification	Approved Budget			Actual Expenditure		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Economic Classification						
Gross	3,059	3,102	3,629	2,640	3,035	3,282
AIA	2,670	2,712	3,629	2,251	2,644	3,157
NET-Exchequer	389	391	-	389	391	125
Compensation Of Employees	892	1,136	1,265	981	1,083	1,264
Other Recurrent	1,591	1,966	2,364	1,577	1,951	2,018
- Insurance	112	93	159	112	92	159
- Utilities	22	22	19	22	21	19
- Rent	187	185	217	186	181	217
- Subscriptions to international organizations	-	-	-	-	-	-
- Contracted	29	20	148	102	197	146

professionals						
- Others	1,240	1,647	1,821	1,154	1,459	1,477

During Supplementary, KEMSA allocation was revised and reduced, however, the MOH had already disbursed the funds hence the actual expenditure of Ksh. 125 Million in FY 2020/21

KEMSA Actual AIA and expenditure for FY 2020/21 was below the approved target due to slow operations occasioned by COVID-19 pandemic disruption

In FY 2020/21, KEMSA earned AIA of Kshs.3.157 billion representing a growth of 19% compared to prior year. Increase in compensation to employees is attributed to gratuity payment for MCP staff whose contracts ended and monthly payment/management of Contract Gratuity by COOP Trust. There has been a decrease in transfers from Ministry of Health which relates to grants in support of personal emoluments. The decrease has constrained the Authority's liquidity since the disbursed funds does not adequately cover the Authority's Personal Emoluments.

There was an increase of 3% in Other recurrent expenditure attributed to increased cost of distributing Health Products and Technologies (HPTs) under Universal Health Coverage (UHC) rollout in March 2020, increase in cost of Insurance as well as an increase in rent expenses to cover the annual escalation cost of the already leased Warehouse space.

National Hospital Insurance Fund (NHIF)

Table 2.26: Analysis of SAGAs Recurrent Budget Vs Actual Expenditure (Ksh. Million)

Economic Classification	Approved Budget			Actual Expenditure		
	2018/ 19	2019/ 20	2020/ 21	2018/ 19	2019/ 20	2020/ 21
Gross	66,658	62,322	80,708	58,081	60,824	61,871
AIA	66,658	62,322	80,708	58,081	60,824	61,871
Net exchequer	0	0	0	0	0	0
Compensation to Employees	4,446	4,688	5,121	4,551	4,890	5,185
Transfers	0	0	0	0	0	0
Other Recurrent	53,427	55,674	70,576	57,202	57,085	56,552
Insurance	284	299	312	342	339	375
Utilities	350	440	328	350	271	221
Rent	182	247	233	210	229	239
Subscription to International organizations	-	-	-	-	-	-

Contracted Professionals (Guards and Cleaners)	118	128	101	114	112	99
Others	52,493	54,560	69,602	56,186	56,134	55,618

NB: In FY 2020/21, the big fraction of expenditure totaling to 54.1billion is funds spent on member benefits. Benefits paid out in the last three years amount to Ksh. 53.4 billion in 2018/19, Ksh. 54.3 billion in FY 2019/20 and Ksh. 54.1 billion in FY 2020/21.

Notably, during the period under review, the Fund had budgeted and projected to collect Kshs 80.7 billion but missed on the target and collected Kshs 61.8 billion. The under-performance was attributable to the following factors;

- i. NHIF did not receive Work Injury Benefit Act (WIBA) premiums amounting to Ksh.6.3 billion and 2.295 billion in respect of Civil Servant and National Police & Kenya Prisons Services respectively. These had been budgeted for in the FY 2020/21.
- ii. There was under collection of premiums from National Scheme amounting to Ksh.5.9 Billion within the financial year due the effects of COVID-19 which has ravaged the Kenyan economy leading to job losses.
- iii. Anticipated implementation of the UHC in the counties leading to low compliance levels in the informal sector.
- iv. Low levels of retention in the informal sector.

National AIDS Control Council (NACC)

Table 2.27: Analysis of SAGAs Recurrent Budget Vs Actual Expenditure (Ksh. Million)

Economic classification	Approved budget			Actual expenditure		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Gross	873	824	722	856	792	747
AIA	0	0	0	0	0	0
Net	873	824	722	856	792	747
Compensation to employees	452	452	528	413	431	522
Other recurrent	421	372	194	443	361	225
Insurance	6	8	9	4	6	7
Utilities	3	2	4	3	4	4
Rent	68	70	72	55	65	70
Subscription to international Organization	0	0	0	0	0	0
Contracted Professionals	11	12	16	9	12	14

(Guards and Cleaners)						
Others	333	281	93	372	274	130

The deviation from Ksh 281Million in the FY 2019/20 to Ksh93 Million in FY2020/21 resulted from the significant reduction during the supplementary Budget by KSh 150Million which affected fulfillment of the NACC mandate.

The difference between the FY 2020/21 approved budget and the actual expenditure of ksh 25M is due to utilization of balance carried forward from FY 2019/20 to sort out pending invoice. This is because NACC received quarter 4 exchequer disbursement towards the end of FY 2019/20.

National Cancer Institute OF KENYA

Table 2.28: Analysis of SAGAs Recurrent Budget Vs Actual Expenditure (Ksh. Million)

Economic Classification	Approved Budget			Actual Expenditure		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
GROSS	14	14	80	14	13	75
AIA- Internally Generated Revenue	-	-	-	-	-	-
Net - Exchequer	14	14	80	14	13	75
Compensation of Employees						
Other Recurrent	14	14	80	14	14	75
Insurance						
Utilities						
Rent						
Subscriptions to International Organization						
Contracted professional (Guards & Cleaners)						
Others	14	14	80	14	14	75

Kenya Nuclear Regulatory Authority

Table 2.29: Analysis of SAGAs Recurrent Budget Vs Actual Expenditure (Ksh. Million)

Economic Classification	Approved Budget	Actual Expenditure
--------------------------------	------------------------	---------------------------

	2018/ 19	2019/ 20	2020/ 21	2018/ 19	2019/ 20	2020/ 21
GROSS	-	-	141	-	-	108
AIA	-	-	22	-	-	18
Net Exchequer	-	-	119	-	-	90
Compensation to Employees	-	-	-	-	-	-
Other Recurrent	-	-	140	-	-	108
Insurance	-	-	2	-	-	0
Utilities	-	-	-	-	-	-
Rent	-	-	-	-	-	-
Subscriptions to International Organization	-	-	-	-	-	-
Contracted Professionals (Guards & Cleaners)	-	-	-	-	-	-
Others	-	-	114	-	-	88

There was an under expenditure during FY 2020/21 as a result of delay in disbursement of the fourth quarter grant, which came in July 2021.

Kenya Medical Practitioners and dentist council

Table 2.30: Analysis of SAGAs Recurrent Budget Vs Actual Expenditure (Ksh. Million)

Economic Classification	Approved Budget			Actual Expenditure		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
GROSS			287			701
AIA						314
Net Exchequer			287			387
Compensation to Employees			153			153
Other Recurrent			134			548
<i>Insurance</i>			15			14
<i>Utilities</i>			2			2
<i>Rent</i>			-			-
<i>Subscriptions to</i>			-			-

<i>International Organization</i>			
Contracted Professionals (Guards & Cleaners)	2		2
Others	115	-	530

The Council was directed to waive Registration and Annual license fees charged to all County facilities and also several private facilities closed as a result of COVID-19 effects. The AIA realized for the FY 2020/21 was a drop from the previous year's average collection of Kshs.500 Million to kshs.314 Million which affected discharge of KPMDC mandate. This trend in drop of AIA is likely to continue as the directive is still enforced and effects of COVID-19 are still being felt. Notably the AIA for approved Budget FY 2020/21 was omitted from the printed budget estimates but captured in the current FY 2021/22. The Council received Net exchequer of Kshs.287 Million and additional budgetary support from the MOH of kshs.100 Million in the FY 2020/21.

2.3 Analysis of performance of capital projects for FY 2018/19 – 2020/21

The Sector implemented projects through various health agencies in the period under review to support achievement of health objectives. The successful implementation of the projects will help strengthen health systems in the country by addressing communicable and non-communicable diseases, enhancing health research for policy formulation, building capacity of health workers, offering specialized health services, protecting the vulnerable in the society through social insurance among others.

Below are details of projects implemented during the period under review, some of which were successfully completed.

Table 2.31: Capital Projects implementation in the Health Sector

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2018	Approved budget 2017/18	Expected balance as at 30th June 2018	FY 2018/2019				FY 2019/2020				FY 2020/21				Remarks
		Govt	Foreign	Start Date	Exp Completion Date				(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget
		Kshs Million				Kshs Million			Kshs Million				Kshs Million				Kshs Million				
1081101700 KNH Burns and Pediatrics Centre	5,459	3,482	1,977	3/3/18	8/20/24	-	-	5,459	250	-	61	0	175	470	705	0	250	638	1,044	19	Works ongoing, the projects foundation, ground, 1st, 2nd and 3rd floor slabs and beams are complete. However, the financing agreement lapsed in December 2020 resulting to the need to renew the contract which has slowed down project implementation at 19%
1081101800 National	3,978	3,005	973	1/26/18	12/30/22	-	-	3,978	1,884	-	1,482	0	263	-	2,984	75	-	-	2,984	75	The new warehouse will ensure that medical

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2018	Approved budget 2017/18	Expected balance as at 30th June 2018	FY 2018/2019				FY 2019/2020				FY 2020/21				Remarks	
		Govt	Foreign	Start Date	Exp Completion Date	(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)		
		Kshs Million				Kshs Million		Kshs Million				Kshs Million				Kshs Million						
Commodities Warehousing Center (KEMSA)																						supplies are handled efficiently countrywide to improve access to essential medicines.
1081102500 East Africa's Centre of Excellence for Skills & Tertiary Education	3,674	334	3,340	2/18/16	12/31/22	375	360	3,299	50	178	475	0	80	402	801	22	50	1,195	1,314	36	The project is on establishment of a regional (EA) centre of excellence in Urology and Nephrology . Implementation was slowed by delays in getting statutory approvals and no objections by the financier. (ADB) The project has picked up and is oncourse for completion by December 2022	
1081103500 Health System Management	1,7600	-	1,7,600	2/7/15	2/7/25	5,613	3,010	11,987		2,600	8,423	0	-	-	8,423	48	-	2,600	11,023	63	The Project is for Strengthening the capacity of health systems for better immunization outcomes, better coverage and address system bottlenecks.	

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2018	Approved budget 2017/18	Expected balance as at 30th June 2018	FY 2018/2019				FY 2019/2020				FY 2020/21				Remarks
		Govt	Foreign	Start Date	Exp Completion Date	(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)	
		Kshs Million					Kshs Million			Kshs Million			Kshs Million								
1081103700 Clinical Waste Disposal System Project	1,200	200	1,000	3/1/16	6/30/22			1,200	15	250	1,077	1	-	-	1,077	90	15	113	1,092	91	The project has already installed and commissioned 9 of the 10 microwaves. The microwaves are intended to minimize pollution emanating from clinical waste generated from health facilities. The one pending is earmarked to be installed and commissioned in Nyeri in the current final year (2021/22) once electricity power is installed.
1081104000 Clinical Laboratory and Radiology Services Improvement	900		900	7/1/16	6/30/22			900		218	237	0		90	291	32	-	243	534	59	The project was for equipping 42 hospitals with laboratory equipment and it is on course. Procurement done, awaiting installation of equipment in the sites
1081104100 Expansion of Ileho Health Centre (KIDDP).	21		21	7/7/15	06/30/2021			21		8	8	0	-	-	8	38		13	21	100	The project was completed

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2018	Approved budget 2017/18	Expected balance as at 30th June 2018	FY 2018/2019				FY 2019/2020				FY 2020/21				Remarks
		Govt	Foreign	Start Date	Exp Completion Date				(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget
		Kshs Million					Kshs Million			Kshs Million				Kshs Million							
1081104400 Managed Equipment Service- Hire of Medical Equipment for 98 Hospital	5,905	5,905		10/2/15	3/25/23	4,800	4,500	55,105	9,150		29,359	0	-	6,206	33,067	55	6,205	-	45,468	76	The project provides specialized theatre, CSSD, Renal, ICU and radiology equipment in public hospitals. The various contracts will expire on diverse dates between December 2022 and May 2023
1081104500 Free Maternity Program (Strategic Intervention)	4,9598	4,9598		10/7/13	10/7/25	8,338	4,298	41,260	4,298		20,096	0		4,098	26,243	53	4,098	-	34,439	69	To facilitate Linda mama Programme, which as strategic intervention.
1081104800 Modernize Wards & Staff house- Mathari Teaching & Referral Hospital	5,49	5,49		7/30/13	6/30/25	52	32	497	62		146	27	115		145	26	-	-	145	26	The project has renovated 4 wards, renovated psychiatric outpatient unit, psychiatric outpatient waiting bay, and renovated the kitchen. The following are complete and in use: Pathways and loading and offloading bays
1081104900 Construct a Wall, renovation	2,30	2,30		7/30/14	6/30/25	12		218			14	0	15	-	29	13	-	-	29	13	The Hospital offers specialized spinal services. The Project intends to procure orthopedic,

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		Govt	Foreign	Start Date	Exp Completion Date	(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)	
		Kshs Million				Kshs Million		Kshs Million				Kshs Million				Kshs Million					
& Procure Equipment at National Spinal Injury Hospital																					surgical equipment and dental equipment.
1081105100 Procurement of Equipment at the National Blood Transfusion Services	2,025	2,025		7/2/15	7/2/25			2,025	154		546	0	175	-	721	36	600	-	1,158	57	The funds were used to equip Nairobi, NaKuru and Embu with testing equipment. All the existing regional centres and satellites were equipped with component preparation and storage equipment. Additional funds of Kshs.400M will be required to set up and equip 15 additional blood establishments.
1081105200 Procurement of Anti TB Drugs Not covered under Global fund Tb programme	1,525	1,525		8/13/14	8/13/25	330	110	1,195	155		628	0	101		678	44	200	-	878	58	The program continues to provide access to diagnostic TB services, holistic quality of care, and TB prevention in the general population through free access to first line TB treatment across the country.

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		Govt	Foreign	Start Date	Exp Completion Date				(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021
		Kshs Million					Kshs Million			Kshs Million				Kshs Million				Kshs Million				
1081105300 Procurement of Family Planning & Reproductive Health Commodities	2,625	2,625		8/13/14	8/13/25	50		2,575	64		166	0	245		411	16	559	1,100	1,052	40	The programme aims to ensure the availability of family planning commodities of reproductive age using a modern of contraception which prevented 2million unplanned pregnancies .However, unavailability of adequate funds resulted to 500,000 unplanned pregnancies.	
1081105500 (Vaccines and Immunizations)	1,2,619	1,2,619		2/7/16	2/7/25	820	410	11,799	703		2,723	0	748		3,441	27	8,913	-	6,391	51	This programme aims to improve the immunization coverage of children by procuring, distributing, maintenance of the quality chain equipment and vaccines commodities across the country.	
1081105700 Construction of buildings-Tuition blocks at KMTC	1,800	1,800		9/21/17	6/30/24	110	-	1,690	184	-	294	0	211	-	505	28	64	-	569	31.6	The college has implemented construction of tuition blocks in the following campuses: Nyeri, Kuria, Kisumu, Murang'a, Kapenguria, Mathare and Nairobi HQS which were completed in the year under review. Construction in Msambweni, Tana River, Mtwapa, Portreitz, Loitoktok, Isiolo, Kombeawa,	

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2018	Approved budget 2017/18	Expected balance as at 30th June 2018	FY 2018/2019				FY 2019/2020				FY 2020/21				Remarks	
		Govt	Foreign	Start Date	Exp Completion Date	(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)		
		Kshs Million							Kshs Million				Kshs Million				Kshs Million					
																						Kilifi, Homabay, Siaya, Nyandarua, Taita Taveta, Ikolomani, and Othaya were initiated in 2020 and are currently at 15%.
1081105800 Construction and equipping of laboratory and class rooms KMTC	2,365	2,365		3/4/18	9/18/24	283	-	2,082	333	-	616	0	330	-	946	40	419	-	1,365	58	KMTC has equipped various campuses, although purchase is ongoing, which include; Nairobi, Tana River, Msambweni, Eldoret, Muranga, Nyeri, Kapkaret, Lamu, Port Reitz, Isiolo, Sigowett, Kombewa, Chwele, Manza, Chuka, Iten, and Kapkaret, which are at 40%.	
1081106100 Establishing of Regional Cancer Centres	8,000	8,000		7/1/16	6/30/26	-	-	8,000	400		276	0	400	-	676	8	280	-	860	11	The project is on a phased establishment of regional cancer treatment centres. The 1st phase covered Garissa, Mombasa and Nakuru, which were completed in June 2021 awaiting equipping and operationalization. The second phase covers Kakamega and Meru starting in the FY 2022/23	
1081106400	3	2	1	2/15/1	8/12/20			378	102	100	202	1	50		252	67	126	-	378	100	The construction of the project was completed and	

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2018	Approved budget 2017/18	Expected balance as at 30th June 2018	FY 2018/2019				FY 2019/2020				FY 2020/21				Remarks		
		Govt	Foreign	Start Date	Exp Completion Date				(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)
		Kshs Million								Kshs Million						Kshs Million							
Completion and Equipping Day-care Centre – KNH	78	78	00	6																			handed over to the hospital on 23rd August, 2019. It was funded through sports fund. Awaiting equipping
1081107000 Cancer & Chronic Disease Management Centre – MTRH	1,193	743	450	7/1/13	7/6/22	450	-	743	-	-	450	0	350		800	67	144	-	1,088	91	MTRH procured and installed one Radiotherapy Machine (Linear Accelerator with 3D Conformational Treatment Unit, CT Simulator, Treatment Plan and all other accessories) and brachytherapy machine and currently operational. The second phase is under construction for the second bunker , funding is required for the second radiotherapy machine.		
1081107100 Construction and Equipping Children Hospital- MTRH	680	304	502	1/1/14	6/30/24	250	-	430	-	-	250	0	37	-	288	42	29	-	316	47	To equip the facility with medical equipment for the Pediatric Burns Unit, ICU & HDU		
1081107300	2	2		1/7/15	6/6/22	85	170	135	-	-	85	0	64	-	149	68	49	-	198	90	To equip the facility with ICU & HDU beds complete		

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		Govt	Foreign	Start Date	Exp Completion Date	(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)		
		Kshs Million					Kshs Million			Kshs Million			Kshs Million									
Expansion and Equipping of ICU-MTRH	20	20																				with cardiac monitors, defibrillators, suction machine and syringes. However, COVID-19 has increased the demand for more ICU units hence the need for more funding to equip the isolation facilities.
1081107500 Situation Room for Real Time Data & Information on HIV & AIDS - NACC	391	391		9/17/16	6/30/23	40	40	351	31		116	0	38	-	155	40	43	-	197	50.5	The programme is continuing as the data is used on a daily basis to support health and policy decision making processes. The system has been reengineered to include not only HIV data, but currently has data for Adolescent and Young people and COVID19 reported data. The system is in the process of additional health data on NCDs, Malaria and TB indicators.	
1081107900 Construction and upgrading of KEMRI Laboratories (Nairobi,	635	635		7/1/16	7/1/25	51	10	585	23	-	74	0	33		124	20	29		153	24	The project will upgrade KEMRI labs to accredited standards including; Kisumu, Kwale, Busia and Nairobi.	

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2018	Approved budget 2017/18	Expected balance as at 30th June 2018	FY 2018/2019				FY 2019/2020				FY 2020/21				Remarks	
		GoK	Foreign	Start Date	Exp Completion Date	(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)		
		Kshs Million					Kshs Million			Kshs Million			Kshs Million									
Kwale,Busi a)																						
1081108100 Sample Storage Facility- KEMRI	607	552	55	1/7/16	1/7/22	20	20	587	-	44	389	1	21		410	68	26		522	86	The works are expected to be completed by FY2021/2022	
1081108400 Perimeter Fencing around KEMRI Percles of Land	135	135		1/1/15	12/1/20	66	15	69	-	-	66	0	6		75	56	-	-	75	56	The Court case which had led to stagnation of Taveta wall has been resolved. Funds required to complete the project.	
1081109400 Rollout of Universal Health Coverage	9,1,000	9,1,000		10/7/18	10/7/23	-	-	91,000	390	-	389	-	12,008		11,459	13	4,290	-	19,166	21.1	Initial years set out to develop foundational structures and documents in preparation for roll out of UHC through social insurance.	
1081109500 Construction of a Cancer Centre at Kisii Level 5	2,280	802	2,000,0	10/8/16	10/8/23			2,280	-	10	-	-	30	180	20	1	10	569	51	2.2	The project has been delayed by the requirement under the loan terms for MoH to get a no objection to implementation processes which take long to obtain. This has been further complicated by	

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2018	Approved budget 2017/18	Expected balance as at 30th June 2018	FY 2018/2019				FY 2019/2020				FY 2020/21				Remarks	
		Govt	Foreign	Start Date	Exp Completion Date	(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)		
		Kshs Million				Kshs Million		Kshs Million				Kshs Million				Kshs Million						
Hospital																						differing turn around timeliness by the two financiers when granting no objections. Currently designs have been completed and approved and a tender for construction has been advertised
1081110200 Support to Universal Health Care in the Devolved system in Kenya	3,192		3,192	2/1/17	6/30/21			3,192		1,013	1,215	0	1,423		2,336	73	-	952	3,190	100		Funds to offer support to primary health care facilities. The project was completed in the fy 2020/21
1081110300 Transforming Health Systems for Universal care Project	1,9683	-	1,9683	9/15/16	6/30/23			19,683		5,322	4,293	0	5,084		9,377	48	-	5,327	14,054	71.4		Funds to support all counties in the health systems strengthening, procurement of family planning commodities and capacity building
1081110700 Strengthening of Cancer	2,000	2,000		8/23/18	9/6/25			2,000	-	-	-	-	125		186	9	46	-	231	11.6		The aims to provide cancer management facilities , treatment rooms, radiotherapy, training and research. Currently phase I

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		Govt	Foreign	Start Date	Exp Completion Date	(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)		
		Kshs Million					Kshs Million			Kshs Million			Kshs Million									
Management at KNH																						is underway
1081110800 Research and Development - KEMRI	6,400	6,400		1/7/14	1/7/25	507	-	5,893	229		736	0	172	-	906	16	151	-	1,057	17	This project aims at providing funding for conducting research to address National Health priority areas including COVID-19, Non-Communicable diseases, drug discovery and vaccine development, neglected diseases and emerging and re-emerging diseases	
1081111300 Special Global Fund HIV Grant KEN-H-TNT- (GLOBAL FUND)	2,520	9,400	1,3120	1/1/18	6/30/22	852	464	21,668	-	1,009	2,324	0	-	1,050	3,374	15	840	717	5,226	23	Increased access of ARVs and awareness creation to prevent spread of HIV/AIDS by: enhancing availability of ARVs, test kits, condoms, and cotrimoxazole for prevention of opportunistic infections. Challenges include COVID-19 pandemic that affected procurement processes.	
1081111400 Special Global Fund Malaria Grant KEN-M-TNT-	1,000	6,400	3,600	1/1/18	6/6/22			10,000		802	705	0		755	1,390	14	800	1,706	3,154	32	Increased interventions towards control of Malaria scourge by: enhancing availability of diagnosis and treatment services, and investment in prevention through distribution of	

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2018	Approved budget 2017/18	Expected balance as at 30th June 2018	FY 2018/2019				FY 2019/2020				FY 2020/21				Remarks		
		Govt	Foreign	Start Date	Exp Completion Date				(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)
		Kshs Million							Kshs Million					Kshs Million									
(GLOBAL FUND)																						nets. Challenges include COVID-19 pandemic that affected procurement processes.	
1081111500 Special Global Fund TB Grant KEN-T-TNT-(GLOBAL FUND)	2,300		2,300	1/1/18	6/30/22				2,300			1,309	503	0		860	1,202	52	-	578	1,449	63	Complements Government investment by enhancing the quality of TB services in the country through capacity development, strengthening HRH in the counties, updating of treatment guidelines and policies, and M&E. Challenges include COVID-19 pandemic that affected procurement processes.
1081111900 PHG-Case Study on Integrated Delivery of Selected NCD-MTRH	250		250	1/10/19	9/30/21	-	-		250	-	-			-		150	150	60	-	100	250	100	The project is complete (Research on 4 NCDs ;diabetes, cervical cancer, breast cancer and hypertension in two counties of Busia & Trans Nzoia).
10811117600 Beyond Zero Campaign-NACC	238	238		6/1/16	6/30/23	36	36	168	35			71	0	35		106	52	24	-	130	64		The project is continuous to support Improvement of maternal and child healthcare indicators to ensure reduction of mother to child transmission to less than 5% as per the global targets. The need to

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2018	Approved budget 2017/18	Expected balance as at 30th June 2018	FY 2018/2019				FY 2019/2020				FY 2020/21				Remarks
		Govt	Foreign	Start Date	Exp Completion Date	(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)	
		Kshs Million				Kshs Million		Kshs Million				Kshs Million				Kshs Million					
1081117800 Health Sector Support to Universal Health Coverage	8,000	8,000		1/7/19	6/6/22			8,000	-	-	-	-	-	-	-	3,000	-	2,986	37.3	PFR budgetary support from JICA for roll-out and scale up of Universal Health Coverage. The project is on course.	
1081117900 Reconstruction of drugs Rehabilitation centre at Coast General Hospital	20	20		7/1/19	6/30/21			20			-	20		2	12	18	-	20	100	The project is for construction of a rehabilitation centre for drug addicts and its on course near completion	
1081118000 Construction of a hospital in Kiyawara-	30	30		7/1/19	6/30/22			30			-	30		19	63	11	-	19	63	Ths project is stalled due to site dispute in Kieni constituency. Matter Being handled by the Public Works	

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2018	Approved budget 2017/18	Expected balance as at 30th June 2018	FY 2018/2019				FY 2019/2020				FY 2020/21				Remarks
		Govt	Foreign	Start Date	Exp Completion Date	(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)	
		Kshs Million				Kshs Million		Kshs Million				Kshs Million				Kshs Million					
Kieni East																					
1081118100 Intergrated Molecular Imaging Centre	83	683		7/1/20	6/1/21		683	-	-	-	-	-	-	-	683		683	100	The project's building structure is 100% complete and all equipment delivered and installed. However, the project requires Ksh. 200M to cater for variation costs.		
1081118200 Kenya COVID-19 Emergency Response Project	1,0942	1,0942		1/2/20	6/30/24		10,942				-	-	5,310	400	4	-	3,271	1,268	11.6	Funds to Prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness	
1081118600 Infrastructure Support to Kigumo Hospital	400	400		7/1/20	6/30/22		400				-	-	-	-	-	50	-	-	0	The project was to upgrade Kigumo Level facility to Level IV, project was delayed due to lack of clarity on scope of works , this was reslived and the contract was awarded in June, 2021	
1081118800 renovation & Improvement for Gatundu Level 5	300	300		7/1/20	6/30/23		300				-	-	-	-	-	100	-	100	33.3	Renovation works are at completion stage,phase II of the project to resume in FY 2021/22 to construct and equip the 2nd Tower at Gatundu Level 5 hospital	

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2018	Approved budget 2017/18	Expected balance as at 30th June 2018	FY 2018/2019				FY 2019/2020				FY 2020/21				Remarks
		Govt	Foreign	Start Date	Exp Completion Date	(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)	
		Kshs Million				Kshs Million		Kshs Million				Kshs Million				Kshs Million					
Hospital																					
1081118900 Equipping of Bildad Kaggia Level 4 Hospital Muranga	20	20		1/1/21	6/1/22			20	-	-	-	-	-	-	-	-	20	-	-	0	The project to start in the FY 2021/22 to equip Bildad Kaggia Hospital in Muranga
1081119100 Supply of Medical Equipment and Associated Services	5,300		5,300	1/1/21	6/30/26			5,300	-	-	-	-	-	-	-	-	1,700	1,330	25.1		Donor funded Project.Towards rehabilitation of the maternal and baby care units at MTRH and to support COVID-19 Emergency Response.
1081119200 GESDek COVID-19 Response Project	3,860		3,860	1/1/21	6/30/23			3,860	-	-	-	-	-	-	-	-	875	817	21.2		Funds geared towards control and prevention of COVID-19- 19 in the country
1081120100 Monitoring and Evaluation of KIDDP Projects	010	01		1/1/21	6/30/21			10	-	-	-	-	-	-	-	-	10	10	100		The project is complete.

Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		Actual Cumulative Exp up to 30th June 2018	Approved budget 2017/18	Expected balance as at 30th June 2018	FY 2018/2019				FY 2019/2020				FY 2020/21				Remarks
		Govt	Foreign	Start Date	Exp Completion Date	(b)	(c)	(a-b)	Approved GoK Budget	Approved Foreign Budget	Cumulative Exp up to 30th June 2018	Completion stage as at 30th June 2019 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2020	Completion stage as at 30th June 2020 (%)	Approved GoK Budget	Approved Foreign Budget	Actual Cumulative Exp up to 30th June 2021	Completion stage as at 30th June 2021 (%)	
		Kshs Million				Kshs Million			Kshs Million				Kshs Million								
	3 78,94 6	2 92,51 4	8 4,432			25,123	14,340	353,81 3	18,617	13,139	82,011	39	22,539	20,473	118,787		32,017	21,693	168,911		

2.4 Analysis of pending bills for FY 2018/19 – 2020/21

In the FY 2020/21, the Health sector had total pending bills amounting to Ksh. 21,887 Million comprising Ksh. 3,288 Million due to lack of liquidity and KSh. 18,599 Million due to lack of budgetary provision. The pending bills are summarized as follows;

Table 2.32: Summary of Pending Bills by nature and type (Amount in Ksh Million)

Type/Nature	Due to Lack of Exchequer			Due to Lack of Provision		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
RECURRENT	44,212	2,929	2,519	3,529	18,371	18,599
compensation for employees	2,508	2,892	2,508			
Use of Goods and Services	989	37	11	1,309	5,230	5,125
Social Benefits				1,260	12,181	11,233
Other Expenses	40,715		2	960	960	2,241
DEVELOPMENT	1,346	1,219	767	-	-	-
Acquisition of Non-Financial Assets	609	937	696			-
Use of Goods and Services						
Other - CDC Debts	737	282	71			
Total pending bills	45,558	4,148	3,288	3,529	18,371	18,599

Further, the sector's pending bills by Institution is summarized in the table below;

Table 2.33: Summary of Sector Pending Bills by nature and type (Amount in Ksh Million)

ENTITY	Due to Lack of Liquidity			Due to Lack of Budgetary Provision		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
MOH	41,755	416	45	-		
KMTC	482	482	-	3,004	3,342	4,143

KEMRI	2,217	2,146	2,033			
KNH	662	662	766		11,597	11,017
MTRH	442	442	442	520	509	513
KEMSA	-			-	2,920	2,920
NACC	-	-	-	-	-	-
NCI	-	-	2	-	-	-
KMPDC	-	-	-	-	-	-
NCK				5	3	6
TOTAL	45,558	4,148	3,288	3,529	18,371	18,599

MOH-HQs Pending Bills

The total pending bills at the Ministry's headquarters as per the end of the FY 2020/21 amounted to Ksh. 45 million comprising of Kshs.11 million in recurrent vote and Kshs.34 million in development vote.

Table 2.34: Summary of Pending Bills by nature and type (Amount in Ksh Million)

Type/Nature	Due to Lack of Exchequer			Due to Lack to Lack of Provision		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Recurrent	41,704	37	11	0	0	0
Compensation for employees						
Use of Goods and Services	989	37	11			
Social Benefits						
Other Expenses-Court Awards& legal fees	40,715					
DEVELOPMENT	51	379	34	0	0	0
Acquisition of Non-Financial Assets	51	379	34			
Use of Goods and Services						

Other – Specify						
Total	41,755	416	45	0	0	0

KEMSA Pending Bills

Table 2.35: Summary of Pending Bills by nature and type (Ksh Million)

Type/Nature	Due to Lack of Exchequer			Due to Lack to Lack of Provision		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
RECURRENT						
Compensation for employees	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	2,920	2,920
Social Benefits	-	-	-	-	-	-
Other Expenses	-	-	-	-	-	-
DEVELOPMENT	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Use of Goods and Services			-	-	-	-
Others – Specify	-	-	-	-	-	-
Total pending bills			-	-	2,920	2,920

Notes:

* KEMSA pending bill was Ksh 2.9 billion and relates to COVID-19 supplies whose procurement process was not completed.

KEMRI Pending Bills

Table 2.36: Summary of Pending Bills by nature and type (Ksh Million)

Type/Nature		Due to lack of Exchequer			Due to lack of provision		
		2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Recurrent		1,942	1,942	1,942	-	-	-
Compensation of employees	Recurrent Capitation - June 2018 salary	292	292	292			

	Pension	1,650	1,650	1,650			
Use of goods and services e.g. utilities, domestic or foreign travel etc.							
Social benefits e.g. NHIF, NSSF							
Other expense							
Development		275	204	91	-	-	-
Acquisition of non-financial assets	Development grant	20	20	20			
Use of goods and services e.g. utilities, domestic or foreign travel etc.							
Others specify	CDC debts	255	184	71			
Total Pending Bills		2,217	2,146	2,033	-	-	-

Notes:

Pension: The KEMRI staff retirement benefits scheme was established on 1st July 1983 as Defined Benefit (DB). However, the scheme lost funds amounting to Ksh.597Million in the hands of a former trustee which came to light in 2008. The actuarial value as at 30th June 2018 was at Kshs 1.650B. As the Institute awaits the pending court case to be concluded on the recovery of Assets, the Board of Management approved Annual allocations of Ksh. 50M paid to the scheme from recurrent allocation.

Development refers to development grant not remitted to KEMRI in the Financial year 2017/18 (20M)

CDC Vendors & Debts: The Institute through a board of Management committed to pay USD 500,000 after every 9 months towards full settlement of the debt that arose following the collapse of the CDC/Kisumu Collaborative Agreement (CoAg) in 2015.

KNH Pending Bills

Table 2.36: Summary of Pending Bills by nature and type (Ksh Million)

Type/Nature	Due to lack of Exchequer			Due to lack of Provision		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
1. Recurrent						
Compensation of employees	124	124	124			
Use of goods and services			0		1,346	773
Social Benefits –NSSF	-	-	-		215	191
Social Benefits -Pension Deficit	-	-	-		10,036	8,772
Spanish loan liability						1,200
Tax Liability						81
2. Development						
Acquisition of non-financial assets	538	538	642			
Total Pending Bills	662	662	766		11,597	11,017

Notes:

Compensation of Employees Kshs 124 million

Shortfall on personnel emoluments support 2015/16 Kshs.113.6 million

The hospital did not receive its total recurrent disbursement from the Ministry of Health in June 2016. On 30th June 2016, Kshs. 447,655,128.45 was received instead of the Monthly disbursement of Kshs. 561,255,128.45. This recurrent grant is used for staff salaries. The Ministry has since confirmed to the Hospital that funds will not be forthcoming and the Hospital has instituted the write off process from the books of accounts in accordance with the PFM Act.

Shortfall on personnel emoluments support 2017/2018 Kshs.10 million

During the 2017/18 financial year the hospital was allocated a recurrent budget of Kshs 7,335 million but Ministry disbursed Kshs 7,325 leaving a balance of Kshs 10m. This recurrent grant is used for staff salaries. The hospital had written to the Ministry of health requesting for disbursement but by the close of the year this was still outstanding.

Compensation of Employees Kshs 869.6 million

The shortfall in compensation to employees in the FY 2018/19 of Kshs 869.6 million was made up of Harmonized House allowances arrears of Kshs 359.7 million and Health workers allowance shortfall of Kshs 509.9 million. Both allowances were funded in Supplementary I allocation and were implemented in the FY 2019/20.

Use of goods and services Kshs 753 million

The analysis of the pending bills on use of goods and services as at 30th June, 2021 is outlined below:

No.	Category	Amount Kshs. M
1	Unpaid supplier's invoices	623
2	Interest on delayed payments	34
3	Unpaid Amount by Financiers (Burns & Pediatrics center)	96
	Total	753

Notes:

Unpaid suppliers' invoices – Kshs.623 Million

This is occasioned by the deficit in the Operations and Maintenance funds due to uncollectable revenue arising from indigents. Indigents are citizens who are not able to pay their bills for services offered by the hospital on clinical discharge.

As at 30th June 2021, unpaid suppliers' invoices totaled to Kshs. 621,822,668 out of which invoices totaling to Kshs. 490,957,091 are in various stages within the payment process and are expected to be paid in the month of July and August 2021. Invoices that are aging beyond 360 days amount to Kshs. 128,865,577 and are under investigation as to the completeness of support documentation. The invoices will be settled upon submission and verification of requisite documents.

Interest on delayed payments – Kshs. 34 Million

The contractor for the Burns Management and Pediatrics' Emergency center which is currently under construction raised a claim for interest on delayed payments of Kshs. 42,144,582 as at certificate No.7. Subsequently, the contractor has revised the interest claim to Kshs. 34,364,665 as at certificate 11 (see attached). Delayed payments are attributable to the proportions that were payable by financiers (BADEA, OFID & SFD) which were not made within the timelines stipulated in the contract for interim certificates No. 1 to 10. This pending bill is currently under verification by the Hospital as to the basis of interest calculation. Upon verification, the Hospital will request for allocation of funds to settle the amount due for interest on delayed payments.

Unpaid Amount by Financiers – Kshs. 96 Million

The financiers for Burns Management and Pediatrics' Emergency center (BADEA & OFID) have not disbursed the amount payable to the contractor for interim certificates 10 and 11. In addition, the two financiers have been withholding in error retention amount at 10% and withholding tax at 3% on the proportion payable resulting to the underpayment of interim certificates 2 to 9. The total amount not disbursed by the two financiers to date amount to Ksh. 76,245,378.

In addition, the project manager (Skair Associate & Dr.Nabeel Abdulrahaman) has not been paid professional fee note 1,2 and 3 by the financiers (SFD & BADEA) totaling to Kshs. 20,163,236.

The total outstanding amount by all the financiers is Kshs. 96,408,614 as tabulated below:

Table 2.36: Total outstanding amount

Age (Days)	91 – 180 (Unpaid Amount Cert 11)	181 – 270 (Unpaid Amount Cert 10)	>360 (Underpayment cert 2 to 9)	Total
BADEA	9,519,949	8,157,339	13,656,133	31,333,422
OFID	12,255,723	13,081,724	19,574,510	44,911,956
Skair Associates	0.00	0.00	17,567,968	17,567,968
NARCO	0.00	0.00	2,595,268	2,595,268
Total	21,775,672	21,239,063	53,393,879	96,408,614

Notes:

NSSF outstanding arrears Kshs 191 Million

This amount relates to contribution arrears for the period with effect from April 2001 to November 2009 when the Hospital had sought for an exemption (from complying with NSSF Act) from the Ministry of Labour and Human Resource Development. This is because the Hospital had a better Pension Scheme and there was an assumption on the part of the Hospital that the exemption would be granted. The Ministry delayed in making the decision and NSSF moved to court in 2008. The court directed the Minister to give direction and in 2011, the Ministry gave direction where it declined the request for exemption on the basis that NSSF was a universal Social Security pillar and thus was mandatory. The Hospital had by then accumulated arrears totalling to Kshs 310, 830,280 excluding penalties.

The hospital has been including this amount in the budget for funding and to date it has remained unfunded. From FY 2016/17 to FY 2019/20 the hospital has been paying Kshs. 24 million annually towards the arrears awaiting the Ministry of Health intervention. Cumulatively the hospital has paid Kshs 120,000,000 to reduce the pending bill to Kshs 190,830,280.

Defined Benefit (DB) Pension Deficit of Kshs. 8,772 Million

The actuarial valuation for the closed-to-new-member DB scheme as at 30th June 2020 reflects funding deficit of Kshs.8,772 million. From FY 2015/16 to FY 2019/20 the Hospital has been paying Kshs. 100 million annually towards the scheme deficit

which is not sufficient to service it. The hospital has continued to engage the Ministry of Health for more funding.

Spanish loan liability Kshs 1,200 Million

This is an outstanding loan amount in KNH books of Euro 14 million from The Kingdom of Spain dated 29th July 2005 towards Medical Equipment for the Hospital. The Hospital through various correspondences to The National Treasury has requested for conversion of this loan in to a capital grant. The Hospital is still awaiting response.

Tax Liability Kshs 81 million

This is outstanding tax payable to Kenya Revenue Authority (KRA) arising from tax penalty and interest following an in-depth audit in 2014. Tax waiver appeal has been made to the National Treasury through KRA and response is awaited.

Development Pending Bills Kshs 538 Million

In the Financial year 2017/18, the hospital was allocated Kshs 492 for Capital projects however only Kshs 246 was received leaving a balance of Kshs 246. The hospital has already signed contracts and commenced construction works for all the four projects. If the remaining funds are not disbursed as promised, the hospital risks incurring penalties for breach of contract and the project will stall for lack of funds.

In the Financial Year 2012/2013, the hospital had a development budget of Kshs 630 million in the printed estimate. This was decreased by Kshs. 22.6 million to a revised figure of Kshs. 607 million. The hospital received Kshs.315 million in the first half of 2012/2013 and the balance of Kshs.292 million was to be received in the second half of 2012/2013.

In the Financial Year 2020/21, the hospital did not receive kshs 104 million of the printed estimate of Kshs 320 million.

Cumulatively, a total of Kshs 642 million of development expenditure has not been received even after follow up due to lack of exchequer liquidity. The hospital had already committed the procurement of the capital items and lack of disbursement has caused a great strain on cash flow of the Hospital and affected the relationship with suppliers due to delayed payments. The funds are still required in keeping with the spirit of using the printed estimates as the guide to allocation.

KMTC Pending Bills

Table 2.37: Summary of Pending Bills by nature and type (Ksh Million)

Type/nature	Due to lack of Exchequer			Due to lack of Provision		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Recurrent	384	384	-	3,004	3,342	4,143
Compensation of employees	384	384	-			
Use of good and services				784	452	913

Social Benefits NSSF				60	730	730
Social benefits Pension deficit				1,200	1,200	1,540
Provision for CBA from 1st July 2014 (@240M P.A.)				960	960	960
Development	98	98	-	-	-	-
Acquisition of non-financial assets	98	98				
Use of goods and services						
Others – Specify						
Total Pending Bills	482	482	-	3,004	3,342	4,143

Notes:

Note 1: The College was allowed to operate a pension scheme with effect from 1st January 2002 following the Retirement Benefits Authority's (RBA) registering a contributory Staff Retirement Scheme. All the staff became members of the Scheme and their NSSF contributions were stopped. However, the Minister for Labour, through a Notice to all Employers stressed that following the Kenya Gazette Notice No. 159 of 30th October 2009, it is now mandatory for all employers to remit contributions to NSSF. No employer is exempted from the provisions of the NSSF Act on the strength of having an in-house occupational pension scheme. Exemption may only be granted by the Minister for Labour on the recommendations of the NSSF Board of Trustees where an employer operates a universal national scheme that offers benefits comparable to NSSF and that the NSSF is such a scheme. Consequently, the College remitted NSSF contributions for all its staff with effect from 1st April 2011. The outstanding contributions for the period commencing 1/1/2002 to 31st March 2011 amounting to Kshs 60million has been cleared. However, NSSF has since levied Kshs.730million, being penalties on late payment

Note 2: The college converted its DB scheme to DC as required vide the treasury circular. An actuarial valuation was undertaken that revealed a deficit amounting Kshs. 1.54B continues due to lack of budgetary allocation. The RBA requires a Remedial Action Plan (RAP) for its settlement. In view of recent retirements of staff, the scheme is soon finding it difficult to meet its obligations of paying Pensions to retirees.

MTRH Pending Bills

Table 2.37: Summary of Pending Bills by nature and type (Ksh Million)

Type/Nature	Due to Lack of Exchequer	Due to Lack to Lack of
-------------	--------------------------	------------------------

				Provision		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
RECURRENT						
compensation for employees	442	442	442			
Use of Goods and Services				520	509	513
Social Benefits						
Other Expenses						
DEVELOPMENT						
Acquisition of Non-Financial Assets						
Use of Goods and Services						
Others – Specify						
Total pending bills	442	442	442	520	509	513

Notes:

The pending bills have accrued over the years because of the following;

- i. The Pending bills of Ksh.513 million for FY 2021/22 relates to payment of Suppliers for goods & services as at 30th June 2021.
- ii. This as result of supplementing the wage bill because of inadequate provision for salaries.
- iii. Indigent patients who are not able to pay their bills for services offered by the hospital resulting to waivers of Kshs.400 million annually.

To settle the pending bills, the hospital has requested the Treasury to fund the Hospital to correct this anomaly, in addition to taking the following measures

- i. All patients visiting the hospital to register with NHIF to reduce the waivers.
- ii. Taking up austerity measures in spending, to ensure prudent spending in all areas.
- iii. Follow up with The National Treasury and MOH on pending salary grants and adequate funding

NCI pending bills

Table 2.38: Summary of Pending Bills by nature and type (Ksh Million)

Type/nature	Due to lack of exchequer			Due to lack of provision		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21

Recurrent						
Compensation of employees	-	-	-			
Use of goods and services	-	-	-			
Social benefits e.g NSSF, HIF	-	-	-			
Other expense	0	0	2.4			
Development						
Acquisition of Non-financial assets	-	-	-			
Use of goods and services	-	-	-			
Others – specify	-	-	-			
Total Pending Bills	0	0	2.4			

Nursing Council of Kenya pending bills

Table 2.39: Summary of Pending Bills by nature and type (Kshs. Million)

Type/nature	Due to lack of Exchequer			Due to lack of Provision		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Recurrent						
Compensation of employees	-	-	-	-	-	-
Use of goods and services	-	-	-	5	3	6
Social benefits e.g NSSF, NHIF	-	-	-		-	-
Other Expenses	-	-	-		-	-
Development						
Acquisition of non-financial Assets	-	-	-	-	-	-
Use of goods and services	-	-	-	-	-	-
Others-Specify	-	-	-	-	-	-
TOTAL PENDING BILLS	-	-	-	5	3	6

2.5 Analysis of Court Awards

As at June 2021, the sector had an outstanding court awards amounting to KSh 41.3 Billion – all accrued by the Ministry of Health - as summarized in the table below;

Table 2.40: Summary Of Court Awards

Details of the Award	Date of Award	Amount	Payment as at 30 th June 2021	FY 2021/22 Budget (Allocation)	Outstanding Balance
DR. SAMUEL KABERERE NJENGA –VS- AG& PS -450/2011	2011	1,427,538			1,427,538
VULCAN LTD VS. AG NRBI -HCCC 1361/2000	2000	1,751,461,684	751,461,683		1,000,000,000
ABEDNEGO OCHOLA V AG -KSM H/C , MISC CIV APP NO' 86/2013	2013	612,032			612,032
FARAM E.A. LTD VS THE AG & 2 OTHERS -HCC AT NAIROBI NO. 245 OF 2013	2013	190,813,115			190,813,115
FARAM E.A LTD V THE ATTORNEY GENERAL, THE PS MOH -HC AT NAIROBI CIVIL SUIT NO. 103 OF 2018	2018	14,840,000			14,840,000
SIMON KAMAU NJOROGE VS. PRINCIPAL SECRETARY -411/2014	2014	169,999			169,999
ELDORET CHILDRENS CASE EUNIFER JEROTICH VS. DAVID KIBIWOTT -44/2004	2004	144,000			144,000
DR. LAWRENCE NJOGU CHEGE VS THE ATTORNEY GENERAL -372/2016	2016	219,748			219,748
SUSAN WAMAITHA KAMAU VS PRINCIPAL SECRETARY MINISTRY OF HEALTH - NRBI HC JR NO. 173 OF 2016	2016	63,702			63,702
FAIZ ALI TAIB VS AG, PS HEALTH MOMBASA JUDICIAL -REVIEW NO. 64 OF 2013	2013	94,145			94,145
CAROLINE WAMAITHA (SUING THROUGH NEXT OF FRIENDS) ESTHER NJOKI WANJIRU V MURIGI CHEGE, MOH MARAGWA DISTRICT HOSPITAL & AG PMC AT KANDARA CIVIL -CASE NO 188 OF 2015	2015	1,363,118			1,363,118
EQUIP AGENCIES LTD VS. AG -MILIMANI HCCC 55 /2017 FORMERLY (1459/1999)	1999	15,250,000,000			15,250,000,000
MAGGY AGULO CONSTRUCTION CO. LIMITED VS. MINISTRY OF PUBLIC HEALTH AND 4 OTHERS -HIGH COURT KAKAMEGA CIVIL SUIT NO. 01 OF 2017	2017	42,447,990			42,447,990
IN THE MATTERS OF ARBITRATION BETWEEN MELLECH ENGINEERING & CONSTUCTION LTD AND HENRY M. JACKSON FOUNDATION & ANOTHER		1,032,500			1,032,500
UNITED MEDICAL SUPPLIES VS THE AG - HIGH COURT SUIT AT NAIROBI NO. 2332 OF 1995	1995	17,839,728,834			17,839,728,834
PETER BUTALIU SABWAMI VS ARCHDIOCESE OF NAIROBI KENYA, DR. LILIAN WANGU & DR -MUCHAI GACHOGO -HCC NO 399 OF 2010	2010	5,045,879			5,045,879

UASIN GISHU MEMORIAL HOSPITAL VS MOI TEACHING & REFERAL HOSPITAL BOARD, MOH AND THE AG -CIVIL APPEAL AT NRB NO 184 OF 2012	2012	1,738,630,267			1,738,630,267
ELIZABETH AWINO ONYANGO VS CABINET SECRETARY, MIN OF HEALTH & 2 OTHERS - MISC CIV SUIT NO 391 OF 2013	2013	244,839			244,839
TURN-O-METAL V MINISTRY OF HEALTH- HC NAIROBI CIVIL SUIT NO. 234 OF 2011	2011	101,939,382			101,939,382
KEVIN MUZINDI WAMBUGU VS THE HON. ATTORNEY GENERAL -NAIROBI CMCC NO. 11160 OF 2004	2004	244,730			244,730
ROCKEY AFRICAN LIMITED -HCCC 1361 OF 2000	2000	2,779,068,628			2,779,068,628
EMMANUEL MUNENE -VS- THE ATTORNEY GENERAL & HYLINE MEMBA -CMCC NO. 1558 OF 2013	2013	12,204,618			12,204,618
EUROTECH INTERNATIONAL – V- THE ATTORNEY GENERAL -HCCC NO. 1460 of 1999	1999	2,250,000,000			2,250,000,000
ROSE MUMBI MUTURI VS. DIRECTOR NATIONAL YOUTH SERVICE, ATTORNEY GENERAL & ANOTHER - THIKA CMCC NO. 820 OF 2012	2012	615,788			615,788
ELRC Judicial Review No.1 of 2009: Health Systems Management Association of Kenya-vs-KNH Board & Deloitte Consulting Ltd (Interested Party).	2020	193,653			193,653
TOTAL AMOUNT		41,982,606,189	751,461,683		41,231,144,505

CHAPTER THREE: MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2022/23 – 2024/25

3.1 prioritization of Programmes and Sub-Programmes

This chapter provides the Medium-Term priorities to be implemented by the Sector in the period covering the Financial Year 2021/22 and the Medium-Term Budget. Programme prioritization is making decisions about how best to allocate limited resources to improve population health. Effective priority setting addresses the differing interests and motivations through a clear process focused on the use of evidence, transparency, and participation to identify the most appropriate programs and interventions to address population health needs.

Priority setting relied on the use of diverse sources of data (including health and burden of disease information, service delivery evaluations, and cost-effectiveness assessments) as well as stakeholder input to prioritize the most appropriate programs and interventions and inform resource allocation. The Health sector has provided a policy framework that will facilitate the attainment of the highest possible standard of health in a manner responsive to the needs of the population, including access to quality services with adequate financial risk protection.

In the MTEF period 2022/23 to 2024/25, the sector will work towards containing the negative effects of the Covid-19 pandemic, through continuous and rigorous process of identification of cases, treatment and prevention of transmission. Health facilities improvement will be enhanced, while the goal of vaccinating the entire adult population will be actualized.

Universal Health Coverage roll out will also be prioritized through continuous registration and coverage of the population during this period. This will be done in order to ensure reduction out of pocket/catastrophic health expenditures through reforming the provider payment mechanisms and ensuring efficiency and equity in use and distribution of resources.

3.1.1. Programmes and their Objectives

Sector will implement the following 5 programmes and sub programmes in the Financial Years FY 2022/23-2024/25 which are in line with the priorities mentioned above:

Programmes and their Strategic Objectives

Table 3.0.1: Programmes and their Strategic Objectives

Programme	Outcomes	Programme objectives
Programme 1: Preventive, Promotive and RMNCAH Services	Reduced morbidity and mortality due to preventable causes	To increase access to quality Promotive and Preventive health care services
Programme 2: National Referral	Increased access, Quality and range of	To increase access and range of quality

and Specialized Health Service	specialized health services	specialized healthcare services
Programme 3: Health Research and Development	Increased knowledge and innovation through capacity building and research	To increase capacity and provide evidence for policy formulation and practice guidelines
Programme 4: General Administration and Support Services.	Effective governance and leadership mechanisms strengthened.	To strengthen Governance and leadership in the sector
Programme 5: Health Policy, Standards and Regulations	Strengthened Health Policy, Standards and Regulations	To strengthen policy and regulation of the Health Sector

The above programmes are aligned and consistent with MTP III strategic objectives and flagship projects to achieve the Kenya Vision 2030, The Health Sector Strategic Plan (KHSSP), 2018 - 2023, the UHC agenda, the ERS, the Sustainable Development Goals (SDGs) and the core mandate of the sector.

Overall, these programmes aim at achieving improved accessibility, affordability of health services, reduction of health inequalities and optimal utilization of health services across the sector. The following are the programmes and respective sub-programmes to be implemented during the period, FY 2022/23-2024/25.

Programmes and Sub-programmes

Table 3.0.2: Programmes and Sub-programmes

Programme	Sub Programmes
Preventive, Promotive and RMNCAH	<ul style="list-style-type: none"> SP 1.1 Communicable Disease Control SP1.2 Non-Communicable diseases prevention and control SP1.3 Radioactive Waste Management SP1.4 RMNCAH SP1.5 Environmental Health
National Referral &Specialized services	<ul style="list-style-type: none"> SP2.1 National Referral Health Services SP2.2 Specialized Health Services SP2.3 Specialized Medical Equipment SP2.4 Forensic and Diagnostic services SP2.5 Health Products and Technologies
Health Research and Development	<ul style="list-style-type: none"> SP3.1 Pre-Service and In-Service Training SP3.2 Health Research
General Administration & Support Services	<ul style="list-style-type: none"> SP4.1 General Administration SP4.2 Finance and planning
Health Policy, Standards and Regulations.	<ul style="list-style-type: none"> SP5.1 Health Policy SP5.2 Social Protection in Health SP5.3 Health Standards and Regulations

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

Table 3.0.3: Programmes/Sub-Programme, Outcome, Outputs and KPIs

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
Programme 1: Preventive, promotive and RMNCAH									
Programme Outcome: Increased access to quality promotive and preventive health care									
SP 1.1 Communicable disease control	Division of Disease Surveillance and Epidemic Response	Trainers of Trainers (TOTs) Trained on the Revised IDSR technical guidelines	Number of TOTs Trained	200	200	335	335	765	765
		Suspected non-polio Acute flaccid paralysis case detected per 100,000 population	Acute flaccid paralysis case detection rate	N/A	N/A	2.3	2.5	2.8	3
		Community Event Based Surveillance (CEBS) in counties established	Number of Counties with Functional CEBS	5	5	5	10	12	15
		Event Based Surveillance established in Hospitals.	Number of Hospitals with Functional Event Based Reporting System	N/A	N/A	6	14	24	36
	Division of Health Emergencies and Disaster Management	Ambulance drivers trained and certified in Emergencies and Disaster Management	Number of ambulance drivers trained and certified	N/A	N/A	250	350	350	300
	Public Health Emergency Operation Centre	Awareness on COVID-19 situation in the country created	Number of SITREPS disseminated	N/A	N/A	52	52	52	52
		Travelers tracked using COVID-19 Jitenge App	Number of travelers tracked through the Jitenge app.	N/A	N/A	100,000	150,000	200,000	250,000
		Vulnerability and risk analysis mapping conducted	Risk Assessment report	N/A	N/A	1	1	1	1
		Healthcare managers trained on Public Health Emergency Management (PHEM)	Number of managers trained	N/A	N/A	100	200	300	400
		Simulation of public health emergency exercises at national level conducted	Number of simulation exercises conducted	N/A	N/A	2	2	2	2

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
Ministry of Health	Public Health Emergency Management Operations Centre	Public Health Emergency Operations Centers established	Number of counties with established Public Health Emergency Operations Centers	16	17	11	10	9	N/A
	Field Epidemiology & Laboratory Training Program (FELTP)	Health Care workers trained	Number of FELTP residents trained	20	20	20	20	20	20
			Number of healthcare workers trained on epidemiology short course	N/A	N/A	70	75	80	90
			Number of health care workers trained in public health management for Action	N/A	N/A	5	7	9	11
	Division of Vector Borne & Neglected Tropical Diseases	People treated for Lymphatic filariasis (LF), Trachoma, bilharzia, and intestinal worms	No. of people treated for Lymphatic filariasis (Millions)	3.9	4.02	2.5	1.6	0.4	N/A
			Number of people treated for trachoma (Millions)	1.7	0.9	1.5	1.4	1	0.5
			Number of people treated for Bilharzia and intestinal worms. (Millions)	N/A	2.1	4	8	8	8
		Health care workers trained on diagnosis, treatment and reporting of leishmaniasis	Number of health care workers trained	N/A	N/A	50	250	600	1000
		Technical assistance to counties on response to outbreaks neglected tropical diseases provided	Number of counties supported	N/A	N/A	3	4	4	4
	Division of Zoonotic Diseases	Staff trained on Rabies and Brucellosis	Number of health care workers trained on Rabies	0	0	50	150	300	500
			Number of Health care workers trained on Brucellosis	0	0	50	150	300	500
		Technical assistance to Counties for priority outbreak prone zoonotic diseases provided	Number of counties supported	0	0	3	4	4	4
	Division of Global Health Security	National Public Health Institute /Centre for Diseases Control (NPHI/CDC) established	NPHI/CDC Established	0	0	1	1	N/A	N/A
		Healthcare workers trained on International Health Security	Number of health workers trained	0	0	50	100	150	200

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
NACC	Department of Laboratory Services	Laboratory diagnostic capacity for priority diseases expanded	Number of laboratories with expanded capacity to conduct testing of at least 5 priority diseases	13	13	23	33	43	47
		Oncology laboratory capacity increased for cancer sample analysis	Number of cancer samples analyzed	N/A	2000	3000	4200	5900	8300
		COVID-19 tests conducted	Number of COVID-19 tests conducted (Millions)	N/A	N/A	1.9	5	7	8
	HIV Prevention and Management Services		Number of adolescents and young people reached with HIV prevention and SRH information in Millions	1	0.782	1.2	1.25	1.3	1.36
			Number of men reached with integrated information package on HIV prevention and SRH	600,000	226,021	605,000	610,000	615,000	620,000
			Number of PLHIV networks sensitized on Non-Communicable Diseases	30	150	35	38	43	60
			Number of condom dispensers installed in non-health settings	600	921	610	630	690	750
			Number of condoms distributed in non-health settings	12M	12.13M	13.0M	15.0M	18.M	20.0M
			Number of people reached with HIV prevention and messages via different platforms	9.0M	29.6M	10.0M	11.0M	12.0M	14.0M
			No of counties reached through Beyond Zero medical safaris clinics	5	7	9	10	10	5
			Number of people reached with the EMTCT and other health services	0	0	6592	7000	7900	8500
			Number of MDAs reporting on Maisha Certification system	300	303	320	323	330	335
			Number of MDAs sensitized on Maisha Certification system	N/A	179	320	323	330	335

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
			Number of community engagements conducted to increase uptake of HIV services	N/A	N/A	100	120	140	160
			Mother To Child New HIV Infections Transmission rate	8.3	11.5	10.8	8.9	6.9	5
			Number of Health and HIV prevention Programmes incorporated and implemented.	40	83	85	90	95	100
			Number of thematic modules introduced into the Situation Room	4	8	4	5	5	N/A
			Number of organizations reporting through the CAPR system	1,650	1,654	1,700	1,750	1,800	1,850
			Number of Civil Society Organizations (CSOs) sensitized on Community Aids Program Reporting System (CAPR) reporting	900	937	950	1000	1040	1100
			Number of people reached through Research webinars conducted on new and emerging evidence	N/A	N/A	N/A	350	400	450
			Number of people Currently on ART	1,254,800	1,253,420	1,254,840	1,287,890	1,319,870	1,354,630
			Number of targeted HIV tests amongst high-risk populations	8,686,470	4,964,180	8,234,360	7,632,170	6,791,069	6,786,044
			Number of HIV Positive Identified	182,410	126,040	189,390	190,800	191,410	196,700
	NASCOP	HIV Prevention and Management Services	Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	N/A	N/A	9.6	8.4	7.2	5
			Percentage of HIV pregnant women who received HAART in ANC, PNC and Labor and Delivery	94	93	95	98	98	98
	TB Programme	TB Prevention and Curative Services	Number of TB cases notified (All forms)	112,800	73,777	100,617	99,226	97,203	94,287

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
			Number of MDR-TB cases notified	800	924	1,036	1,112	1,148	1,171
			Proportion of successfully treated TB cases (all forms of TB)	90	85	90	90	90	90
			Proportion of Multi drug resistant TB successfully treated	70	79	78	79	80	81
			Number of people in contact with TB patients who began preventive therapy identified	N/A	N/A	8,632	24,170	31,747	38,704
	National Malaria Programme	Malaria Prevention and Curative Services	Number of Artemisinin Combination Therapy (ACTs) doses distributed to public health facilities(millions)	6.8	5.8	7	6.3	6.9	7
			Proportion of suspected cases tested (microscopy or Rapid Diagnosis kit)	95	67	100	100	100	100
			Proportion of Confirmed Malaria Cases treated	80	92	100	100	100	100
			Number of Routine Long Lasting Insecticidal Nets distributed(millions)	1.7	1.42	2.2	2.3	2.4	2.5
			Institutional framework for Malaria Youth Army developed	0	0	1	0	0	0
			Proportion of Larval breeding habitats identified and appropriately managed	0	0	90	90	90	90
SP 1.2 Non-Communicable diseases	Cancer Programme	Cancer Prevention Services	Number of women of reproductive age screened	369,380	328,852	400,000	500,000	600,000	700,000
			Number of Primary health care workers trained	500	2,600	2800	3,000	4,200	5000
	Comprehensive regional cancer centers established		Number of regional cancer centres	3	3	3	4	5	5
	National Cancer Institute Kenya	Cancer information platforms established in national and	Number of cancer registry hubs established	12	13	17	8	9	9

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
Cancer Prevention and Control Stakeholders engaged	County levels	Number of health facilities linked to cancer registry hubs	NA	NA	N/A	20	32	40	
		Number of counties engaged on resource allocation and prioritization for cancer prevention and control	15	19	20	20	27	0	
		Number of counties with county specific cancer control framework	N/A	N/A	N/A	5	7	10	
		Number of people reached with cancer Prevention & Control messages	5,000,000	5,810,591	8,000,000	15,000,000	25,000,000	28,000,000	
		Number of ministries departments and agencies trained to implement workplace cancer prevention and control programs	8	9	12	22	35	55	
		Regulations to operationalize the Cancer Prevention and Control Act 2012 developed	Cancer Control Regulations	N/A	N/A	N/A	1	0	0
		Cancer policy briefs developed	Number of cancer policy briefs	N/A	N/A	N/A	N/A	2	2
		County networks for cancer survivor groups established	Number of county networks for cancer survivor groups	N/A	N/A	N/A	N/A	5	7
		Cancer care centers certified	Number of cancer care centers certified	N/A	N/A	20	30	40	50
		Officers recruited into NCI-Kenya	Number of officers recruited into NCI-Kenya	N/A	N/A	N/A	32	60	101
	Mental Health Unit	Health Care Workers Trained on Mental Health interventions guide	Number of Health Care Workers trained	10,000	1,247	10,000	15,000	20,000	20,000
		Community Health Workers trained on mental health Interventions	Number of community health workers trained	N/A	N/A	500	700	950	1,250
Non-Communicable Diseases (NCD)Prevention and Control Unit	TOTs trained on Diabetes and Cardiovascular Diseases prevention and management	Number of TOTs trained	500	498	1500	N/A	N/A	N/A	
	Nation NCDs STEPWISE Survey conducted	STEPWISE survey report	1	0	1	0	1	0	
	Diabetes and hypertension curative services	Number of diabetes patients receiving treatment	100,000	113,099	150,000	226,310	282,892	353,615	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
SP 1.3- Radiation Safety and Nuclear Security			Number of hypertensive patients receiving treatment in Millions	0.15	0.186	0.25	1.11	1.26	1.57
		Community Health Volunteers trained on Diabetes and CVDs prevention and control	Number of Community Health Volunteers trained	285	232	400	1500	1850	2000
	Violence and Injuries Prevention and Control Division	TOTs trained on trauma prevention and care	Number of TOTs trained	75	0	100	200	300	500
		Community Health Volunteers trained on prevention and control of violence and injury	Number of CHVs trained	0	500	1500	3500	5500	7000
	Tobacco Control Division	TOTs trained to train Health Care Workers on implementation of Tobacco Control Act and Cessation Guidelines	Number of TOTs trained	100	100	250	500	1000	1000
		Tobacco control and enforcement officers trained	Number of Public Health Enforcement officers trained	300	100	400	500	800	1000
		Tobacco cessation clinics established	Number of Tobacco cessation clinics	5	4	4	5	10	15
		Persons sensitized on Tobacco control intervention	Number of people sensitized	N/A	N/A	0.5M	1M	1M	1M
	Geriatrics Medicine	Functional workplace wellness programme established at Ministry of Health	Number of functional workplace wellness programs	1	0	1	1	2	2
		Guidelines on Physical Activity, Healthy Ageing and Older Persons developed and disseminated	Guideline on Physical Activity, Healthy Aging and Older Persons developed and available	1	0	0	1	0	0
		Rapid geriatric assessment (RGA) conducted on Geriatric patients	Number of RGAs conducted	200	0	1000	1300	1550	2300

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
		Persons trained on incidents involving CBRNe materials	Number of persons trained on incidents involving CBRN materials	2	2	5	5	5	5
		Strategic Goods Control (SGC) Bill, 2021 developed	STC draft Bill	1	1	1	N/A	N/A	N/A
			Number of SGC Regulations developed	N/A	N/A	1	1	1	1
		Facilities inspected and licensed on radiation protection	Number of facilities inspected and licensed	4210	2277	5000	4200	4500	4800
		Radio-analysis of consumer goods and motor vehicles certificates issued	Number of radio-analysis certificates issued on foods, food related raw materials & environmental samples	40,000	37,484	80,000	90,000	100,000	120,000
			Number of radio-analysis certificates issued on imported used motor vehicle units	80,000	86,790	100,000	120,000	150,000	200,000
SP 1.4 Reproductive Maternal Neonatal Child and Adolescent Health - Nutrition- (RMNCAH-N)	Department of Family Health	Family Planning Services	Proportion of Women of reproductive age receiving FP commodities	50	43	50	55	58	62
		Maternal Neonatal and Child Health Services	Proportion of pregnant women attending at least 4 ANC visits	60	52.1	57	61	65	69
			Proportion of women receiving post-natal care within 2-3 days of delivery	52	12	50	54	58	62
			Number of MCH books distributed in Millions	2.2	0	0	2.3	2.4	2.5
			Facility based maternal mortality rate per 100,000 deliveries	100	103	103	100	96	92
			Number of facilities based neonatal deaths per 1000 live births	12	23	23	21	19	18
			Proportion of Vitamin A Supplementation (VAS) coverage	62	82	80	80	80	80
			Number of Pre-school and school going children de-wormed in Millions	6	2.6	6	6	6	6

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
	Division of National Vaccines and Immunization program	Vaccines and Immunization Services	Proportion of fully immunized children (Proxy Penta 3)	84	84	84	86	88	90
			Proportion of Health Facilities with Functional Cold Chain Equipment	90	88	92	94	95	96
			Number of Covid 19 vaccines doses admnistred(millions)	9	1.4	37.6	4	4	4
			Proportion of fully immunized adults	17	1.4	100	100	100	100
SP 1.5 Environmental Health	Water Sanitation and Hygiene	Villages certified as open defecation free	Proportion of Villages certified as open defecation free	20,000	20,240	25,000	30,000	35,000	40,000
	Food Safety and Quality Control	National Integrated food safety surveillance system developed and established	Number of Integrated food safety surveillance system developed	N/A	N/A	1	1	N/A	N/A
			Number of counties implementing National Integrated food safety surveillance systems	N/A	N/A	N/A	15	15	17
	Division of Waste management, Pollution Control, and Climate Change	Medical waste microwaves installed and commissioned	Number of medical waste microwaves installed and commissioned	10	11	11	5	5	5
		Health care workers trained on medical waste management	Number of healthcare workers trained	600	600	600	300	300	300
	Occupational Health and Safety	Health committees in National and County referral hospitals established	Number of county referral health facilities with trained safety and health committees	15	0	15	15	13	4
		Health care workers trained on occupational health safety	Number of health care workers trained	N/A	N/A	300	600	860	940
	Port Health Services	Border Health Capacity Discussion Guide (BHC DG) implemented in Point of Entry's (POEs)	Number of Points of Entry (POEs) implementing BHC DG	3	0	3	3	4	5
		Standard Operating Procedures guidelines for epidemic response developed	Number of Standard Operating procedures developed and validated	N/A	8	15	3	3	1
	Vector and Vermin Control	Spray operators trained in vector and vermin control	Number of County spray operators trained	N/A	22	94	46	70	94
	Tobacco control Board	Tobacco Control Policy developed	Tobacco control policy document	N/A	N/A	1	1	N/A	N/A
		Instruments to operationalize tobacco control fund developed	Number of instruments to operationalize the fund	4	1	3	2	2	2

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25	
			developed							
SP 1.6 Primary Health Care	Health Promotion division	Health promotion guidelines (IES materials, advocacy, BCC) developed	Number of Guidelines developed	3	0	1	1	1	N/A	
	Community Health division	Functional Community health units (CHUs) established	Number of functional CHUs	9513	8663	8663	9600	10500	11500	
	Primary Health Services Division	Collection and reporting of community health data strengthened	Number of counties using e-CHIS to collect and report data on KHIS	0	0	5	30	47	47	
		Primary care networks operationalized	Number of hospitals accredited as hubs for the PHC Networks	100	2	47	94	141	141	
		Level 4- Sub- County PHC referral hospital fully equipped as hubs for the PHC Networks (47) as per IGA	Number of level 4- Sub-County hospitals equipped	N/A	0	2	8	24	47	
Programme 2: National referral and specialized services										
Programme Outcome: Increased access and range of quality specialized health care services										
S.P 2.1 National Referral Health Services	Kenyatta National Hospital	Specialized health care services	Number of Heart surgeries done	150	326	359	395	434	478	
			Number of Other Cardiothoracic surgeries conducted	613	931	1024	1127	1239	1363	
			Number of Kidney Transplants conducted	25	7	15	20	25	30	
			Number of minimally invasive surgeries done	4,849	5,232	5,756	5,956	6,156	6,356	
			Number of patients undergoing specialized Burns treatment (OBD)	575	534	561	589	618	649	
			Number of cancer patients on (Chemotherapy and radiotherapy	48,113	39,971	41,970	44,068	46,271	48,585	
			Health Research disseminated	Number of new Research Projects disseminated	16	16	17	18	19	
			Average waiting time for specialized diagnostic and	ALOS for trauma patient's (days)	32	39.1	36	35.8	34.2	
									33.6	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
		treatment services reduced	Average waiting time (days) for radiotherapy	20	21	20	19	18	17
			Average waiting time (days) for chemotherapy	N/A	21	18	16	15	14
		Outreaches conducted	Number of outreaches conducted	70	55	61	67	73	81
		Mentorship and preceptorship for specialized health personnel conducted	Number of staff under preceptorship	N/A	N/A	50	32	50	75
			Number of Youth Internships/Industrial Attachment/ Apprenticeship provided	1,650	1,731	1,818	1,999	2,199	2,419
		Kenyatta National Hospital - Othaya	Specialized health care services	Number of minimally invasive surgeries done	746	1,398	1,468	1,541	1,618
			Average waiting time for chemotherapy services (days)	N/A	N/A	14	12	10	7
			Number of dialysis sessions conducted	856	2,962	3,258	3,323	3,389	3,457
			Average length of stay for orthopedics surgery (days)	N/A	16	15	14	13	12
			Number of specialized clinics	9	16	18	20	22	24
			Number of screening sessions for NCDs	N/A	N/A	2	3	3	3
			Health Research disseminated	Number of research projects on health disseminated	2	3	5	7	9
			Mentorship and preceptorship for specialized health personnel conducted	Number of youth internships/industrial attachments/apprenticeship	200	113	117	130	150
			Multi-disciplinary outreaches to sensitize facilities and the public conducted	Number of specialized multi-disciplinary outreaches	10	12	13	15	16
			Policies and strategies developed	Number of Policies developed	N/A	N/A	5	6	8
				Number of strategies developed	N/A	N/A	0	2	3
		Moi Teaching and Referral Hospital	Average length of stay reduced	Average Length of Stay for Orthopedic Surgery (Trauma Patients) Days	12	12	12	11.7	11.5
				Average Length of Stay for Pediatric Burns Patients(days)	34.1	31.5	34.1	31.5	31
									30.5

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
		Specialized Healthcare Services	Number of Kidney Transplants undertaken	16	8	17	18	19	20
			Number of Minimally Invasive Surgeries	2,150	2,226	2,500	2,400	2,450	2,470
			Number of Patients receiving oncology services- Consultations & Treatment	16,024	16,395	17,130	16,600	16,630	16,650
			Number of Open-Heart Surgeries conducted	39	8	40	12	14	16
			Number of patients receiving external beam radiotherapy services	N/A	N/A	420	441	463	486
			Number of patients receiving Brachytherapy services	N/A	N/A	36	38	40	42
			Number of Corneal Transplants conducted	13	9	14	11	12	13
			Number of Hemodialysis Sessions for Children done	1,750	2,083	1,900	1,930	1,950	1,970
			Number of Cardiothoracic Surgeries done	45	297	410	315	320	325
			Health Research disseminated	Number of Research Papers on Health Disseminated	12	22	22	14	15
		Kenyatta University Teaching, Referral and Research Hospital	Multidisciplinary Consultations Conducted	52	57	77	59	60	61
			Youth internships/ Industrial attachments/Apprenticeships provided	3,380	2,822	3,390	1,800	1,830	1,850
			Specialized Health care Services	Number of Open-Heart Surgeries done	2	0	4	8	16
			Number of Kidney transplant undertaken	3	0	0	1	4	10
			Number of minimally invasive surgeries done	500	60	120	150	300	500
			Number of patients receiving chemotherapy and radiotherapy Treatment	14,700	17,339	17,000	19,500	23,000	24,500
			Number of Hemodialysis Sessions conducted	9,411	6,037	7,000	7,200	7,500	7,800

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
			ALOS for orthopedic patients' (days)	N/A	N/A	15	12	10	7
			ALOS (days) for elective general surgery patients	7	7	7	5	5	5
			Number of specialized Gynecology procedures conducted	200	30	340	500	700	900
		Average waiting time for specialized diagnostic and treatment services reduced	Average waiting time (days) for radiotherapy	21	17	17	17	14	9
			Average waiting time (days) for Chemotherapy	21	17	17	17	14	9
			Average turnaround time for oncology patients (hours)	2	2	2	2	1	1
			Number of PET Scan examinations done	N/A	N/A	3,000	6,000	9,000	12,000
			Number of SPECT CT-Scan examinations done	N/A	N/A	750	1,800	2,400	3,000
			Number of Cyber-Knife procedures done	N/A	N/A	N/A	3,120	4,500	5,400
			Number of Brachytherapy sessions conducted	N/A	N/A	900	3,120	4,500	5,400
		Studies & Research conducted	Number of research conducted & completed	2	1	2	3	3	5
		Medical Outreached and mentorship conducted	Number of Medical Outreaches and Mentorships conducted	8	4	13	13	13	13
		Youth internships/ Industrial attachments/Apprenticeships provided	Number of Youth Internships/Industrial Attachment/ Apprenticeship	500	210	250	300	350	400
		Diagnosis and Cancer Treatment Facilities Developed	Percentage of completion of Integrated Molecular Imaging Center (construction and equipping)	100	95	100	N/A	N/A	N/A
			Percentage of completion for the expansion of the Cancer Center (Manu Chandaria Comprehensive Cancer Care Center)	N/A	N/A	60	100	N/A	N/A

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
			Percentage of procurement, installation, and operationalization of Cyber Knife completed.	N/A	N/A	70	30	N/A	N/A
SP 2.2 Specialized Health services	Mathari National Teaching and Referral Hospital	Policies, Standards and Regulations developed to operationalize MNTRH	Number of policies developed	N/A	0	1	1	1	1
			Number of standards and regulations developed	N/A	0	1	1	1	1
		Specialized mental health services	Number of patients receiving in-patients specialized mental health services.	246,729	183,262	259,066	272,000	286,000	300,000
			Number of patients receiving out-patient specialized mental health services	282,842	252,180	296,985	312,000	330,000	334,000
			ALOS for civil psychiatric in-patients	42	64	55	50	45	40
			Number of community mental health outreaches conducted for early detection and treatment	N/A	0	2	2	2	2
			Number of clients assessed for mental status	N/A	338	600	700	800	850
			Number of forensic clinics to prisons conducted	N/A	0	16	22	22	22
			Number of sub-specialized mental health practitioners trained	N/A	0	4	8	10	10
		Mentorship and preceptorship for specialized mental health personnel conducted	Number of Youth Internships/Industrial Attachment/ Apprenticeship	N/A	1,180	1,300	1,450	1,600	2,000
		Scientific conferences facilitated	Number of staff facilitated for scientific conferences	N/A	0	100	125	150	175
		Abandoned patients waived	Number of patients waived	N/A	222	180	140	110	90
		Patients Re-integrated into the community	Number of re-integrated patients into the community	96	103	90	85	80	75
		Studies and Research conducted	Number of research conducted on behavioural health system needs	N/A	0	1	1	1	1
	Spinal Injury	Specialized spinal services	Number of in-patients receiving spinal services	190	219	226	240	264	290

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
			Number of out-patients receiving spinal services	1353	1754	1820	1920	2040	2160
			Average Length of Stay (days) for Spinal patients	90	84.2	83.7	83.2	82.2	81.2
			Number of orthopedic spine surgeries	N/A	N/A	156	187	224	268
			Number of Plastic surgeries	N/A	N/A	152	182	214	260
			Number of Patients re-integrated	N/A	N/A	190	216	237	261
SP 2.3 Health Infrastructure and Equipment	Health Infrastructure Management	Managed Equipment Services	No of Public hospitals with MES equipment	118	118	118	118	118	N/A
		Kisii level 5 cancer center constructed	Percentage of Completion rate	20	10	30	100	N/A	N/A
		East African Centres of excellence for skills & Tertiary Education	Percentage completion rate of construction works	75	42	75	100	N/A	N/A
			Number of Health Workers trained in renal specialties	287	287	292	295	325	N/A
		Kigumo Hospital upgraded to level 4 status	Percentage of Completion rate	20	10	50	100	N/A	N/A
		Regional Cancer Centre in Meru established	Percentage of Completion rate	N/A	N/A	20	40	40	N/A
		Regional Cancer Centre in Kakamega established	Percentage of Completion rate	N/A	N/A	20	40	40	N/A
SP 2.4 Forensic and Diagnostic services	National Blood Transfusion Service, Tissue and Human Organ Transplant	Blood transfusion services	Number of blood units Collected	500,000	178,249	400,000	600,000	750,000	1,000,000
			Percentage of whole blood units collected and converted to components	85	75	87	88	90	92
			Number of transfusing facilities under Hemovigilance surveillance	350	262	450	500	535	600
			Number of Kenya National Blood Transfusion Sites (KNBTS) supplied with specialized commodities and equipment	25	28	35	38	40	42
			Number of New blood collection centres established	N/A	N/A	15	15	5	5
		Forensic and Pathology services	Percentage of Clinical forensic autopsies performed	N/A	N/A	25	30	40	50

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
			Number of Expert opinions given	N/A	N/A	230	250	270	300
			Number of exhumations performed for medical forensics	N/A	N/A	20	25	30	30
			Number of Criminal related death scenes viewed.	N/A	N/A	25	30	35	40
		Histology and Pathology services	Number of Histo-cytopathology examination for cancer diagnosis carried out	N/A	N/A	40	45	50	60
			Percentage of interpreted pathology results for clinical decisions	N/A	N/A	40	45	50	60
Pharmacy Services	Proper quantification of Health Products and Technologies conducted	Percentage of Counties with quantification data for HPTs	N/A	N/A	79	85	90	95	
Nursing services	Nursing policy 2021-2030 developed	Nursing policy developed	N/A	N/A	1	1	N/A	N/A	
	Nursing Health legislation enacted	Draft Nurses act CAP 257 presentation to parliament health committee	N/A	N/A	1	1	N/A	N/A	
	Critical care services	Number of nurses sponsored for critical care services	N/A	N/A	150	200	250	300	
Ophthalmic Eye Health	Comprehensive Ophthalmic centers established	Number of new ophthalmic training Centers	N/A	N/A	1	1	N/A	N/A	
		Number of New Centers offering Diabetic eye care	N/A	N/A	5	1	1	N/A	
		Number of Centers offering Refractive and Low Vision Services	N/A	N/A	15	5	5	N/A	
	Eye health infrastructure upgraded	Number of eye Health Facilities Rehabilitated	N/A	N/A	10	2	2	2	
		National Eye Drop Production upgraded to Good Manufacturing and Production Standards (GMPS)	N/A	N/A	1	N/A	N/A	N/A	
Oral health services	Oral health policy developed	Oral health policy in place	N/A	N/A	1	1	N/A	N/A	N/A

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
SP 2.5 Health Products & Technologies	Rehabilitative and Physiotherapy Services	Guidelines and safety protocols for oral health services developed	Guidelines for oral health developed	N/A	N/A	1	1	N/A	N/A
		Disability classification tools reviewed	Number of disability classification tools reviewed	N/A	N/A	20	50	100	N/A
		Guidelines for disability assessment developed	Guideline for disability assessment in place	N/A	N/A	1	1	N/A	N/A
	Division of traditional and alternative medicine	Policy guidelines and regulatory framework for traditional and alternative medicine (TAM) established	Traditional & Alternative Policy guideline developed	N/A	N/A	1	1	N/A	N/A
			Number laws/Regulations developed	N/A	N/A	1	1	N/A	N/A
			Traditional and alternative health practitioners council established	N/A	N/A	N/A	1	N/A	N/A
	Clinical Services	Guidelines for the Health and Wellness Centre developed	Guideline for operationalization of Wellness Centre developed	N/A	N/A	1	1	N/A	N/A
		Health & wellness center for staff mainstreamed to all MDAs	Number of Health and wellness Health care set ups in MDAs	N/A	N/A	22	150	200	50
	Orthopedics and Trauma Unit	Health Legislation on Orthopedics &Trauma developed	Orthopedics &Trauma Act Developed	N/A	N/A	N/A	1	N/A	N/A
	Radiology & Medical Diagnostic Services	Radiographers Health legislation developed	Radiographers Act in place	N/A	N/A	1	1	N/A	N/A
		Radiographers sensitized on safety and operation of imaging equipment.	Number of Radiographers sensitized.	N/A	N/A	50	60	70	100
	Division of Health Products and Technologies	Health Facilities with the capacity to deliver oxygen	Number of Health facilities with the capacity to deliver oxygen	79	5	31	20	13	10
	Kenya Medical Supplies Authority	Health Products & technologies availed	Percentage of order fill rate for HPTs	90	54	90	90	95	95
			Order turnaround time(days) PHFs	10	18.1	10	10	7	7
			Order turnaround time(days) Hospitals	7	12.6	7	7	5	5
		National Commodities Storage(supply chain) center established	% completion rate	90	84.14	90	97	100	N/A
Programme 3: Research and Development									

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25		
Programme Outcome: Increased capacity and provide evidence for policy formulation and practice											
SP:3.1 Pre-service and In-service Training	Kenya Medical Training College	Health Professionals certified	Proportion of health professionals(cohort) certified	96	95	97	98	99	99		
		Students enrolled for training	Number of students enrolled	12,692	17,241	16,800	17,000	17,200	17,400		
		Community Health Workers Trained (Chews and Chas)	Number. of Chews trained	90	66	180	200	200	200		
		Number of CHAS trained	400	938	500	600	700	800			
		Health Professional training curriculum reviewed	Number of curriculums reviewed	11	1	6	7	8	8		
		Students attached to the primary health facilities	Number. of students attached to the primary health facilities	6,042	293	4,000	6,200	6,310	6,490		
SP 3.2 Research and Development	Kenya Medical Research Institute	Evidence based Internal policies developed	Number of evidence-based policies	12	10	8	9	10	10		
		Policy briefs developed	Number of policy briefs	10	48	18	20	21	22		
		Research protocols approved	Number of New research protocols approved	125	143	230	235	259	260		
			Number of ongoing Research Projects	405	520	410	420	462	470		
		Research Findings Disseminated	Number of research Papers published	310	446	325	350	385	400		
			Number of research Abstracts presented	135	93	200	205	226	250		
			Number of Scientific & Health Conferences held	1	1	1	1	1	1		
		Quality diagnostic and specialized laboratory services	Number of Diagnostic kits produced	698,617	698,613	770,000	847,000	932,000	1,030,000		
			Number of Specialized laboratory tests conducted in Millions	1.2	1.34	1.63	1.79	1.97	2.18		
Programme 4: General Administration, planning and support services											
Programme Outcome: Strengthen Governance and Leadership in the sector											
SP4.1: General Administration	General administration	Information Security Management System (ISMS) policy and procedures developed and implemented	ISMS policy and procedures developed	N/A	N/A	0	1	N/A	N/A		
			Number of Information Security Risk Registers (Risk Assessment and Treatment) in place across all directorates	N/A	N/A	0	15	25	35		
			Number of audits conducted to monitor ISMS implementation	N/A	N/A	2	2	2	2		

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
		Safety and security at afya house provided.	Fire/Emergency escape route constructed	N/A	N/A	N/A	1	N/A	N/A
			CCTV Installation and Service Level Agreement (SLA) for Maintenance	N/A	N/A	N/A	100	0	0
			Installation of Biometrics System and Maintenance	N/A	N/A	N/A	100	0	0
		Employee work environment survey conducted	Employee work environment survey report	N/A	N/A	0	1	N/A	N/A
			Percentage of feasible employee work environment survey findings and recommendations implemented	N/A	N/A	50	70	80	100
		Work place policies on gender mainstreaming, HIV/AIDS workplace, road safety mainstreaming, disability mainstreaming and alcohol and drug abuse developed	Number of policies developed	N/A	N/A	2	5	2	2
		Sensitization of staff on HIV Prevention and NCDs; citizen service delivery charter/process; resolution of public complaints; Alcohol and drug abuse; disability, gender, road safety mainstreamed	Number of Staff Sensitized on each package	N/A	N/A	500	500	800	1,000
	ICT Services	Staff(officers) computer ratio improved	Ratio of staff to computers and laptops	N/A	1.34 <small>± 1</small>	1.30 <small>± 1</small>	1.25 <small>± 1</small>	1.20 <small>± 1</small>	1.00 <small>± 1</small>
		Records at MOH central registry digitalized	Percentage of MOH records at Central registry digitalized	50%	0	0%	50%	75%	100%
		ICT Strategy 2022-2027 developed	ICT Strategy Document developed	N/A	N/A	N/A	1	0	0
		ICT Use 2 and ICT Security Policies and Guidelines developed	ICT Use Policy and ICT Security Policies	N/A	N/A	N/A	1	1	0
	Public Relations Division	Communication strategy on Health developed and implemented	Communication strategy developed	N/A	N/A	0	1	N/A	N/A
			Percentage of Strategy implemented	N/A	N/A	N/A	50	100	100

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
	Human Resource Management & Development division	HealthCare workers recruited	Number of health care workers recruited	9,308	8,706	1,159	1,275	1,466	1,759
		Health care workers trained in different specialities across the country	Number of Health workers trained	130	121	261	411	611	861
SP4.2: Financing and planning	Finance division	Absorption of financial resources allocated	Absorption Rate	100	89	100	100	100	100
		collection of public health sector financial resources increased	Total AIA collected by the Ministry (KShs. Billions)	10.8	14.8	16	16.5	17	17.5
		Quarterly budget performance reports submitted	Number of budget reports submitted	4	4	4	4	4	4
	Central Planning& Projects Monitoring Unit	Policy briefs developed	Number of policy briefs	1	2	4	4	4	4
		Capital projects monitored	Number of capital projects monitoring progress reports	N/A	N/A	2	4	4	4
		National and County Budget Analysis conducted	Number of National and County Budget Analysis	1	1	1	1	1	1

Programme 5: Health Policy standards and regulation

Programme Outcome: Strengthened Health Policy, Standards and Regulations

SP 5.1: Health Policy	Department of Health Policy and Research Development	UHC policy 2020-2030 disseminated	Number of dissemination fora on final UHC policy 2020-2030	1	1	2	N/A	N/A	N/A
		Health policies mainstreamed into all sectors	Number of health issues mainstreamed to all sectors	2	3	4	4	4	4
		Research findings disseminated	Number of fora held to disseminate research findings	2	1	3	2	2	2
		National Health Research Committee (NHRC) Operationalized	Number of NHRC fora held	4	0	2	4	4	4
		Health Technology Assessment (HTA) framework developed	Number of HTAs Frameworks developed	1	1	1	1	N/A	N/A
		Sensitization on the Kenya Health and Research Observatory conducted	Number of sensitization fora conducted	N/A	N/A	5	5	5	5
		Usage of Kenya Health Research Observatory tracked	Number of people using the KHRO	600	560	1000	2000	2500	3500
		UHC implementation assessment	Number of UHC implementation assessment reports	1	0	1	1	1	1
	Department of Monitoring & evaluation	Harmonized health facility assessment (HHFAs) conducted	HHFAs report in place	N/A	N/A	1	1	N/A	N/A

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
	and health Informatics	Country burden of disease assessment conducted	Assessment report	1	0	1	1	N/A	N/A
		Kenya Demographic and Health Survey (KDHS) conducted	KDHS report	1	0	1	1	N/A	N/A
		COVID-19 impact assessment carried out	Impact assessment report	N/A	N/A	1	1	N/A	N/A
		Kenya Health Information System (KHIS) upgraded	Percentage of KHIS upgraded	75	100	100	100	100	100
		Health sector Data centre completed and operationalized	Percentage of data centre completed and operationalized	80	95	100	100	100	100
		Standardized Electronic Health Records (EHR) /ERP (end-end digital platform)system developed	Percentage of Standardized EHR-(ERP) completed.	100	50	100	100	100	100
	Directorate of Health Sector Coordination & Intergovernmental Affairs	Intergovernmental Health System Policy Issues discussed	Number of Health Sector Intergovernmental Consultative Fora held	4	3	4	4	4	4
		Kenya Health Sector Fora held to discuss achievements and challenges in the sector.	Number of Kenya Health Sector Fora held	1	0	1	1	1	1
	Division of International Health Relations	Regional and International Meetings and Travels Coordinated	Number of Coordination Meetings held	30	10	30	30	30	30
	Division of Partnership Coordination	Partnership & Coordination Framework Operationalized	Number of ICC (Interagency Coordination Committee)meetings held	20	5	10	10	10	10
	Global Fund Kenya Coordinating Mechanism (KCM) Secretariat	Global Fund Activities coordinated	Number of Review Meetings held	20	5	15	15	15	15
SP5.2. Social Protection in Health	UHC Secretariat	Population service Coverage	Service Coverage Index	86	83	92	100	100	100
			Number of Households Covered under UHC Scheme (Millions)	1	0	1.5	2.5	3.5	5.3
		Service Access increased	Service Access Index	82	75	92	100	100	100

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
SP5.2 Health Financing and Health Insurance	Healthcare Financing Division	Health Financing Communication strategy developed	Health Financing Communication strategy in place	N/A	N/A	1	N/A	N/A	N/A
		County Health Management teams (CHMT) sensitized on the Health financing strategy	Number of County Health Management teams (CHMT) sensitized	N/A	N/A	0	23	24	N/A
	NHIF	Reduced financial barriers to access to healthcare	% Population with social Health Insurance	89%	46%	62%	72%	88%	97%
			Number of indigents accessing healthcare through HISP	253,400	253,400	253,400	253,400	354,760	496,664
			Number of elderly & persons with severe disabilities accessing healthcare	58,800	58,800	58,800	58,800	82,320	115,248
			Number of elderly persons accessing Inua Jamii Subsidy program	N/A	N/A	484,086	677,720	948,809	1,328,332
			Number of mothers accessing healthcare services through the Linda mama program	1,231,200	1,163,712	1,231,200	1,285,720	1,298,577	1,311,563
			Average claims processing period (days)	30	27	27	27	27	27
	Division of Patient and Healthcare Worker Safety	Health Facilities with Antimicrobial Resistance laboratory Services	Number of facilities with laboratory capacity to detect and report on Antimicrobial Resistance	12	11	17	22	27	32
		Infection Prevention and Control (IPC) Mainstreamed in Training Institutions	Number of Training Institutions with IPC Mainstreamed	30	0	15	25	40	60
		Patient Safety and Quality of care Policy disseminated in counties	Number of counties implementing Patient Safety Policy	N/A	N/A	15	30	35	47
	Division of Norms and Standards	Norms and Standards on Leadership/Governance and Health Service delivery finalized	Number of finalized Norms and Standards	1	0	1	1	N/A	N/A
	Division of Legislation/Regulation	Health Act, 2017 operationalized	Number of Bills /Regulations developed to operationalize the Health Act, 2017	4	2	3	3	3	3
ISO-Secretariat		MOH-ISO9001:2015 Quality Management System document approved	Approved ISO9001:2015 QMS Document	1	0	1	1	1	1

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
Kenya Health Professionals Oversight Authority	Division of Quality Assurance	Implementation of ISO9001:2015 QMS assessed	Number of ISO9001:2015 internal audits conducted	2	0	3	4	4	4
		Technical assistance on quality improvement provided electronic Kenya Quality Model for Health(eKQMH)	Number of Counties implementing eKQMH	15	8	30	41	47	47
		Quality of Care Certification Framework implemented	Number of Health facilities assessed and certified using Quality of Care Certification Framework	20	6	15	20	25	30
	Kenya Health Professionals Oversight Authority	Quality improvement and compliance to standards and norms enforced.	Number of health facilities inspected for quality improvement and compliance to standards	3000	1176	1500	1700	1800	1900
			Number of training institutions assessed for compliance to norms and standards	40	0	40	60	80	100
			Number of internship hospitals assessed for compliance to norms and standards	40	0	40	60	80	100
		Database of unregulated health professionals developed	Database of unregulated health professionals	N/A	N/A	8	8	8	9
	Kenya Health Professionals Oversight Authority	Duplicate Register of health professionals developed	Duplicate Register of health professionals	N/A	N/A	2	4	3	N/A
		Health facilities gazetted	Number of health facilities gazetted	1000	691	700	800	900	1000
		M&E for regulatory bodies conducted	Approved M&E framework	1	0	1	N/A	N/A	N/A
			Number of regulatory bodies submitting prescribed reports	4	0	5	9	9	9
	Kenya Health Human Resources Advisory	Complaints from patients, aggrieved parties and regulatory bodies handled	Proportion of complaints received and handled	40	100	100	100	100	100
		Health facilities graded based on implementation of quality of care indicators	Number of health facilities graded	200	0	120	150	180	200
	Kenya Health Human Resources Advisory	Career Progression Guidelines finalized	Human Resource Policies and Procedures Manual	1	0	1	1	N/A	N/A

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
Council		Human Resource Policies and Procedures Manual finalized	Human Resource Policies and Procedures Manual	1	0	1	1	N/A	N/A
		Salary Structure completed	KHHRAC Salary Structure	1	0	1	1	N/A	N/A
		Uniform norms and standards of a master register for all health professionals developed	Uniform norms and standards of a master register for all health professionals developed	N/A	1	1	N/A	N/A	N/A
		Master register for all health professionals maintained	Master register for all health professionals developed	1	0	1	N/A	N/A	N/A
		Mapping of medical specialists in the Country conducted	Report on medical specialists in the Country mapped	1	0	1	1	N/A	N/A
		National Health Workforce Accounts (NHWA) in the Country implemented	Number of counties trained to implement the NHWA	18	43	4	N/A	N/A	N/A
			Number of faith based and private health facilities implementing NHWA	N/A	N/A	10	20	30	50
		Undertake trainings in the counties on Workload Indicators of Staffing Need (WISN).	Number of Counties trained on Workload Indicators of Staffing Need (WISN)	N/A	N/A	3	20	20	4
		Operationalization of the Council	Number of Council members and staff capacity built	N/A	N/A	24	24	50	60
	Kenya Medical Practitioners and Dentist Council	Medical and dental students indexed	Number of students indexed	1,342	1,329	1,300	1,450	1,800	1,900
		Medical, dental and COHOs practitioners registered and licensed	Number of practitioners registered.	1,300	1,258	1,300	1,400	1,500	1,600
			Number of practitioners licensed.	11,345	11,327	10,400	11,745	12,865	13,415
		Medical & Dental schools, Medical& Dental internship centres and specialist training centres inspected	Number of Medical, dental internship and specialist training Centres inspected.	47	40	47	54	59	69
		Existing and new college of Surgeons of East, Central and Southern Africa(COSECSCA),Health facilities and Family medicine training sites inspected	Number of existing colleges, health facilities and family medicine training sites inspected.	0	0	930	1,050	1,150	1,250
	New Health Institutions and health facilities registered and licensed	Number of new health institution and health facilities registered and licensed		6227	5277	7,000	7,050	7,100	7,150

Programme	Delivery Unit	Key Output	Key Performance Indicators	Target 2020/21	Actual Achievement 2020/21	Target (Baseline) 2021/22	Target 2022/23	Target 2023/24	Target 2024/25
Nursing Council of Kenya	Nursing Council of Kenya	Nursing and midwifery students indexed	Number of students indexed	N/A	2,714	3,500	4,000	4,500	5000
		Eligible candidates examined for nursing licensure examination	Number of eligible candidates examined	N/A	7,205	8,000	8,500	8,800	9,000
		Nurses and Midwives Registered	Number of nurses and midwives registered	N/A	4,533	8,857	9,000	9,500	10,000
		Renewed licenses for Nurses and midwives	Number of Nurses and Midwives license renewed	N/A	55,160	60,000	65,000	70,000	75,000
		Health facilities for clinical placements inspected	Number of health facilities inspected	N/A	50	150	160	170	180
		Private practice regulations for nurses and midwives developed	Number of private practise regulations developed	N/A	N/A	1	N/A	N/A	N/A
		Nursing and midwifery training guidelines reviewed	Number of reviewed guidelines	N/A	3	4	4	5	3

3.1.3 Programmes by Order of Ranking

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

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

3.1.4. Resource Allocation Criteria

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

a) Recurrent Expenditure

- i. Provide personnel emoluments for staff as supported by IPPD.
- ii. Recruitments with prior approval from The National Treasury and other relevant approvals;
- iii. Utilities and mandatory expenditures;
- iv. Provide for pending bills;
- v. Use of good and services supported by service provision agreements, demand notes and documentary evidence of past trends;
- vi. Provision for subscriptions to local and international organizations

b) Development Expenditure

- i. Covid-19 mitigation measures and PC-ERS
- ii. Provide funding for the 'Big Four' Agenda
- iii. Strategic Interventions/Flagship/Legacy projects for the sector
- iv. Counterpart funding
- v. Pending Bills
- vi. On-going projects and stalled projects,
- vii. New projects with Treasury Approval

3.2. Analysis of Sector Resource Requirements vs Allocations

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

Economic Classification	Baseline Estimates 2021/22	REQUIREMENT			ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	64,871	92,430	97,386	104,617	69,773	76,728	83,068
AIA	17,420	21,055	22,734	24,273	19,665	20,689	21,528
NET	47,451	71,375	74,652	80,344	50,107	56,038	61,541
Compensation to Employees	12,966	13,360	13,767	14,185	12,929	13,302	13,688
Transfers, Grants and Subscription	49,763	74,628	78,554	84,847	55,267	61,737	67,576
Other Recurrent	2,142	4,441	5,065	5,585	1,577	1,688	1,804

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

Category	Approved Estimates 2021/22	REQUIREMENT			ALLOCATION		
		2022/23	2023/24	"2024/25	2022/23	2023/24	"2024/25
Gross	56,219	98,250	100,705	113,036	55,779	63,879	71,972
GOK	32,016	72,520	73,502	84,862	31,576	36,676	43,799
Loans	15,154	16,681	18,154	19,124	15,154	18,154	19,124
Grants	9,049	9,049	9,049	9,050	9,049	9,049	9,049
Local AIA							

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

Programme Details	Aproved Estimates 2021/22			'2022/23			'2023/24			'2024/25		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme 1 - Preventive, Promotive and RMNCAH												
SP1.1 - Communicable Disease Control	1,457	5,675	7,132	2,183	12,538	14,720	2,344	14,155	16,499	2,486	16,949	19,435
SP1.2 - Non Communicable diseases prevention and control	127	350	477	768	1,000	1,768	862	3,200	4,062	948	3,000	3,948
SP1.3 - Radioactive Waste Management	157	-	157	170	300	470	238	300	538	249	182	431
SP1.4 - RMNCAH	149	7,605	7,754	220	12,271	12,491	306	14,692	14,998	408	13,559	13,967
SP1.5 - Environmental Health	64	80	144	684	2,268	2,952	752	2,458	3,210	828	2,100	2,928
SP1.6 - Disease Surveillance	1,067	8,788	9,855	2,017	28,986	31,003	2,142	34,656	36,798	2,277	38,024	40,301
Total Prog 1	3,021	22,498	25,519	6,042	57,363	63,404	6,643	69,461	76,104	7,196	73,814	81,010
Programme 2 - National Referral & Specialised services												
SP2.1 - National Referral Health Services	32,438	2,577	35,015	49,013	4,206	53,219	53,120	2,685	55,805	56,801	524	57,325
SP2.3 - Specialized Medical Equipment	-	7,205	7,205	50	9,405	9,455	53	-	53	61	-	61
SP2.4 - Forensic and Diagnostic services	109	1,380	1,489	484	2,449	2,933	562	1,500	2,062	655	1,500	2,155
SP2.5 - Health Products and Technologies	3,557	433	3,990	3,630	310	3,940	3,705	-	3,705	3,890	-	3,890
SP 2.5 : Free Primary Care	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenditure Programme 2	36,104	11,595	47,699	53,177	16,370	69,547	57,439	4,185	61,624	61,407	2,024	63,431
Programme 3 - Health Research and Development												
SP3.1 - Pre-Service and In-Service Training	6,879	581	7,460	10,284	1,012	11,296	8,549	97	8,646	9,007	-	9,007

Programme Details	Aproved Estimates 2021/22			'2022/23			'2023/24			'2024/25		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
SP3.2 - Health Research	2,787	206	2,993	3,880	362	4,242	4,719	662	5,381	6,138	700	6,838
Total Expenditure Programme 3	9,666	788	10,453	14,164	1,375	15,539	13,268	759	14,027	15,145	700	15,845
Programme 4 - General Administration & Support Services												
SP4.1 - Human Resource Management and Development	4,604	-	4,604	5,063	-	5,063	5,286	-	5,286	5,326	-	5,326
SP4.2 - Health Policy Planning and Financing	483	1,060	1,543	631	1,200	1,831	681	900	1,581	735	600	1,335
Total Expenditure Programme 4	5,087	1,060	6,147	5,694	1,200	6,894	5,967	900	6,867	6,061	600	6,661
Programme 5- Health Policy, Standards and Regulations.												
SP5.1 - Health Policy	42	16,279	16,321	516	1,831	2,347	568	302	870	624	-	624
SP5.2 - Social Protection in Health	9,605	4,000	13,605	9,909	20,112	30,021	10,321	25,098	35,419	10,751	35,898	46,649
SP5.3 - Health Standards and Regulations	1,347	-	1,347	2,928	-	2,928	3,180	-	3,180	3,433	-	3,433
Total Expenditure Programme 5	10,994	20,279	31,272	13,353	21,943	35,296	14,069	25,400	39,469	14,808	35,898	50,706
Total Expenditure for the health vote	64,871	56,219	121,090	92,430	98,250	190,680	97,386	100,705	198,091	104,617	113,036	217,653

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

Programme Details	Aproved Estimates 2021/22			'2022/23			'2023/24			'2024/25		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme 1 - Preventive, Promotive and RMNCAH												
SP1.1 - Communicable Disease Control	1,457	5,675	7,132	1,605	5,184	6,790	2,131	6,279	8,410	2,417	9,445	11,862
SP1.2 - Non Communicable diseases prevention and control	127	350	477	147	450	597	274	2,676	2,950	310	3,000	3,310
SP1.3 - Radioactive Waste Management	157	-	157	190	-	190	244	-	244	274	-	274
SP1.4 - RMNCAH	149	7,605	7,754	149	8,709	8,857	149	13,897	14,046	149	13,419	13,568
SP1.5 - Environmental Health	64	80	144	64	738	802	64	1,475	1,539	64	900	964
SP1.6 - Disease Surveillance	1,067	8,788	9,855	1,067	13,376	14,443	1,067	15,056	16,123	1,067	17,424	18,491
Total Prog 1	3,021	22,498	25,519	3,222	28,457	31,679	3,929	39,383	43,312	4,280	44,188	48,468
Programme 2 - National Referral & Specialised services												
SP2.1 - National Referral Health Services	32,438	2,577	35,015	36,856	2,704	39,560	41,193	1,589	42,782	45,542	2,121	47,662
SP2.3 - Specialized Medical Equipment	-	7,205	7,205	-	5,214	5,214	-	-	-	-	-	-
SP2.4 - Forensic and Diagnostic services	109	1,380	1,489	117	1,968	2,085	121	911	1,032	124	1,181	1,305
SP2.5 - Health Products and Technologies	3,557	433	3,990	2,478	310	2,788	2,619	-	2,619	2,721	-	2,721
Total Expenditure Programme 2	36,104	11,595	47,699	39,452	10,196	49,648	43,933	2,501	46,433	48,387	3,302	51,689

Programme Details	Aproved Estimates 2021/22			'2022/23			'2023/24			'2024/25		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme 3 - Health Research and Development												
SP3.1 - Pre-Service and In-Service Training	6,879	581	7,460	7,079	586	7,665	7,619	359	7,978	8,149	132	8,281
SP3.2 - Health Research	2,787	206	2,993	2,891	313	3,204	3,410	719	4,128	3,839	950	4,789
Total Expenditure Programme 3	9,666	788	10,453	9,970	899	10,869	11,028	1,078	12,106	11,988	1,082	13,070
Programme 4 - General Administration & Support Services												
SP4.1 - Human Resource Management and Development	4,604	-	4,604	4,846	-	4,846	5,155	-	5,155	5,371	-	5,371
SP4.2 - Health Policy Planning and Financing	483	1,060	1,543	504	1,200	1,704	512	900	1,412	520	600	1,120
Total Expenditure Programme 4	5,087	1,060	6,147	5,349	1,200	6,549	5,667	900	6,567	5,891	600	6,491
Programme 5- Health Policy, Standards and Regulations.												
SP5.1 - Health Policy	42	16,279	16,321	42	1,620	1,662	48	445	493	48	53	101
SP5.2 - Social Protection in Health	9,605	4,000	13,605	9,763	13,408	23,171	9,926	19,571	29,498	10,094	22,747	32,841
SP5.3 - Health Standards and Regulations	1,347	-	1,347	1,974	-	1,974	2,197	-	2,197	2,380	-	2,380
Total Expenditure Programme 5	10,994	20,279	31,272	11,779	15,028	26,806	12,171	20,017	32,188	12,522	22,800	35,323
Total Expenditure for the health vote	64,871	56,219	121,090	69,773	55,779	125,552	76,728	63,879	140,607	83,068	71,972	155,040

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

Economic Classification	Approved Estimates 2021/22	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Programme 1: Preventive, Promotive and RMNCAH							
Current Expenditure	3,021	6,042	6,643	7,196	3,222	3,929	4,280
Compensation to Employees	1,667	1,717	1,768	1,821	1,715	1,734	1,754
Use of Goods and Services	253	1,599	1,881	2,206	253	253	253
Grants and other Transfers	1,101	2,726	2,994	3,169	1,255	1,942	2,273
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	22,498	57,363	69,461	73,814	28,457	39,383	44,188
Acquisition of Non-Financial Assets	925	1,260	1,265	1,565	710	741	1,565
Capital transfers to Govt Agencies	17,116	47,173	58,888	63,890	22,409	30,617	34,804
Other Development	4,458	8,930	9,308	8,359	5,338	8,025	7,819
Total Expenditure for Programme 1	25,519	63,404	76,104	81,010	31,679	43,312	48,468
Sub-Programme 1.1 : Communicable Disease Control							
Current Expenditure	1,457	2,183	2,344	2,486	1,605	2,131	2,417
Compensation to Employees	600	618	636	655	648	667	687
Use of Goods and Services	76	121	175	240	76	76	76
Grants and other Transfers	782	1,444	1,532	1,591	882	1,388	1,654
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	5,675	12,538	14,155	16,949	5,184	6,279	9,445
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	5,675	12,538	14,155	16,949	5,184	6,279	9,445
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	7,132	14,720	16,499	19,435	6,790	8,410	11,862
Sub - Programme 1.2 : Non Communicable diseases prevention and control							
Current Expenditure	127	768	862	948	147	274	310
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	7	18	32	48	7	7	7
Grants and other Transfers	120	750	830	900	140	267	303
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	350	1,000	3,200	3,000	450	2,676	3,000

Economic Classification	Approved Estimates 2021/22	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Acquisition of Non-Financial Assets	350	1,000	1,200	1,500	450	676	1,500
Capital transfers to Govt Agencies	-	-	2,000	1,500	-	2,000	1,500
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	477	1,768	4,062	3,948	597	2,950	3,310
Sub-Programme 1.3 : Radioactive Waste Management							
Current Expenditure	157	170	238	249	190	244	274
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-	-
Grants and other Transfers	157	170	238	249	190	244	274
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	-	300	300	182	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	300	300	182	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	157	470	538	431	190	244	274
Sub-Programme 1.4 : RMNCAH							
Current Expenditure	149	220	306	408	149	149	149
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	107	178	264	366	107	107	107
Grants and other Transfers	42	42	42	42	42	42	42
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	7,605	12,271	14,692	13,559	8,709	13,897	13,419
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	3,842	5,609	7,842	7,300	4,109	7,347	6,500
Other Development	3,763	6,662	6,850	6,259	4,600	6,550	6,919
Total Expenditure for the sub-programme	7,754	12,491	14,998	13,967	8,857	14,046	13,568
Sub-Programme 1.5 : Environmental Health							
Current Expenditure	64	684	752	828	64	64	64
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	64	684	752	828	64	64	64
Grants and other Transfers	-	-	-	-	-	-	-

Economic Classification	Approved Estimates 2021/22	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	80	2,268	2,458	2,100	738	1,475	900
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	80	-	-	-	-	-	-
Other Development	-	2,268	2,458	2,100	738	1,475	900
Total Expenditure for the sub-programme	144	2,952	3,210	2,928	802	1,539	964
Sub-Programme 1.6 : Disease Surveillance and Response							
Current Expenditure	1,067	2,017	2,142	2,277	1,067	1,067	1,067
Compensation to Employees	1,067	1,099	1,132	1,166	1,067	1,067	1,067
Use of Goods and Services	-	598	658	724	-	-	-
Grants and other Transfers	-	320	352	387	-	-	-
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	8,788	28,986	34,656	38,024	13,376	15,056	17,424
Acquisition of Non-Financial Assets	575	260	65	65	260	65	65
Capital transfers to Govt Agencies	7,519	28,726	34,591	37,959	13,116	14,991	17,359
Other Development	695	-	-	-	-	-	-
Total Expenditure for the sub-programme	9,855	31,003	36,798	40,301	14,443	16,123	18,491
Programme 2: National Referral & Specialised services							
Current Expenditure	36,104	53,177	57,439	61,407	39,452	43,933	48,387
Compensation to Employees	1,152	1,186	1,222	1,259	602	620	639
Use of Goods and Services	582	636	735	856	127	146	166
Grants and other Transfers	34,157	51,130	55,246	59,042	38,620	43,064	47,479
Other Recurrent	213	224	236	250	103	103	103
Capital Expenditure	11,595	16,370	4,185	2,024	10,196	2,501	3,302
Acquisition of Non-Financial Assets	2,198	1,249	-	-	1,249	-	-
Capital transfers to Govt Agencies	1,543	4,516	2,685	524	3,014	1,589	2,121
Other Development	7,855	10,605	1,500	1,500	5,933	911	1,181
Total Expenditure for the Programme	47,699	69,547	61,624	63,431	49,648	46,433	51,689
Sub-Programme 2.1 : National Referral Health Services							
Current Expenditure	32,438	49,013	53,120	56,801	36,856	41,193	45,542
Compensation to Employees	1,047	1,078	1,110	1,144	488	503	518
Use of Goods and Services	578	211	232	255	124	143	163
Grants and other Transfers	30,600	47,500	51,541	55,152	36,142	40,445	44,758

Economic Classification	Approved Estimates 2021/22	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Other Recurrent	213	224	236	250	103	103	103
Capital Expenditure	2,577	4,206	2,685	524	2,704	1,589	2,121
Acquisition of Non-Financial Assets	1,468	-	-	-	-	-	-
Capital transfers to Govt Agencies	1,110	4,206	2,685	524	2,704	1,589	2,121
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	35,015	53,219	55,805	57,325	39,560	42,782	47,662
Sub-Programme 2.2 : Specialized Medical Equipment							
Current Expenditure	-	50	53	61	-	-	-
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	-	50	53	61	-	-	-
Grants and other Transfers	-	-	-	-	-	-	-
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	7,205	9,405	-	-	5,214	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	7,205	9,405	-	-	5,214	-	-
Total Expenditure for the sub-programme	7,205	9,455	53	61	5,214	-	-
Sub-Programme 2.3 : Forensic and Diagnostic services							
Current Expenditure	109	484	562	655	117	121	124
Compensation to Employees	105	109	112	115	114	117	121
Use of Goods and Services	4	375	450	540	4	4	4
Grants and other Transfers	-	-	-	-	-	-	-
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	1,380	2,449	1,500	1,500	1,968	911	1,181
Acquisition of Non-Financial Assets	730	1,249	-	-	1,249	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	650	1,200	1,500	1,500	719	911	1,181
Total Expenditure for the sub-programme	1,489	2,933	2,062	2,155	2,085	1,032	1,305
Sub-Programme 2.4 : Health Products and Technologies							
Current Expenditure	3,557	3,630	3,705	3,890	2,478	2,619	2,721
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-	-
Grants and other Transfers	3,557	3,630	3,705	3,890	2,478	2,619	2,721

Economic Classification	Approved Estimates 2021/22	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	433	310	-	-	310	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	433	310	-	-	310	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	3,990	3,940	3,705	3,890	2,788	2,619	2,721
Programme 3: Health Research and Development							
Current Expenditure	9,666	14,164	13,268	15,145	9,970	11,028	11,988
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-	-
Grants and other Transfers	9,666	14,164	13,268	15,145	9,970	11,028	11,988
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	788	1,375	759	700	899	1,078	1,082
Acquisition of Non-Financial Assets	151	-	-	-	-	-	-
Capital transfers to Govt Agencies	636	1,375	759	700	899	1,078	1,082
Other Development	-	-	-	-	-	-	-
Total Expenditure for the Programme	10,453	15,539	14,027	15,845	10,869	12,106	13,070
Sub-Programme 3.1 : Capacity Building & Training (Pre-Service and In-Service)							
Current Expenditure	6,879	10,284	8,549	9,007	7,079	7,619	8,149
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-	-
Grants and other Transfers	6,879	10,284	8,549	9,007	7,079	7,619	8,149
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	581	1,012	97	-	586	359	132
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	581	1,012	97	-	586	359	132
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	7,460	11,296	8,646	9,007	7,665	7,978	8,281
Sub-Programme 3.2 : Health Research & Innovations							
Current Expenditure	2,787	3,880	4,719	6,138	2,891	3,410	3,839
Compensation to Employees	-	-	-	-	-	-	-

Economic Classification	Approved Estimates 2021/22	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Use of Goods and Services	-	-	-	-	-	-	-
Grants and other Transfers	2,787	3,880	4,719	6,138	2,891	3,410	3,839
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	206	362	662	700	313	719	950
Acquisition of Non-Financial Assets	151	-	-	-	-	-	-
Capital transfers to Govt Agencies	55	362	662	700	313	719	950
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	2,993	4,242	5,381	6,838	3,204	4,128	4,789
Programme 4: General Administration Planning & Support Services							
Current Expenditure	5,087	5,694	5,967	6,061	5,349	5,667	5,891
Compensation to Employees	4,325	4,460	4,599	4,743	4,587	4,743	4,903
Use of Goods and Services	761	1,133	1,232	1,150	761	801	843
Grants and other Transfers	-	-	-	-	-	100	100
Other Recurrent	2	101	135	168	2	24	46
Capital Expenditure	1,060	1,200	900	600	1,200	900	600
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	1,060	1,200	900	600	1,200	900	600
Other Development	-	-	-	-	-	-	-
Total Expenditure for the Programme	6,147	6,894	6,867	6,661	6,549	6,567	6,491
Sub-Programme 4.1 : Human Resource Management and Development							
Current Expenditure	4,604	5,063	5,286	5,326	4,846	5,155	5,371
Compensation to Employees	4,069	4,191	4,317	4,446	4,310	4,458	4,609
Use of Goods and Services	534	771	834	712	534	574	616
Grants and other Transfers	-	-	-	-	-	100	100
Other Recurrent	1	101	135	168	1	23	45
Capital Expenditure	-	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	4,604	5,063	5,286	5,326	4,846	5,155	5,371
Sub-Programme 4.2 : Health Policy Planning and Financing							
Current Expenditure	483	631	681	735	504	512	520
Compensation to Employees	257	269	283	297	277	285	294

Economic Classification	Approved Estimates 2021/22	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Use of Goods and Services	226	362	398	438	226	226	226
Grants and other Transfers	-	-	-	-	-	-	-
Other Recurrent	0	-	-	-	0	0	0
Capital Expenditure	1,060	1,200	900	600	1,200	900	600
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	1,060	1,200	900	600	1,200	900	600
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	1,543	1,831	1,581	1,335	1,704	1,412	1,120
Programme 5: Health Policy, Standards and Regulations.							
Current Expenditure	10,994	13,353	14,069	14,808	11,779	12,171	12,522
Compensation to Employees	5,822	5,997	6,177	6,362	6,024	6,205	6,391
Use of Goods and Services	305	715	807	907	305	335	367
Grants and other Transfers	4,839	6,608	7,046	7,491	5,422	5,604	5,737
Other Recurrent	27	33	39	47	27	27	27
Capital Expenditure	20,279	21,943	25,400	35,898	15,028	20,017	22,800
Acquisition of Non-Financial Assets	445	-	-	-	-	-	-
Capital transfers to Govt Agencies	19,414	21,589	24,975	35,388	14,674	19,592	22,291
Other Development	420	354	425	510	354	425	510
Total Expenditure for the Programme	31,272	35,296	39,469	50,706	26,806	32,188	35,323
Sub-Programme 5.1 : Health Policy Planning							
Current Expenditure	42	516	568	624	42	48	48
Compensation to Employees	-	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-	-
Grants and other Transfers	42	516	568	624	42	48	48
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	16,279	1,831	302	-	1,620	445	53
Acquisition of Non-Financial Assets	45	-	-	-	-	-	-
Capital transfers to Govt Agencies	16,014	1,831	302	-	1,620	445	53
Other Development	220	-	-	-	-	-	-
Total Expenditure for the sub-programme	16,321	2,347	870	624	1,662	493	101
Sub-Programme 5.2 : Social Protection in Health							
Current Expenditure	9,605	9,909	10,321	10,751	9,763	9,926	10,094

Economic Classification	Approved Estimates 2021/22	RESOURCE REQUIREMENT			RESOURCE ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Compensation to Employees	5,275	5,434	5,597	5,765	5,434	5,597	5,765
Use of Goods and Services	68	95	125	157	68	68	68
Grants and other Transfers	4,261	4,380	4,600	4,829	4,261	4,261	4,261
Other Recurrent	-	-	-	-	-	-	-
Capital Expenditure	4,000	20,112	25,098	35,898	13,408	19,571	22,747
Acquisition of Non-Financial Assets	400	-	-	-	-	-	-
Capital transfers to Govt Agencies	3,400	19,758	24,673	35,388	13,054	19,147	22,238
Other Development	200	354	425	510	354	425	510
Total Expenditure for the sub-programme	13,605	30,021	35,419	46,649	23,171	29,498	32,841
Sub-Programme 5.3 : Health Standards and Regulations							
Current Expenditure	1,347	2,928	3,180	3,433	1,974	2,197	2,380
Compensation to Employees	547	563	580	598	591	608	627
Use of Goods and Services	237	620	682	750	237	267	299
Grants and other Transfers	536	1,712	1,879	2,038	1,119	1,295	1,428
Other Recurrent	27	33	39	47	27	27	27
Capital Expenditure	-	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-	-
Capital transfers to Govt Agencies	-	-	-	-	-	-	-
Other Development	-	-	-	-	-	-	-
Total Expenditure for the sub-programme	1,347	2,928	3,180	3,433	1,974	2,197	2,380
TOTAL HEALTH VOTE	121,090	190,680	198,091	217,653	125,552	140,607	155,040

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

I. KENYATTA NATIONAL HOSPITAL

Economic Classification	Approved Estimates 2021/22	REQUIREMENT			ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	15,202	20,716	21,598	26,136	17,757	19,808	21,791
AIA	5,382	7,316	7,844	8,247	7,316	7,844	8,247
NET	9,820	13,400	13,754	17,889	10,441	11,964	13,544
Compensation to Employees	11,596	12,978	13,597	14,143	12,978	13,597	14,143
Other Recurrent	3,606	7,738	8,001	8,284	4,779	6,211	7,648
Insurance	342	368	385	401	368	385	401
Utilities	575	655	694	734	655	694	734
Rent	0	0	0	0	0	0	0
Subscriptions	0	0	0	0	0	0	0
Contracted Professional (Guards & Cleaners)	150	194	199	215	194	199	215
Others	2,539	6,521	6,723	6,934	3,562	4,933	6,298

Remarks:

The hospital has revised the AIA from the Estimates of Kshs 5,382 million to Kshs 7,316 million in FY 2022/23 and annual growth in the outer years based on historical performance.

II. KENYATTA NATIONAL HOSPITAL -OTHAYA

Economic Classification	Approved Estimates 2021/22	REQUIREMENT			ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	800	2,496	3,606	3,795	1,012	1,173	1,308
AIA	40	217	295	383	217	226	235
NET	760	2,279	3,312	3,412	795	947	1,073
Compensation to Employees	579	1,764	2,731	2,750	602	626	651
Other Recurrent	221	732	875	1,045	410	547	657
Insurance	2	25	56	70	25	56	70

Economic Classification	Approved Estimates 2021/22	Requirement			Allocation		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Utilities	20	35	40	45	35	40	45
Rent	0	0	0	0	0	0	0
Subscriptions to International Organizations	0	0	0	0	0	0	0
Contracted Professional (Guards & Cleaners)	20	26	27	27	26	27	27
Others	179	646	752	903	324	424	515

Remarks:

The Hospital is operating at 50% bed capacity with 553 members of staff. To increase the capacity and operationalize at 80%, the requirement was KES 1,764 million. The PE requirement has been revised based on the allocation.

III. MOI TEACHING AND REFERRAL HOSPITAL

Economic Classification	Approved Estimates 2021/22	Requirement			Allocation		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	11,205	13,022	14,144	15,369	11,653	13,280	14,734
AIA	3,434	3,605	3,785	3,974	3,605	3,785	3,974
NET	7,771	9,417	10,359	11,395	8,048	9,495	10,760
Compensation to Employees	7,771	9,417	10,359	11,395	8,952	9,495	10,760
Other Recurrent	3,434	3,605	3,785	3,974	2,701	3,785	3,974
Insurance	326	358	394	434	358	394	434
Utilities	149	164	180	198	164	180	198
Rent	3	3	3	3	3	3	3
Subscription to International Organization	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	-	-	-	-	-	-	-
Others	2,956	3,080	3,208	3,339	2,176	3,208	3,339

Remarks:

1. MTRH requires Kshs.8.952 billion for PE against net allocation of Kshs.8.048 billion leaving a funding shortfall of Kshs.904 million. The shortfall will be bridged using AIA funds. However, this will affect operations relating to core mandate, hence a request for provision of additional grant of Kshs.904 million.
2. MTRH does not contract professional services for guards and cleaners since the guards and cleaners are employees and paid within the normal hospital PE.

IV. KENYATTA UNIVERSITY TEACHING, RESEARCH AND REFERRAL HOSPITAL

Economic Classification	Approved Estimates 2021/22	REQUIREMENT			ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	2,743	5,897	6,501	7,152	3,829	4,064	4,603
AIA	750	1,775	1,953	2,148	1,236	1,474	1,602
NET	1,993	4,122	4,548	5,004	2,593	2,590	3,001
Compensation to Employees	1203	2,588	2,915	3,280	1,812	2,128	2,505
Other Recurrent	1540	3309	3586	3872	2017	1936	2098
Insurance	136	292	322	354	292	322	354
Utilities	159	216	238	262	216	238	262
Rent	0	0	0	0	-	-	0
Subscriptions	2	25	27	30	25	27	30
Contracted Professional (Guards & Cleaners)	246	257	283	311	257	283	311
Others	997	2519	2716	2915	1227	1066	1141

Remarks:

The requirement for the FY 2022/23 was to cater for in post staff as well hiring of new staff who are required to fully operationalize the hospital. The allocation however is not enough to fund the employee costs fully because of underfunding of the recurrent budget from GoK.

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

Economic Classification	Approved Estimates 2021/22	REQUIREMENT			ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	750	1,743	1,917	2,109	750	770	800
AIA	250	250	270	300	250	270	300
NET	500	1493	1647	1,809	500	500	500
Compensation to Employees	252	992	1,091	1,200	427	444	462
Other Recurrent	498	751	826	909	323	326	338
Insurance	30	30	30	30	30	30	30
Utilities	64	70	78	89	70	78	89
Rent	0	0	0	0	0	0	0
Subscriptions to International Organizations	0	0	0	0	0	0	0
Contracted Professional (Guards & Cleaners)	7	27	29	32	27	29	32
Others	397	624	689	758	196	189	187

Remarks:

KUTRRH is collaborating with County Government of Kiambu in the management of Gatundu level 5 Hospital. The MOU is in the initial stage of implementation. KUTRRH is expected to collect AIA for Gatundu level 5 Hospital.

VI. MATHARI NATIONAL TEACHING AND REFERRAL HOSPITAL

Economic Classification	Approved Estimates 2021/22	Requirement			Allocation		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	1199	2023	2173	2404	1246	1459	1638
AIA	150	155	159	165	155	159	165
NET	1049	1868	2014	2239	1091	1300	1473
Compensation to employees	594	1100	1133	1167	612	630	649
Other recurrent	605	923	1040	1237	634	829	989
Insurance	0	0	0	0	0	0	0

Economic Classification	Approved Estimates 2021/22	Requirement			Allocation		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Utilities	71	83	96	113	83	96	113
Rent	0	0	0	0	0	0	0
Subscription to international organizations	0	0	0	0	0	0	0
Contracted professional (guards & cleaners)	46	53	58	70	53	58	70
Others	488	787	886	1054	498	675	806

Remarks:

The hospital is expecting its staff establishment approval from SCAC and with the new categorization, the requirements for recruitment is expected to be high.

The AIA is projected to grow with an expectation of increase in admissions with the relaxed Covid-19 restrictions.

Other recurrent is comprised funds budgeted for food and rations, medicine, non-pharmaceuticals and medical equipment.

VII. NATIONAL AIDS CONTROL COUNCIL

Economic Classification	Approved Estimates 2021/22	Requirements			Allocation		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	747	1,153	1,218	1,287	847	1,009	1,144
AIA	-	-	-	-	-	-	-
NET	747	1,153	1,218	1,287	847	1,009	1,144
Compensation to Employees	549	570	592	616	570	593	616
Other Recurrent	198	584	626	671	278	417	528
Insurance	42	49	54	60	49	54	60
Utilities	60	64	67	69	64	67	69
Rent	71	74	77	80	74	77	80

Economic Classification	Approved Estimates 2021/22	Requirements			Allocation		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
International Subscription (GLIA)	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	24	26	27	28	26	27	28
Others	-	369.82	400.44	434.25	64	191	291

Remarks:

The NACC's programs are mainly recurrent in nature and are within the category of other Recurrent. Budget reduction will affect the running of the NACCs core mandate as this will require scaling down some of the on-going programmes which will affect the HIV response.

VIII. KENYA MEDICAL RESEARCH INSTITUTE

Economic Classification	Approved Estimates 2021/22	REQUIREMENTS			ALLOCATION		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	2,787	4,456	5,170	6,009	2,891	3,416	3,850
A.I. A	184	184	190	195	184	190	195
Net	2,603	4,272	4,980	5,814	2,707	3,226	3,655
Compensation of Employees	2,382	3,035	3,471	3,633	2,495	2,795	2,879
Other Recurrent	405	1,421	1,699	2,376	396	621	971
Insurance	18	20	25	30	20	25	30
Utilities	110	115	120	130	115	120	130
Rent & Rates	2	2	3	3	2	3	3
Subscriptions to International Organizations	3	4	5	6	4	5	6
Contracted Professional (guards & cleaners)	64	70	75	80	70	75	80
Others	208	1,210	1,471	2,127	185	393	722

Remarks:

KEMRI is putting measures in place to grow its A.I.A. However, at the moment it's expected to grow minimally.

The requirement for the FY 2022/23 is to cater for the current inpost for the institute and the need to increase personnel to enhance research output.

IX. KENYA MEDICAL SUPPLIES AUTHORITY

Economic classification	Approved Estimates 2021-22	Requirement			Allocation		
		2022-23	2023-24	2024-25	2022-23	2023-24	2024-25
Gross	3,557	3,750	3,695	3,860	2,478	2,619	2,721
AIA-Internally generated revenue	3,457	2,358	2,416	2,491	2,358	2,416	2,491
Net exchequer for Recurrent	100	1,392	1,279	1,369	120	203	230
Compensation of Employees	1,266	1,393	1,463	1,536	1,393	1,463	1,536
Other Recurrent	2,291	2,357	2,232	2,324	1,085	1,157	1,185
Insurance Cost	164	180	189	198	180	189	198
Utilities	20	22	24	25	22	24	25
Rent	109	109	83	63	109	83	63
Subscriptions to International Organizations							
Contracted Professional (Guards&Cleaners)	100	110	115	121	110	115	121
Others	1,898	1,936	1,821	1,918	664	746	779

KEMSA AIA FUNDING GAP

The forecasted performance of the Authority in the current FY 2021/2022 and FY 2022/2023 is expected to reduce hence the cash flow of the Authority is currently constrained due to the following reasons;

- 1) Exit of the USAID KEMSA Medical commodities program in April 2021 hence loss of Average collection of Ksh. 700 million
- 2) Low sales volume as counties relies on UHC drawing rights allocations which have been fully utilized hence reduced Ksh. 600 million
- 3) Tied up capital on long debts by counties
- 4) Tied Capital on inventory – High Stock holding especially slow moving and Covid-19-Emergency Stocks whose selling prices are on a downward trend
- 5) Low Operations due to low order fill rate occasion by tied up capital

Based on the aforementioned reasons the Authority is seeking GOK support of Ksh. 1.3 billion for PE so as to sustain its operations

****NOTES - (OTHER RECURRENT EXPENDITURE ENTAILS)**

Distribution Expenses

Distribution expenses relates to the core mandate of KEMSA which is to procure, Warehouse and Distribute Medical Supplies and drugs for prescribed Public Health Programs, the National Strategic Stock reserve, Prescribed Essential Health Packages and National Referral Hospitals. KEMSA manages supply chain of medical commodities from suppliers to health facilities, hence need for outsourced distribution to ensure last mile delivery the door step of various facilities. The existing distribution network does delivery on a last mile basis to over 8,000 facilities across all the 47 counties. This distribution network serves the primary healthcare.

Packaging & Palleting Expenses

Expenditure relates to packaging cost of HPTs according to prescribed standards, this includes 5 ply boxes assorted, labelling glue, packaging adhesive tapes and applicator brushes.

Quality assurance expenses for Incineration of Medical Commodities

Quality assurance expenses for Incineration of Medical Commodities that includes Internal and external analysis to assure quality of HPTs, Post marketing surveillance to ascertain the stability and safety of HPTs after distribution, disposal of obsolete HPTs to protect the public from using obsolete HPTs.

X. KENYA MEDICAL TRAINING COLLEGE

Economic Classification	2021/22 Approved Estimates	Requirement			Allocation		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	6,879	10,284	8,549	9,007	7,079	7,619	8,149
AIA- Internally Generated Revenue	3,640	3,640	3,640	3,640	3,640	3,640	3,640
Net	3,239	6,644	4,909	5,367	3,439	3,979	4,509
Compensation to employees	4,279	4,802	4,946	5,094	4,407	4,539	4,675
Other Recurrent	2,600	5,482	3,603	3,913	2,672	3,080	3,474
Insurance	700	755	785	800	755	785	800

Economic Classification	2021/22 Approved Estimates	Requirement			Allocation		
		2022/2 3	2023/2 4	2024/2 5	2022/2 3	2023/24	2024/25
Utilities	124	136	150	165	136	150	165
Rent	4	4	4	5	4	4	5
Subscriptions to International Subscriptions	0	0	0	0	0	0	0.00
Contracted Professional (Guards & Cleaners)	206	350	367	404	350	367	404
Others	1,566	4,237	2,297	2,539	1,427	1,774	2,100

Remarks:

For the current financial year and for outer years the college has maintained the same target of Kshs.3.640 billion of AIA due to restrictions imposed of social distancing that has reduced the sitting capacity in classroom's and as the situation stands the College might not be able to collect above the target set of Kshs.3.640 billion for the period but if the situation improves the actual collection might be surpassed.

Compensation to Employees is still underfunded and the AIA collected is utilised to fill the gap and this is putting a lot of strain in funding operations and maintainance and with the pandemic of COVID-19 that has resulted in restrictions interms of social distancing has really had a negative effect on the collection of AIA.

XI. NATIONAL CANCER INSTITUTE of Kenya

Economic Classification	Approved Estimates 2021/22	Requirements			Allocation		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	120	750	830	900	140	267	302
AIA	-	0	0	1	0	0	1
NET	120	750	830	900	140	267	302
Compensation to Employees	-	45	80	120	45	80	120
Other Recurrent	120	705	750	780	95	187	182
<i>Insurance</i>	-	8	10	12	8	10	12

Utilities	-	-	5	7	-	5	7
Rent	-	-	18	20	-	18	20
Subscription to International Organization (GLIA)	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	-	2	7	9	2	7	9
Others	120	695	710	732	85	148	134

Remarks:

The NCI-Kenya is currently hosted in NACC premises and the PE for the deployed officers is in the MoH budget. The majority of the NCI-Kenya budget is allocated under 'Others' to cater for the implementation of the institute's programmes as per the mandate prescribed in the Cancer Prevention and Control Act of 2012

The application to SCAC for categorisation has been made and justification of the mandate of the institute submitted upon request, now awaiting consideration of the submission and eventual categorisation.

XII. KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

Economic Classification	Approved Estimates 2021/22	Requirement			Allocation		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	436	741	750	773	649	695	743
AIA	86	269	242	230	269	242	230
NET	350	472	508	543	380	453	513
Compensation to employees	220	295	324	340	295	324	340
Other recurrent	216	447	426	433	354	371	403
Insurance	15	17	18	19	17	18	19
Utilities	2	3	3	3	3	3	3
Rent	0	0	0	0	0	0	0
Subscription to international organizations	1	1	1	1	1	1	1
Contracted professional (guards & cleaners)	2	3	3	3	3	3	3
Others	195	422	400	407	330	346	377

Remarks:

The AIA projected for the FY 2022/23 is Kshs.269 million. However due to Government directives on the exemption of fees on all county Health facilities, the AIA for outer years is expected to decrease.

XIII. NATIONAL HOSPITAL INSURANCE FUND

Economic classification	Approved Estimates	Requirement (Ksh Million)				Allocation (Ksh Million)		
		2021-22	2022-23	2023-24	2024-25	2022-23	2023-24	2024-25
Gross	94,589	98,223	107,588	117,841		98,223	107,588	117,841
AIA-Internally generated revenue	94,589	98,223	107,588	117,841		98,223	107,588	117,841
Net exchequer for Recurrent	0	0	0	0		0	0	0
Compensation of Employees	5,083	5,337	5,604	5,884		5,337	5,604	5,884
Other Recurrent								
Insurance Cost	407	415	423	432		415	423	432
Utilities	216	410	450	492		410	450	492
Rent	235	314	346	381		314	346	381
Subscription to International Organizations	0	0	0	0		0	0	0
Contracted professional Guards/Cleaners	123	132	141	151		132	141	151
Other Recurrent	1,749	2,421	2,480	2,742		2,421	2,480	2,742
Member Claims pay-out	79,680	83,147	91,014	99,626		83,147	91,014	99,626
Retained Surplus	7,096	6,047	7,130	8,133		6,047	7,130	8,133

XIV. KENYA NUCLEAR REGULATORY AUTHORITY

Economic Classification	Approved Estimates 2021/22	Requirement			Allocation		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	157.0	240.0	311.0	350.0	190.0	244.0	274.0
AIA	22	35	40	43	35	40	43
NET	135	203	271	307	155	204	231
Compensation to employees	0	48	96	100	48	96	100
Other recurrent	157	192	215	250	142	148	174
Insurance	2	3	5	5	3	5	5
Utilities	5	7	9	10	7	9	10

Economic Classification	Approved Estimates 2021/22	Requirement			Allocation		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Rent	20	22	24	26	22	24	26
Subscription to international organizations	0	0	0	0	0	0	0
Contracted professional (guards & cleaners)	20	22	27	28	22	27	28
Others	110	138	150	181	88	83	105

Remarks:

PE is currently under the Ministry, i.e., officers are paid from the Ministry payroll.

The Authority is in the process of recruiting its own staff. The HR instruments have been approved by SCAC.

The increase in the Contracted professionals is due to the new offices that are to be opened.

XV. NURSING COUNCIL OF KENYA

Economic Classification	Approved Estimates 2021/22	REQUIRMENT			ALLOCATION		
		2022-23	2023/24	2024/25	2022-23	2023/24	2024/25
GROSS	346	420	435	447	370	400	416
AIA	346	340	349	358	340	349	358
Net Exchequer	-	80	86	89	30	51	58
Compensation to Employees	91	103	116	119	103	116	119
Other Recurrent	255	317	319	328	267	293	302
<i>Insurance</i>	14	15	16	17	15	16	17
<i>Utilities</i>	12	14	14	15	14	14	15
<i>Rent</i>	-	-	-	-	-	-	-
<i>Subscriptions to International Organization</i>	-	-	-	-	-	-	-
<i>Contracted Professional (Guards & Cleaners)</i>	3	3	3	3	3	3	3
<i>Others</i>	226	285	286	293	235	251	262

Remarks:

The Council has initiated the process of seeking approval to recruit nursing technical officers who were previously seconded by the Ministry of Health and have retired and some redeployed affecting service delivery. The approval also seeks to include compliance and standards officers for 3 regional centers being established this current financial year.

The revenue growth has been projected downwards due to prevailing effects of COVID-19 pandemic. Actual revenue realised in the last two financial years has ranged between 80% to 85%.

3.3 Unfunded/Underfunded Priorities for the FY 2022/23

- I. Procurement of blood commodities to ensure enough blood products are availed for treatment. The genesis of current blood shortage is occasioned by donor funding agreement ending.
- II. Procurement and distribution of essential KEPI vaccines for improved vaccination coverage and elimination of vaccine preventable diseases among children under 1 year. The country currently needs at least Ksh.3.4 billion to supply the minimum five KEPI antigens to achieve the recommended 80 percent fully immunized coverage and prevent devastating disease outbreaks in the population.
- III. Acquisition and deployment of Covid-19 vaccines to cover the entire adult population estimated at 26million. Currently, the country has been receiving vaccines from GAVI-COVAX and bilateral partners but this is not enough to cover the whole population by the set timeline of June, 2022.
- IV. Procurement and distribution of Family Planning commodities. Donors will fully withdraw funding of Family Planning commodities by 2023. Not fully funding the gap will lead to a reversal of the gains the country has made in: improving maternal newborn health, preventing thousands of pregnancy related deaths, improving the survival of newborns and under five year olds. Funds will be required to procure and distribute family planning commodities, a key enabling pillar for UHC, to the entire nation to support over 7 million women dependent on spacing families to avert a plethora of deaths and severe illnesses that accompany un-spaced births.
- V. Procurement and distribution of critical HIV commodities for prevention, treatment and care not covered under the current donor financing agreements. Commodities such as Cotrimoxazole 960mg are critical in prevention of opportunistic infection among PLHIVs there's no GOK financing since PEPFAR stopped funding it. Unavailability of the full budget will lead to reversal of gains made in the HIV fight. Infections are currently on the rise,

and continued underfunding of the program causes acute annual stock-out of essential ARVs leading to preventable deaths and excess hospitalization costs

VI. Procurement of first line TB medicines, warehousing and distribution to all TB treatment sites in Kenya as a requirement by Global Fund. This would also cover funding for leprosy drugs which if not factored in the budget would have devastating effects on the population in case of an outbreak.

VII. Procurement and distribution of first line anti-malarial drugs and distribution of long lasting insecticides treated nets to enhance quality of treatment and prevention of malaria.

VIII. Funding of KMTC students under Afya Elimu Fund (AEF). The cessation of funding by USAID which was the major external funder will adversely affect the number of students under the AEF financing. Additionally, the government has restricted the remaining funds to be channeled to TVET institutions under the Ministry of Education.

Summary of Unfunded/Underfunded Priorities for the FY 2022/23

Program	(Millions)			
	Requirement For FY 2022/23	Allocation For FY 2022/23		
	GoK	Donor	Gap	
Procurement of Blood commodities	1,000	619	-	381
Procurement and distribution of Essential Routine Vaccines and immunization	4,000	1,300	2,618	82
Acquisition and Deployment of COVID-19 Vaccines	20,000	2,100	8,000	9,900
Procurement and distribution of Family planning Commodities	3,000	990	1,200	810
Procurement of HIV Commodities	7,498	1,587	1,101	4,810
Procurement of TB Commodities	3,427	206	727	2,494
Procurement and distribution of first line anti-malaria Commodities and long lasting insecticides	1,500	900	533	67
Funding of KMTC under Afya Elimu Fund (AEF)	680	-		680
TOTAL	41,105	7,702	14,179	19,224

CHAPTER FOUR: CROSS-SECTOR LINKAGES AND EMERGING ISSUES/CHALLENGES

Implementation of the health policy and strategies requires strong multi-sectoral collaborations guided by the Ministry's strategic direction. The health sector strategic focus is guided by the overall vision 2030 and the third Medium Term Plan (MTP) that aims to transform Kenya into a globally competitive and prosperous country. Kenya Health Policy 2014-2030 emphasizes on strengthening multi-sectoral collaboration with private and other sectors that have an impact on health to include health in their programmes. The collaboration will be achieved by adopting a 'Health in all Policies' approach. This approach ensures that the health sector interacts with and influences the design, implementation, and monitoring of interventions in all of these sectors.

The government has made a commitment to attain Universal Health Coverage under the 'Big 4 Agenda', whose aim is to ensure access to affordable quality health services by all people while protecting them from the risk of financial hardship when accessing healthcare. To achieve this, the health sector collaborates with other sectors to attain the health goals. The other sectors include the following: Energy Infrastructure & ICT, Environment, Water, Natural Resources, Social Protection Culture & Recreation, Education, Governance Justice Law and Order, Finance, Agriculture and Food.

4.1 Intra-Sectoral Linkages within the Health Sector

The Ministry of Health together with Autonomous and Semi-Autonomous Government Agencies (SAGAs) collaborate in all the programme areas mainly done through policy and strategy formulation, planning, information sharing, legislation, resource mobilization, programme implementation, setting of standards, capacity building and monitoring and evaluation. Therefore, intra-sectoral linkages with structured dialogue processes is paramount for both the national and county levels of governments to contribute to accelerated realization of rights to health for all Kenyans.

COVID -19 has impacted the Global public health landscape in extraordinary ways, with Kenya experiencing a similar impact. Apart from the deaths and loss of livelihoods in the wake of this pandemic, access to lifesaving treatment for people living with HIV (PLHIV) and other comorbidities has often been interrupted. PLHIV are faced with dual stigma and discrimination because they are perceived to be more at risk of contracting COVID-19. Additionally, the PLHIV have developed hesitancy in attending their routine health clinics for fear of contracting COVID-19 in the health facilities. There is widespread negative perception among communities of PLHIV on the use of COVID-19 vaccines due to fear and misinformation.

4.2 Inter-Sectoral Linkages

The linkages/partnerships with other sectors focuses mainly on issues that impact and contribute indirectly to improved health care, quality of life and productivity leading to the country's economic growth. The various stakeholders play different roles which are complementary and synergistic at all levels of health care. These responsibilities and roles are geared towards the constitutional right to health.

The various stakeholders and their contributions in the health sector are shown in the table below:

Table 4.1: Stakeholders in the health sector

Sector	Area of Collaboration	Description	Gaps/Remarks
Energy, Infrastructure and ICT Sector	Connecting health facilities to electric power	The energy sector plays a key role in provision of stable source of power which is crucial in health care provision in the Country.	A number of facilities have been connected to electricity in the last Financial Year with plans to increase the connection in the subsequent Financial Years.
	Nuclear Power Programme	The Nuclear Regulatory Act 29 of 2019, establishes the Nuclear Regulatory Authority which protects persons, society and environment from hazards associated with use of radiation and nuclear technology.	The Ministry of Health through the Kenya Nuclear Regulatory Authority (KNRA) is involved in the development of regulations for nuclear power Programme to minimize the health effects on the population.
	Infrastructure: Access roads to health facilities	Reliable infrastructure facilitates access to health care facilities and emergency services across the country hence improving health outcomes. The infrastructure sector also ensures the health facilities are constructed to	Improvement of access road to health facilities is key in ensuring prompt service delivery to all citizens.

		meet the required norms and standards.	
	Information Communication Technology (ICT)	The Health Sector continues to embrace ICT as an important aspect to improve health care delivery. This has been done through internet connectivity as an investment for implementing various interventions in health care provision including e-health, tele-medicine and capacity building.	Enactment of the e-health bill needs to be fast-tracked as envisioned in the Health Act no.21 of 2017(Part XV).
Environment, Water and Natural Resources Sector	Water and environment: Water supply to health facilities	Availability of clean water for sanitation and hygiene ensures a habitable environment which leads to reduction of waterborne diseases and other associated communicable conditions.	Improvement of WASH programs across the country to increase accessibility and reduction of disease burden.
Social Protection, Culture and Recreation Sector	Labour	The Health Sector cooperates with the labor sub sector to provide mechanisms for improving on the work environment and resolving industrial disputes. In addition, the sector contributes towards review of policies and legislation on labor laws.	The labor sub-sector is mandated to resolve all industrial disputes and implementation of labor laws.
	Sports	The sports fund has provided a mechanism for complementing funding in the health sector which provides an alternative platform of financing some key priority areas	The health sector was allocated 60% of the fund to support cancer, surgical day care equipment at KNH and portable clinics for UHC.
Public Administration, Private and International relations Sector	Parliament	The Government of Kenya has prioritized healthcare over the medium-term plan under the Big Four agenda and this therefore calls for sustained effort towards provision of adequate financial resources for the full realization of the	The success of programmes in health sector is dependent on the funding levels and timely disbursements

		planned Programme.	
		The parliament plays a key role in ensuring that the necessary legislations are enacted to enable the health sector to efficiently implement its mandate effectively.	Strengthening of health Policies and legislation is dependent on political commitment.
	Ministry of Foreign Affairs	The Ministry of Foreign Affairs facilitates in the international exchange programmes for health care providers and also helps in bilateral negotiations on health-related issues.	Strengthening of platforms for both bilateral and multi-lateral partnerships and collaboration.
Education Sector	Training institutions	The education sector programmes are geared towards improving efficiency in core service delivery of accessible, equitable and quality education and training. The sector plays a key role in health research which helps in the generation of new health interventions which are critical in the provision of solutions to existing and emerging health challenges.	The partnership between Training institutions and the health sector's national teaching and referral hospitals will continue facilitating training of medical and paramedical students from public and private institutions to meet the demand for health workforce in the country.
	School Health Programmes	The health sector collaborates with Education Sector in the provision of high health impact intervention including deworming, Water Sanitation and Hygiene (WASH), Immunization Programs.	Strengthening the collaboration between the two sectors.
Governance, Justice, Law and Order	State Department for Interior, State Law office and	Chapter four of the constitution of Kenya guarantees provisions on the right to highest quality of	The sector plays a key role in implementation of health laws

Sector	the Judiciary	health care. Article 43 supported by health-related legislation and statutory regulatory mechanisms such as Public Health Act, Research Ethics and Standards, Food and Drug Administration among others, emphasizes on the need for attainment of highest standards of health.	and administration of justice and also endeavours to review Health Bills to address the existing gaps and work closely with other government agencies in implementing the laws .
General Economic and commercial affairs	Industry	<p>The health sector strives to promote the local industries in the generation of locally manufactured goods for use in the health sector.</p> <p>The sector is also committed to improving its specialized health care services through investments in new technology to effectively compete globally. These services will enable Kenya become a regional and global medical tourism destination hub for specialized health and medical services.</p>	Promote the generation of locally generated initiatives to solve health issues such as Personal Protective Equipments (PPE's).
Agriculture, Rural and Urban Development	Agriculture	The sector plays a big role in ensuring adequate and sustainable food supply to the nation which is key in ensuring a healthy and productive population. The Health Sector will continue collaborating in order to address malnutrition cases to the vulnerable groups.	The emphasis will be on women of reproductive age and children under five (5) years of age as outlined in the National Nutrition Action Plan 2018-2025.
Development Partners	Knowledge Transfer, Resource mobilization	Development partners facilitate knowledge transfer; build business and institutional capacity through strengthening the sector's impact by channeling resources to initiatives that improve the livelihood of the population. Some of the programmes under donor	With reduction in donor, funding in key Programme areas calls for increased government support in terms of domestic funding.

		support include: HIV, TB, Malaria, NCDs among others	
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4.3 Emerging Issues

- i. Emerging and Re-emerging diseases due to Globalization and climate change pose significant implications for public health;
- ii. Kenya is experiencing donor funding reduction or cessation of funding of public health programmes;
- iii. Increase in adoption and utilization of ICT in provision of health services across the country; e.g use of telemedicine to teach medical students in remote settings
- iv. Country preparedness and response to new and emerging pandemics such as COVID -19 has put immense pressure on the health system with limited resources
- v. The High cost of Health care services with increasing number of Indigents in the hospitals and impoverishment due to high out of pocket expenditure
- vi. Antimicrobial resistance is a new threat to the health care system with increased need to invest in research and development of new medicines and drugs to address the emerging threat.
- vii. High burden of Non-communicable diseases (NCDs) with increasing incidences of Mental ill-health partly attributed to effects of climate Change like drought and emerging infectious diseases e.g. Covid 19 pandemic.

4.4 Challenges

- I. Inadequate budgetary allocation for the health sector to support health programmes in view of the reduced donor funding;
- II. Inadequate human resources for health both in numbers and skills mix;
- III. Inadequate health infrastructure for provision of quality health services;
- IV. Weak structured framework for inter-sectoral collaboration that would aid in addressing social determinants of health;
- V. Weak surveillance system for effective programme monitoring, prevention and control of infectious disease outbreaks and epidemics;
- VI. Deployment and management of specialist in a manner that ensures enhanced access to specialized care by all Kenyans;
- VII. Operationalization of the new institutions established by the health Act No. of 2017 among others including Kenya Health Professions Oversight

Authority(KHPOA) and Kenya Health Human Resource Advisory Council(KHHRAC);

- VIII. The implementation of the “Health in all Policies’ approach is yet to be fully rolled out with focus now on achieving Universal Health Coverage.
- IX. Liquidity risk occasioned debt accumulation arising from indigent medical bills and or delays in payments for services/ commodities offered.
- X. Withdrawal of donor funding (USAID) under the Afya Elimu Fund and redirection of HELB Fund to strictly TIVET organizations has left needy students (14,340 students, this translates to KSh. 654.9 Million) without support to finance their training at the Kenya Medical Training College (KMTC). This poses a challenge to KMTC as it will lead to reduction in cash flow, dropping of needy students and inability of needy students to join the college and therefore will directly affect implementation of UHC since KMTC contributes to HRH. Requesting the MOH to provide a budget line to finance needy students amounting KSh. 680 million.
- XI. Increasing need to invest in specialized training for human resources for health (HRH) and matching supply of Health care workers with demand for health services
- XII. Exportation of health labor yet the country had not met the World Health Organization (WHO) target OF 23 Health Care workers per 10,000 population.
- XIII. Mushrooming and lack of harmonization of numerous Health regulations and legislations that the Ministry of Health is brought into play late.

CHAPTER FIVE: CONCLUSION

In conclusion besides the Constitution recognizing right to health as a fundamental element in economic and social right, it also guarantees every citizen the highest attainable standards of health care services, including reproductive health. In order to implement vision 2030 aspirations, the Government has continued to invest in health sector in order to bring health care closer to the people and to ensure sustainability of the nation's human capital base required for sustainable economic growth. The Sector recognizes the opportunities and challenges in establishing a strong healthcare system that is responsive to emerging and re-emerging health conditions by providing an efficient and quality healthcare services.

The Kenyan population is growing at an average rate of 2.2 percent (Kenya Population Census Report 2019) and this has resulted to increased demand for health services exceeding the resource capacity. The sector still carries the triple burden of Communicable, Non-Communicable Diseases and injuries. In addition, the emergence of COVID-19 pandemic has caused unprecedented health concerns in the country and disrupted the achievement of the planned activities in the health sector. This calls for concerted effort to enhance health security and preparedness against future public health threats.

Over the medium-term, the government should invest in the eight health orientation areas i.e.; service delivery, human resources for health, health leadership and governance, health care financing, health infrastructure, health information monitoring and evaluation, health products and technologies, health research and development.

The 2022/23-2024/25 MTEF period the sector has aligned its priorities towards achievement of Universal Health Coverage under the "Big Four" Agenda, MTPIII, SDGs and AU Agenda 2063. To ensure that the desired objectives are achieved, prudent utilization of resources will be adhered to in line with the laid down rules and regulations.

The sector continues to maintain a cordial relationship between the two levels of government under the established intergovernmental mechanisms, that ensures seamless provision of healthcare services, good working environment for staff, effective and efficient service delivery to the citizen. In addition, the National Government will continue to strengthen the national referral health facilities to provide critical specialized health services as we accelerate implementation of UHC.

During the period under review, 2018/19 to 2020/21, the sector has realized significant achievements due to increased prioritization and funding for health services; political goodwill; local and international partnerships; synergy with the counties in the implementation of Universal Health Coverage, COVID-19 response and management. In addition, the sector systems have remained resilient and sustainable to emerging and re-emerging diseases. Adequate resources to support the community advocacy and sensitization on HIV and COVID-19 to demystify myths,

misconceptions around COVID 19 and increase uptake of the HIV services and COVID -19 vaccines.

There is need to strengthen research and innovation in order to use evidence-based information to develop, implement and review policies. This has become even more critical in light of escalated costs related to the provision of health services.

There are challenges in human resource for health in terms of numbers and skill mix, over reliance to donor funding and support, low adoption of health technology, health infrastructure, governance and underfunding. Kenya being classified as a low middle income country on the road to self-reliance affects many donors funded programs especially commodities for TB, HIV, Malaria and RMNCAH which the Government is expected to fund from domestic resources.

These challenges directly affect quality of health services. To realize the aspirations of the sector as envisioned in the constitution, the challenges will continuously be addressed using a multi sectoral approach, resource mobilization and social accountability. The Government will have to provide resources for social health insurance to cover the indigent population.

The prioritized programs and projects will aim at achieving improved availability, accessibility, acceptability and affordability of healthcare services. Implementation of these programs and projects will reduce health inequalities, revitalize and sustain the aspirations of UHC.

CHAPTER SIX: RECOMMENDATIONS

In order to realize the aspirations of UHC, SDGs, Vison 2030 the health sector will continue to prioritize the investment in a healthier society that will contribute to the nation's productivity and prosperity. Therefore, the following recommendations;

- i. Implement “Global Health Security Agenda (GHSA)” on infectious diseases;
- ii. Strengthen multilateral and multi-sectoral approaches on health service delivery to respond to emergencies, disasters and pandemics such as COVID-19;
- iii. Strengthen disease surveillance mechanisms for early detection, mitigation measures and prompt response to public health risks and emergencies;
- iv. Refocus attention on primary health care services to reduce disease burden;
- v. Strengthen capacity of Human Resources for Health to support provision of high quality health services as envisioned in Vison 2030 and the Constitution;
- vi. Mitigate frequent industrial unrest of healthcare workers that affects the provision of healthcare services;
- vii. Strengthen multi-sectoral collaboration and partnerships especially Public Private Partnership (PPP) and Public Private Mix(PPM) to address social determinants of health;
- viii. Increase the budgetary allocation to the health sector to comply with Abuja Declaration and meet health care needs;
- ix. Accelerate the Implementation of the Health Act, 2017;
- x. Enhance investments geared towards reduction of non-communicable diseases including mental health;
- xi. Increase investment in specialized medical care through capacity building in the National referral hospitals, modernization of medical equipment and use of telemedicine;
- xii. Digitalization of health services, harmonization and integration of health sector information systems;
- xiii. Invest in medical research and innovations in national priority areas;
- xiv. Increase investment in integrated e-health solutions;
- xv. Prioritize domestic resource mobilization to address donor transition and enhance sustainability especially in TB, HIV, Malaria and RMNCAH; and
- xvi. Increased investment in health insurance to accelerate the implementation of UHC.
- xvii. There is need to constantly conduct community advocacy and outreaches to address emerging issues from the dual COVID-19 and HIV epidemics and increase COVID 19 vaccine uptake among this population group.

APPENDICES

Annex 6: Concept Note

Annex 7: Project Details