



REPUBLIC OF KENYA

HEALTH SECTOR REPORT

**MEDIUM TERM EXPENDITURE FRAMEWORK
(MTEF) FOR THE PERIOD 2026/27-2028/29**

OCTOBER, 2025

Table of Contents

LIST OF ABBREVIATIONS	4
EXECUTIVE SUMMARY	7
CHAPTER ONE: INTRODUCTION	9
1.1 BACKGROUND	9
1.2 SECTOR VISION AND MISSION	10
1.3 STRATEGIC GOALS AND OBJECTIVES OF THE SECTOR	10
1.4 SUB-SECTORS AND THEIR MANDATES	11
1.4.1. State Department for Medical Services	11
1.4.2. State Department for Public Health and Professional Standards	11
1.4.3. The MOH Organizational Structure	11
1.5 SEMI-AUTONOMOUS GOVERNMENT AGENCIES	12
1.5.1. State Department for Medical Services	12
1.5.2. State Department for Public Health and Professional Standards	16
1.6 ROLE OF SECTOR STAKEHOLDERS	19
CHAPTER TWO: PROGRAMME PERFORMANCE REVIEW FY2022/23 - 2024/25	22
2.1. SUMMARY OF ACHIEVEMENTS	22
2.1.1. State Department for Medical Services	22
2.1.2. State Department for Public Health and Professional Standards	60
2.2. REVIEW OF SECTOR PROGRAMME PERFORMANCE IN TERMS OF DELIVERY OF OUTCOMES, OUTPUTS, KPIs AND TARGET ATTAINMENT FOR FY 2022/23-2024/25	70
2.2.1. State Department for Medical Services	70
2.2.1. State Department for Public Health and Professional Standards	98
2.3. EXPENDITURE TREND ANALYSIS – APPROVED BUDGET VS ACTUAL EXPENDITURE FOR FY 2022/23-2024/25124	
2.3.1. Analysis of Recurrent Expenditure	124
2.3.2. Analysis of Development Expenditure (KSh. Million)	125
2.3.3. Analysis of Programme Expenditure (KSh. Million)	126
2.3.4. Analysis by Category of Expenditure: Economic Classification	129
2.3.5. Analysis of SAGAs Recurrent Budget Vs Actual Expenditure	132
2.3.6. Capital Project Performance Analysis – Status and Outcomes of Capital Projects	
148	
2.3.7. Pending Bills analysis – Outstanding liabilities over FY 2022/23-2024/25	189
2.3.8. Court Awards Analysis – Financial impact of court awards	194
CHAPTER THREE: MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2026/27 – 2028/29	200
OVERVIEW	200
3.1. PRIORITIZATION OF PROGRAMMES AND SUB-PROGRAMMES	200
3.1.1. Programmes and their Objectives	201
3.1.2. Programmes, Sub-Programmes, Expected Outcomes, Outputs and Key Performance Indicators	203
3.1.3. Programmes by Order of Ranking	242
3.2 ANALYSIS OF SECTOR AND SUBSECTOR RESOURCE REQUIREMENTS/ALLOCATIONS (KSH. MILLION)	243
CHAPTER FOUR: CROSS-SECTOR LINKAGES, EMERGING ISSUES AND CHALLENGES	293
4.1 SECTORAL LINKAGES WITHIN THE STATE DEPARTMENT AND WITH OTHER SECTORS	293
4.1.1 Intra Sectoral Linkages	293
4.1.2 Inter Sectoral Linkages	294

4.2. EMERGING ISSUES.....	297
4.3. CHALLENGES, RISKS AND OPPORTUNITIES.....	298
4.3.1. Challenges.....	298
4.3.2 Risks and Opportunities.....	299
4.3.3 Proposed Mechanisms for Coordinated Responses and Risk Mitigation	299
CHAPTER FIVE: CONCLUSION.....	301
CHAPTER SIX: RECOMMENDATIONS	302
ANNEXES.....	303
LIST OF UNFUNDED CRITICAL AREAS FOR THE SECTOR	303
ANNEX 6: PROJECT DETAILS FOR FY 2025/26 AND THE MEDIUM TERM PROJECTIONS	307

LIST OF ABBREVIATIONS

ACT	Artemisinin Combination Therapy
A-I-A	Appropriation- in-Aid
AIE	Authority to Incur Expenditures
AMR	Antimicrobial Resistance
AMREF	African Medical and Research Foundation
ANC	Anti-Natal Care
ASAL	Arid and Semi-Arid Lands
BETA	Bottom-up Economic Transformation Agenda
CCTV	Closed-Circuit Television
CDC	Centre for Disease Control
CEBS	Community Events Based Surveillance
CHAs	Community Health Assistants
CHIS	Community Health Information System
CHMTs	Community Health Management Teams
CHPs	Community Health Promoters
COC	Clinical Officers Council
COVID-19	Corona Virus Disease 2019
CPB	Counsellors and Psychologist Board
CPD	Continuous Professional Development
COHO	Community Oral Health Officer
COHU	County One Health Units
CSOs	Community Service Organizations
DHA	Digital Health Authority
e-CHIS	e-Community Health Integrated System
e-KQMH	e-Kenya Quality Model for Health
EQA	External Quality Assurance
FBOs	Faith Based Organizations
FELTP	Field Epidemiology & Laboratory Training Program
FY	Financial Year
GBT	Global Benchmarking Tool
GF	Global Fund
GoK	Government of Kenya
HCWs	Health Care Workers
HIV	Human Immunodeficiency Virus
HR	Human Resource
HRH	Human Resources for Health
HRIM	Health Records and Information Managers
HRIMB	Health Records and Information Managers Board
HPACs	Health Promotion Advisory Committees
HPTs	Health Products and Technologies

HW	Health Worker
ICT	Information, Communication and Technology
IEC	Information, Education and Communication
IGF	Inter-Governmental Forum
iHRIS	Integrated Human Resource Information System
IMAM	Integrated Management of Acute Malnutrition
IPPD	Integrated Payroll and Personnel Database
IVDs	In Vitro Diagnostics
JOOTRH	Jaramogi Oginga Odinga Teaching & Referral Hospital
KBI	Kenya Biovax Institute
KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Supplies Authority
KNH	Kenyatta National Hospital
KNRA	Kenya Nuclear Regulatory Authority
KHATF	Kenya Hospital Authority Trust Fund
KHHRAC	Kenya Health Human Resource Advisory Council
KHIS	Kenya Health Indicator Survey
KHPOA	Kenya Health Professions Oversight Authority
KHSSP	Kenya Health Sector Strategic Plan
KIPRE	Kenya Institute of Primate Research
KMLTTB	Kenya Medical Laboratory Technicians and Technologists Board
KMPDC	Kenya Medical Practitioners and Dentists Council
KMTC	Kenya Medical Training College
KNEQAS	Kenya National External Quality Assurance Scheme
KNDI	Kenya Nutritionists and Dieticians Institute
KNPHI	Kenya National Public Health Institute
KNRA	Kenya Nuclear Regulatory Authority
KPI	Key Performance Indicator
KUCCPS	Kenya Universities and Colleges Central Placement Service
KUTRRH	Kenyatta University Teaching, Referral & Research Hospital
LCQI	Laboratory Continuous Quality Improvement
M&E	Monitoring and Evaluation
MDAs	Ministry, Department and Agencies
MDTs	Multi-Disciplinary Team
MKT&RH	Mwai Kibaki Teaching & Referral Hospital - Othaya
MLS	Medical Laboratory Scientists
MNPs	Micronutrient Powders
MNTRH	Mathari National Teaching and Referral Hospital
MOH	Ministry of Health
MoU	Memorandum of Understanding
MTEF	Medium-Term Expenditure Framework
MTP	Medium Term Plan

MTRH	Moi Teaching and Referral Hospital
NCD	Non-Communicable Disease
NCI-K	National Cancer Institute of Kenya
NCK	Nursing Council of Kenya
NGO	Non-Governmental Organization
NPAFP	Non-Polio Acute Flaccid Paralysis
NQCL	National Quality Control Laboratory
NSDCC	National Syndemic Diseases Control Council
ORS	Oral Rehydration Salts
OTCK	Occupational Therapy Council of Kenya
RSSH	Resilient Health Systems Strengthening
PC-ERS	Post COVID-19 Economic Recovery Strategy
PCK	Physiotherapists Council of Kenya
PCNs	Primary Care Networks
PHC	Primary Health Care
PHEOC	Public Health Emergency Operations Center
PHOTC	Public Health Officers and Technicians Council
POEs	Points of Entry
PPB	Pharmacy and Poisons Board
PPR	Programme Performance Review
PWDs	Persons With Disability
RMNCAH	Reproductive Maternal Neo-natal Child & Adolescent Health
RRI	Responsible Research and Innovation
SAGAs	Semi-Autonomous Government Agencies
SCAC	State Corporation Advisory Council
SDPHPS	State Department of Public Health and Professional Standards
SHA	Social Health Authority
SOPs	Standard Operating Procedures
SP	Sub-Programme
TA	Technical Assistance
TB	Tuberculosis
TCB	Tobacco Control Board
TOTs	Trainers of Trainers
UHC	Universal Health Coverage
US	United States
VAS	Vitamin A Supplementation
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

The Ministry of Health, through its two State Departments, provides leadership in policy formulation, standards setting, technical assistance, and capacity building to ensure equitable access to quality healthcare. Guided by the Constitution, Vision 2030, the Bottom-Up Economic Transformation Agenda (BETA), and the Universal Health Coverage (UHC) policy, the Ministry collaborates with county governments and stakeholders to implement health sector flagship projects under MTP-IV. These include social health protection, community health interventions, family health programs, local production of health products, health infrastructure development, and medical tourism.

The State Department for Medical Services oversees four programmes: National Referral and Specialized Services; Curative and RMNCAH Health; Research and Innovation; and Administrative Support Services. The State Department for Public Health and Professional Standards manages Preventive and Promotive Health; Health Resource Development and Innovation; Health Policy and Regulations; and General Administration, Planning and Support Services.

Over the review period, the budgetary allocation was **KSh. 116,397 million** in 2022/23, **KSh. 134,438 million** in FY 2023/24 and **KSh. 135,189.22 million** in FY 2024/25. The actual expenditure for the period was **KSh. 98,982.15 million**, **KSh. 110,424.15 million** and **KSh. 121,855.02 million** for 2022/23, 2023/24 and 2024/2025 financial years respectively, translating to absorption rates of 85%, 82.1% and 90.1% over the same period. Funds were utilized to expand access to advanced healthcare, improve maternal and child health outcomes, and enhance communicable disease prevention. Specialized equipment and skills have increased local access to heart surgeries, cancer care, and other advanced services. Programs for HIV/AIDS, malaria, and tuberculosis recorded significant improvements, including an 89% TB treatment success rate. Immunization coverage (Penta 3) remained at 80%, and treatment for malnutrition exceeded global thresholds. Additionally, 100,000 Community Health Promoters received stipends in FY 2024/25, expanding community-level health service delivery.

Key challenges included budget constraints and unequal distribution of healthcare personnel, particularly in rural areas. To strengthen resilience, upcoming plans emphasize sustainable financing through the Social Health Insurance Fund, Primary Healthcare Fund, and Emergency Chronic and Critical Illness Fund. Priorities include expanding primary healthcare infrastructure, improving maternal and child health, enhancing supply chains, and advancing human resource capacity.

Digitalization of health services is a central focus to improve efficiency, transparency, and coordination across facilities, including claims and supply chain management. The Ministry aims to enhance financial sustainability by retaining funds at the facility level and ring-fencing resources for Health Products and Technologies. Establishing Primary Care Networks in counties will promote effective referrals and integrated community-based care.

The sector remains committed to achieving UHC through strengthened human resources, digital health, sustainable financing, and collaboration across agencies, reinforcing the constitutional right to quality healthcare for all Kenyans.

CHAPTER ONE: INTRODUCTION

1.1 Background

The Health Sector plays a critical role in national development as a healthy population is the foundation of sustained economic growth, productivity, and social well-being. The Constitution of Kenya, 2010, recognizes health as a fundamental human right, guaranteeing every person the right to the highest attainable standard of health, including reproductive health care. To fulfill this, the Government has anchored health priorities within the Medium-Term Plan IV (MTP IV) and the Bottom-up Economic Transformation Agenda (BETA), with an aim to deliver equitable, accessible, affordable, and high-quality health care through the achievement of Universal Health Coverage (UHC).

The Government continues to emphasize strengthening community health and high-impact interventions to enhance promotive and preventive services. These efforts are complemented by expanded social health protection mechanisms aimed at ensuring that all Kenyans can access quality healthcare services without facing financial hardship. Health financing reforms remain central to achieving UHC. The Financing model is currently anchored in three key funds as follows:

- Publicly financed primary healthcare fund (preventive, promotive, outpatient & basic diagnostic services), that gives patients a choice between public, faith based and private providers, managed by the Social Health Authority.
- Universal seamless social health insurance through SHA comprising mandatory national contributions and private insurance as complementary covers.
- National fund for chronic and critical illnesses and injury costs not covered (or with very restrictive cover) by insurance (cancer, diabetes, strokes & accident rehabilitation, pandemics) to be funded by combination of insurance tariffs and Government contributions.

Executive Order No. 1 of 2025 reorganized the Health Sector into two State Departments, namely the State Department for Medical Services and the State Department for Public Health and Professional Standards. The Order further delineated the specific mandates, functions, and institutions under each State Department, thereby providing a clear framework for the organization and implementation of health sector priorities.

Within the Medium-Term Expenditure Framework (MTEF), the Health Sector is implementing key programmes under its two State Departments to effectively deliver on its mandate. The State Department for Medical Services is responsible for implementing the following programmes; National Referral and Specialized Services, Curative and Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH), Health Research and Innovation, and Administrative Support Services. Similarly, the State Department for Public Health and Professional Standards is implementing programmes focused on Preventive and Promotive Health Services, Health

Resource Development and Innovation, Health Policy, Standards and Regulations, and General Administration, Planning and Support Services.

This Sector report provides a comprehensive analysis of the sector's financial and non-financial performance over the past three financial years (2022/23, 2023/24, and 2024/25), and also outlines the priorities and resource requirements for the medium term (2026/27, 2027/28 and 2028/29). It presents the budget for FY 2026/27 and projections for the subsequent two years (2027/28 and 2028/29). In addition, the report highlights the cross-sector linkages, identifies emerging challenges, and provides strategic recommendations to guide effective planning and implementation.

The specific objective of this report is to assess the sector's resource utilization and performance against the planned outputs, highlight the achievements and present a detailed justification for the medium-term allocations. It also seeks to demonstrate how the sector contributes to the overall Government agenda while ensuring efficiency, equity and sustainability in service delivery.

1.2 Sector Vision and Mission

The vision and mission as outlined in the Kenya Health Sector Strategic Plan 2023-2027 is as follows;

Vision: “A healthy, productive and globally competitive nation”

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

1.3 Strategic Goals and Objectives of the Sector

Goal: To attain the highest possible health standards in a manner responsive to the population needs,’

Objectives as stated in the Kenya Health Sector Strategic Plan (2023-2027) are:

- i. Reinforce and improve access to people-centered essential primary health services;
- ii. Increase access and availability to quality & affordable essential health services for all;
- iii. Institutionalize emergency preparedness and response, early recovery and resilience;
- iv. Build and strengthen partnerships and collaboration;
- v. Strengthen the health systems for effective and efficient delivery of health services; and
- vi. Advocate and mobilize for adequate financing for health at all levels.

The focus areas of investment in the Sector are geared towards UHC Aspiration including Health financing, Leadership and governance, Health Products and Technologies, Health information, Service delivery, Health Infrastructure, Research and Development.

1.4 Sub-Sectors and their Mandates

1.4.1. State Department for Medical Services

The Mandate of the State Department is described under the Executive Order No. 1 of 2025 as follows:

- i. Medical Services Policy;
- ii. Medical Research;
- iii. Curative Health Services;
- iv. Social Health Insurance Policy;
- v. Health Policy and Management;
- vi. National Health Referral Services;
- vii. Cancer Management Policy;
- viii. E-Health;
- ix. Immunization Policy and Management;
- x. Reproductive Health Policy and Management; and
- xi. Non-Communicable Disease (NCD) Control and Management; and Control and Protection against HIV/AIDS and STIs.

1.4.2. State Department for Public Health and Professional Standards

The mandate of the State Department for Public Health and Professional Standards is derived from the Executive Order No. 1 of 2025 and includes the following functions:

- i. Public Health and Sanitation Policy;
- ii. Preventive and Promotive Health Services;
- iii. Policy on Human Resource Development for Health Care Workers;
- iv. Health Education Management;
- v. Food Quality, Hygiene and Nutrition Policy;
- vi. Quarantine Administration;
- vii. Radiation Policy;
- viii. Administration of the legal and institutional framework for the control of the production, manufacture, sale, labelling, advertising, promotion, sponsorship and use of tobacco products;
- ix. Control and Management of Tuberculosis (TB) and other lung diseases;
- x. Malaria Control and Management; and
- xi. Control and Management of Leprosy.

1.4.3. The MOH Organizational Structure

The Ministry of Health comprises of two State Departments with the Director General for Health as the technical lead.

1.4.3.1 State Department for Medical Services

The State Department is organized into four Technical Directorates and one Administration Directorate as follows:

- i. Directorate of Family Health;
- ii. Directorate of Curative and Nursing Services;
- iii. Directorate of Health Financing, Digital Health, Policy and Research;
- iv. Directorate of Health Products and Technologies; and
- v. Directorate of General Administration.

1.4.3.2 State Department for Public Health and Professional Standards

The State Department comprises four Technical Directorates and one Administration Directorate as follows:

- i. Directorate of Primary Healthcare;
- ii. Directorate of Public Health and Sanitation;
- iii. Directorate of Health Standards, Regulation and Quality Assurance;
- iv. Directorate of Health Sector Coordination and Intergovernmental Relations; and
- v. Directorate of General Administration.

1.5 Semi-Autonomous Government Agencies

There are thirty-three (33) Semi-Autonomous Government Agencies, Regulatory Bodies and Councils within the Sector:

1.5.1. State Department for Medical Services

i. Kenyatta National Hospital (KNH)

Kenyatta National Hospital (KNH) was established through Legal Notice No. 109 of 6th April 1987 and as amended under Legal Notice No. 38 of 1st March 2021. The Hospital is mandated to receive patients on referral from other hospitals or institutions within or outside Kenya for specialized health care; Provide facilities for medical education for the University of Nairobi Medical School, and for research either directly or through other co-operating health institutions; Provide facilities for education and training in nursing and other health and allied professions and Participate as a national referral hospital in national health planning.

ii. Moi Teaching and Referral Hospital (MTRH)

MTRH is established through Legal Notice No. 78 of 12th June 1998, No. 56 of 2002 under the State Corporation Act, Cap 446 and Legal Notice No. 40 of 1st March 2021 with the following Mandate: To receive patients on referral from other Hospitals or Institutions within or outside Kenya for Specialized Healthcare; To provide facilities for Medical Education for Moi University and Research either directly or through other cooperating health institutions; To provide facilities for education and training in Nursing and other health and allied Institutions and participate as a National Referral Hospital in National Health Planning. MTRH has a capacity of 1,403 specialized

beds, all piped with medical oxygen, and provides care to an average of 1,500 outpatients daily, while maintaining slightly over 1,000 inpatients admitted at any given time.

iii. Kenyatta University Teaching, Referral and Research Hospital (KUTRRH)

Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) was established as a State Corporation under the State Corporations Act (Cap 446) through Legal Notice No. 4 of 2019. The hospital is mandated to receive patients on referral from other hospitals or institutions within or outside Kenya for specialized health care; provide facilities for medical education and training in medicine, nursing, and other health and allied professions; conduct research in medicine, biomedical sciences, and related fields; and participate in national health planning as a Level 6 referral hospital.

iv. Mathari National, Teaching and Referral Hospital (MNTRH)

MNTRH was established in 2020 as a State Corporation under the State Corporations Act Cap 446 through Legal Notice No. 165 of 2020 as a level 6b tertiary healthcare facility. The hospital's mandate is to Provide highly specialized services including Specialized psychiatric services, Forensic psychiatry services, Child and adolescent mental health services, Receive and manage referrals of persons with mental disorders from other facilities for specialized care and to Provide training and research facilities in the field of psychiatry and mental health for doctors, nurses, clinical officers and other allied health workers.

v. National Spinal Injury Referral Hospital.

The National Spinal Injury Referral Hospital (NSIRH), established in 1944 and an approved institution under the Medical Practitioners and Dentists Act (Gazette notice no. 15110 of 2013), is a specialized facility located on a 1.4-acre property along Rose Avenue in Kilimani, Nairobi. With an inpatient capacity of 33 beds, the hospital serves Kenya and the broader East and Central Africa region as the sole provider of comprehensive spinal injury care. It attends to approximately 100-120 outpatients daily, supported by a staff complement of 141, and offers a full spectrum of Curative Spinal Services such as spine, plastic and general surgeries; nursing care; medical care; diagnostic laboratory and radiology, Rehabilitative Services including physiotherapy, occupational therapy, psychosocial therapy and orthopedics as well as Promotive and Preventive Spine care; including chronic pain management; health education on spine care to general public and former patients.

vi. Mwai Kibaki Referral Hospital (MKRH)

Mwai Kibaki Referral Hospital (MKRH) was established as a state corporation under the State Corporations Act Cap 446 through a Legal Notice No. 148 of 2024. The Hospital is mandated to receive patients on referral from other hospitals or institutions within or outside Kenya for specialized health care, provide facilities for research and medical education for the Dedan Kimathi University of Science and Technology, provide facilities for education and training in nursing and other health and allied institutions and participate in national health planning.

vii. Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH)

Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) was established as a state corporation under the State Corporations Act Cap 446 through a Legal Notice No. 111 of 2025. The Entity is a level 6A National Referral Hospital and is mandated to: receive patients on referral from other health facilities within or outside Kenya for specialized healthcare; provide multi-specialty referral healthcare services including public and private, out-patient and in-patient diagnostic services, treatment, surgical treatment and other related medical services; provide facilities for medical education, training of healthcare workers and research in medical and other related services directly or in collaboration with health facilities and surrounding academic institutions.

viii. Kenya Medical Supplies Authority (KEMSA)

Kenya Medical Supplies Authority (KEMSA) is a state corporation under the Ministry of Health established under the KEMSA Act 2013. KEMSA is dedicated to provide quality, affordable essential HPTs and supply chain solutions to save and transform lives in Kenya. KEMSA plays an important role in the national agenda of implementing Universal Health coverage (UHC) by ensuring availability of HPTs across the country. KEMSA core mandate is to:

- a) Procure, warehouse and distribute drugs and medical supplies to the last mile for prescribed public health programmes, the national strategic stock reserve, prescribed essential health packages and national referral hospitals;
- b) Establish a network of storage, packaging and distribution facilities for the provision of drugs and medical supplies to health institutions;
- c) Enter into partnership with or establish frameworks with County Governments for purposes of providing services in procurement, warehousing, distribution of drugs and medical supplies;
- d) 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;
- e) Support MOH development partners and County governments to establish and maintain appropriate supply chain systems for drugs and medical supplies.

ix. 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, 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 is to carry out health research, innovation, capacity-building and service delivery for the improvement of human health and quality of life, and advise the Government on matters related to Health Research. 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.

x. Kenya Biovax Institute (KBI)

Kenya Biovax Institute (Biovax) Limited is a State Corporation incorporated on 16th September 2021 under the Companies Act, 2015. Kenya Biovax Institute is a purpose-led, biotechnology institution with a focus on local manufacturing, commercialization and R&D for specialized HPTs, including human vaccines, bio therapeutics and diagnostics. The Institute's establishment was catalyzed by the need to ensure self-sufficiency and sustainability of human vaccines post-GAVI/UNICEF graduation and dwindling donor-financing, in order for Kenya to promote life for maternal, adolescent and under-5 populations. Further, due to lessons learnt from COVID-19, there was an urgent need for enhanced efforts towards pandemic preparedness to ensure availability of specialized health products and technologies including vaccines and biologics for national health security.

xi. National Cancer Institute of Kenya

The National Cancer Institute of Kenya (NCI-K) is a State Corporation established under the Cancer Prevention and Control Act (No. 15 of 2012) This was in recognition of the need for a more coordinated response to the growing cancer burden in Kenya.

The Institute is mandated to provide advisory 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; coordinate the national response to the growing cancer burden; establish and support the large scale production or distribution of specialized biological materials and other therapeutic substances for research and set standards of safety and care for persons using such materials, conduct cancer research and disseminate all data useful in the prevention, diagnosis and treatment of cancer, participate in the provision of training on cancer prevention and control as well ensuring sustainable capacity and fostering partnerships and collaborations for cancer prevention and control, promoting public education and awareness, advocacy, and providing support services to cancer patients.

xii. Social Health Authority (SHA)

The Social Health Authority (SHA) was established under the Social Health Insurance Act (SHIA) of 2023. It represents a pivotal reform in the healthcare landscape replacing the former National Health Insurance Fund (NHIF) and is mandated with managing social health insurance to advance Universal Health Coverage (UHC).

The Authority's purpose is to ensure equitable, affordable, and comprehensive access to healthcare services for all Kenyans and long-term residents, promoting risk pooling and resource allocation to eliminate financial barriers to care. Its core functions include registration of beneficiaries, receiving contributions and other payments made to the Funds, empaneling accredited healthcare providers, and making payments to health care providers.

SHA manages three distinct funds; The Primary Healthcare Fund (PHCF), The Social Health Insurance Fund (SHIF), and Emergency, Chronic, and Critical Illness Fund (ECCIF).

xiii. Digital Health Agency (DHA)

The Digital Health Agency (DHA) was established through the enactment of the Digital Health Act No. 15 of 2023 on 19 October 2023. The Board was formally inaugurated in May 2024.

The Agency is mandated to spearhead the digital transformation of Kenya's health sector by developing, operationalizing, and maintaining a comprehensive and integrated digital health ecosystem that is secure, and person-centric. This includes strengthening the digital health infrastructure, certifying and facilitating deployment of appropriate digital health solutions, and supporting systems that enhance efficient, coordinated, and quality health service delivery across all levels.

xiv. The National Syndemic Diseases Control Council – (NSDCC)

The National Syndemic Diseases Control Council (NSDCC) is a State Corporation established under the State Corporations Act, Cap 446, with an expanded mandate under Legal Notice No. 143 of 2022 to coordinate the prevention and control of syndemic diseases, including HIV, STIs, malaria, leprosy, tuberculosis, and lung disease. The Council is mandated to lead and coordinate multi-sectoral partnerships by developing policies and guidelines, mobilizing stakeholders across government and non-government sectors, coordinating resource mobilization, developing national information systems, addressing training needs, and spearheading advocacy and public awareness efforts to strengthen the national response to syndemic diseases.

1.5.2. State Department for Public Health and Professional Standards

i. 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 Cap 241 with the mandate of providing oversight in training, registration and licensing of health professionals; coordinating joint health inspections; receiving and facilitating resolution of complaints and arbitrating disputes and conflicts; and monitoring execution of respective mandates and functions of health regulatory bodies. It has been categorized by the State Corporation Advisory Council (SCAC) as a Regulatory Corporation category PC 6.

ii. Kenya Institute of Primate Research (KIPRE)

The Kenya Institute of Primate Research was established through legal notice No. 273 of 2017 anchored in Science, Technology & Innovation Act no 28 of 2013 Cap 511 of laws Kenya. Its mandate is to ethically utilize non-human primates and other experimental animals for research aimed at production and commercialization of vaccines, drugs, therapeutics, medical intervention and services to improve human health; conduct research on 'one health' to provide early warning for emerging and re-emerging diseases arising from high-risk disease interface zones of humans-livestock-wildlife in the light of climate change.

iii. Kenya Hospital Authority Trust Fund (KHATF)

The Kenya Hospital Authority Trust Fund (KHATF), established in 1968 under the National Hospital Insurance Act (1966), aims to advance medical education in partnership with universities, initially with the University College of Nairobi. Its mandate includes supporting medical training through grants, reviewing eligibility and qualifications, enabling fundraising from external partners to supplement government funding, and amending the Trust Deed as necessary.

iv. Kenya Medical Training College (KMTC)

Kenya Medical Training College is a body corporate established under the provisions of the Kenya Medical Training College Act. Cap 261. The College is mandated with the role of training of the various health disciplines, to serve Kenya and beyond.

v. The Kenya National Public Health Institute (KNPHI)

The Kenya National Public Health Institute was established under CAP 446 Laws of Kenya and came into operation under Legal Notice no.14 of 2022. It is mandated to establish mechanisms to facilitate quick detection of outbreaks and emergencies; Conduct vulnerability and risk assessment, and mitigate various health-threatening issues in collaboration with non-health entities including Ministries responsible for matters relating to environmental health, animal health, and trade; academic institutions and non-governmental organizations.

vi. Counsellors and Psychologist Board (CPB)

The Counsellors and Psychologist Board is established under part 2 of the Counsellors and Psychologist Board Act 2014, Cap 253C. The Act provides for the training, registration, licensing, practice and standards of Counsellors and Psychologists.

vii. Health Records and Information Managers Board (HRIMB)

Health Records and Information Managers Board is established under section 7 of the Health Records and Information Managers Act 2016, Cap 539 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.

viii. Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB)

The Medical Laboratory Technicians and Technologists Act Cap 253A. The mandate of KMLTTB is to provide for training, registration and licensing of medical laboratory technicians and technologists.

ix. Kenya Nuclear Regulatory Authority (KNRA)

The Kenya Nuclear Regulatory Authority (KNRA) was established on 10th January 2020, by the Nuclear Regulatory Act 2019, Cap 243. It is mandated to ensure the safe, secure and peaceful use of nuclear science and technology and 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.

x. Kenya Nutritionists and Dieticians Institute (KNDI)

The Kenya Nutritionists & Dieticians Institute was established through the Nutritionists & Dieticians Act Cap 253B. The Mandate of KNDI is 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 and dietetics.

xi. National Quality Control Laboratory (NQCL)

The National Quality Control Laboratory was established through the Pharmacy and Poisons (Amendment) Act of 1992 (Cap 244, Laws of Kenya). It was prequalified by the World Health Organization (WHO) in 2008 and holds ISO 17025:2017 accreditation. NQCL mandate includes testing and analysis of drugs and related substances to ensure safety and quality; conducting chemical, biological, biochemical, physiological, and pharmacological evaluations; and testing locally manufactured and imported medicines on behalf of the Government to confirm compliance with the law.

xii. 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; regulate 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.

xiii. Tobacco Control Board (TCB)

Tobacco Control Board is established under Section 5 of Tobacco Control Act, 2007 Cap 245A. Its mandate includes advising 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.

xiv. Clinical Officers Council (COC)

The Clinical Officers Council was established under the Clinical Officers (Training, Registration and Licensing) Act 2017, Cap 253E. 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.

xv. Kenya Medical Practitioners and Dentists Council (KMPDC)

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.

xvi. Kenya Health Human Resource Advisory Council (KHHRAC)

The Kenya Health Human Resource Advisory Council (KHHRAC) is established under the Health Act Cap 241, Part V Sections 30-44, and is mandated to review policy and establish uniform norms and standards on the management of interns and medical specialists, intergovernmental transfers (county to county and between the two levels of government), welfare and the scheme of service for health professionals and maintenance of a master register for all health practitioners in the country.

xvii. Nursing Council of Kenya (NCK)

The Nursing Council of Kenya (NCK) is a regulatory body under the Ministry of Health established on 10th June 1983 by an Act of Parliament under the Nurses and Midwives Act Cap 257 of the Laws of Kenya. It is mandated 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 the community.

xviii. Occupational Therapy Council of Kenya (OTCK)

The Occupational Therapy Council is established under the Occupational Therapists (Training, Registration and Licensing) Act 2017, Cap 253H. The mandate of the Council is to regulate the training, registration, licensing and the practice of occupational therapists.

xix. Physiotherapists Council of Kenya (PCK)

The Physiotherapist Council of Kenya is established under the Physiotherapist Act 2014, Cap 253D. Its mandate is to regulate the Training, Registration, and Licensing of physiotherapists in Kenya.

xx. Public Health Officers and Technicians Council (PHOTC)

The Public Health Officers and Technician's Council was established under the Public Health Officers (training, registration and licensing) Act, 2013 Cap 253G. The mandate of the council is to; regulate training registration and licensing of public health officers in Kenya; exercise general supervision and control over training, practice and employment of public health officers and technicians in Kenya and to advise the government on all related matters.

1.6 Role of Sector Stakeholders

The stakeholders in the Health Sector include key actors who contribute to planning, policy formulation, coordination, financing, regulation, and service delivery within the health sector. They include;

Table 1.3: Stakeholders in the Health Sector

S/No.	Stakeholder	Role in the Health Sector
1	The National Treasury	Provides budgetary support for investments, operations, maintenance, and staff remuneration in the sector; oversees financial management and ensures sustainability of health sector financing.
2	State Department for Economic Planning	Coordinates planning, policy formulation, and monitoring of results to align health sector priorities with national development goals such as Vision 2030 and the Bottom-Up Economic Transformation Agenda (BETA).
3	State Department for Public Investment and Asset Management	Formulate, review and coordinate policies, laws and regulations to improve public investment management across government; and formulation of Public Procurement and Asset Disposal Policy.
4	National Assembly and Senate (Parliament)	Undertakes legislation, budget approval, and oversight of health policies and expenditures. The Senate ensures equitable allocation of resources to counties, while the National Assembly enacts relevant health laws.
5	Council of Governors	Develop frameworks for the management of health at the county level, discuss key county health issues with the MoH while ensuring county-level implementation of national policies, strategies, guidelines and standards. They further advocate for county-specific needs to the national government, fostering a partnership aimed at enhancing public health services.
6	County Governments	As per the Fourth Schedule of the Constitution, counties are mandated to manage county health facilities and pharmacies; ambulance services; promotive and preventive health care; licensing of food outlets; veterinary services; cemeteries and funeral services; and enforcement of waste management policies.
7	Office of the Attorney General	Provides legal interpretation and enforcement of health-related rights, ensuring adherence to constitutional provisions on the right to health and resolution of health sector disputes.
8	Office of the Auditor General	Provides an independent oversight role to ensure accountability in the use of public resource.
9	Office of Controller of Budget	Overseeing budget implementation, controlling public fund withdrawals, and providing independent reports to Parliament and the public.
10	Commission for Revenue Allocation	Provides expert advice, recommendations, and technical support on matters of revenue generation, sharing, and fiscal management
11	Regulatory Bodies	Set and enforce professional standards, licensing, ethics, and quality assurance in training and service delivery.
12	Other State Actors (MDAs)	Ministries, Departments, and Agencies such as those responsible for environment, water, agriculture, labour, social protection, gender, education, trade, interior among others which play a

S/No.	Stakeholder	Role in the Health Sector
		multisectoral role in addressing the broader social determinants of health.
13	Non-State Actors (Private Sector, NGOs, FBOs, CBOs, CSOs)	Complement government efforts through advocacy, service delivery, community mobilization, and promotion of human rights and equity; provide linkage to industry to enhance availability of quality health products and technologies, and promote local production.
14		
15	Academic and Research Institutions	Train health professionals, conduct research and innovation, provide tertiary care, and generate evidence to inform health policy and practice.
16	Development Partners, Donors and Collaborators	Provide technical, financial and non-financial support, policy advice and programmatic assistance for health systems strengthening towards achievement of key health priorities.
17	Community / Clients / Consumers of Health Services	Key beneficiaries and users of health services; play a crucial role in influencing service demand, accountability, and sustainability of health programmes.
18	Media	Shapes public opinion, raises awareness, mobilizes communities, and holds institutions accountable by highlighting health issues and disseminating health information.
19	Trade Unions	Advocate for health workers' welfare, fair remuneration, and improved working conditions; engage in social dialogue and policy formulation.
20	Professional Associations	Offer technical input, advocacy, and professional development opportunities for health practitioners.
21	East African Community (EAC), other regional and global bodies	Promotes cross-border health initiatives, regional and global integration, harmonization of regional and global health policies, and safeguards regional and global health security.

CHAPTER TWO: PROGRAMME PERFORMANCE REVIEW FY2022/23 - 2024/25

This Chapter provides an analysis of the Sector programme performance for the last three years i.e. FY 2022/23-2024/25. It is linked to the on-budget resources (allocations and expenditures) that were allocated to the Ministry of Health from both the National Treasury as well as Development Partners who are on-budget in the same period. It will therefore entail analysis of the previous budgetary allocations, actual expenditures and achievement of programme outputs.

2.1. Summary of Achievements

2.1.1. State Department for Medical Services

In the period under review, there were four programmes under the State Department:

- (i) National Referral and Specialized Services,
- (ii) Curative and RMNCAH Services,
- (iii) Health Research and Innovations and
- (iv) General Administration and Medical Policy

Programme 1: National Referral and Specialized Services

Sub-Programme 1.1: National Referral Services

1. Kenyatta National Hospital

a) Specialized Surgeries

i) Minimally Invasive surgeries

In the FY 2024/25 KNH conducted 9,419 minimally invasive surgeries. This was an upwards trajectory over the last two planning periods that registered 4,546 in FY-2022/23 and 5,054 in FY-2023/24. This was due to dedicated patient education on minimally invasive surgeries and acquisition of additional specialized surgical equipment.

ii) Heart Surgeries

In the period under review, the Hospital conducted 697 heart surgeries. This was an improvement from the last two planning periods that registered 614 in FY-2023/24 and 615 in FY-2022/23. This was due to dedicated patient education on minimally invasive surgeries and acquisition of additional specialized surgical equipment.

b) Groundbreaking Milestones

i) Trans-humeral Targeted Sensory Reinnervation

Kenyatta National Hospital (KNH) cemented its position as a global leader in medical innovation by successfully performing the world's first Trans-humeral Targeted Sensory Reinnervation (TSR) surgery on a 22-year-old patient. TSR, an advanced surgical technique, reroutes nerves from an amputated limb to the remaining skin, creating a "sensory map" that allows the brain to perceive touch, temperature, and pain as if originating from the missing limb. The patient became the first

person in the world to undergo the procedure that not only restored sensation but also promised better prosthetic control and pain management.

ii) Ventricular septal defect (VSD) closure at a public facility

KNH made history by performing Kenya's first minimally invasive Ventricular Septal Defect (VSD) closure at a public facility on a 15-year-old girl through minimal access keyhole procedure. Using advanced x-ray-guided techniques, the team accessed the heart through a small incision in the leg—avoiding open-heart surgery and allowing the patient to be discharged just a day later without visible scars. This groundbreaking operation marks a major advancement in local cardiac care, demonstrating KNH's growing capacity to treat complex heart defects using safer, faster, and less invasive methods.

iii) KNH performs first Video assisted Thoracic Surgery (VATS)

The Hospital successfully performed its first Video-Assisted Thoracic Surgery (VATS), a minimally invasive lung operation, on a 30-year-old patient. VATS is a minimally invasive approach to surgeries within the thoracic cavity. VATS allows for small incisions instead of a large open chest incision. A camera and instruments are used to view and operate on the area.

iv) KNH Reconstructs face of crash victim in 15-hour surgery

KNH performed a complex 15-hour reconstructive surgery on 25-year-old, who sustained severe facial injuries in a motorcycle accident. The procedure involved realigning shattered facial bones and repairing soft tissue, restoring both function and appearance. This milestone highlights KNH's advanced trauma care capabilities and spotlight the growing burden of motorcycle-related injuries among youth in Kenya.

v) Kenya's First Pediatric Brachial Plexus Surgery

KNH conducted Kenya's first pediatric Birth Brachial Plexus Palsy (BBPP) surgery—a procedure previously done only on adults. BBPP causes arm weakness or paralysis in newborns due to nerve injury during birth, and surgery helps restore function and improve quality of life.

c) Specialized Clinics

i) KNH launched Kenya's first Public Menopause Clinic

KNH launched the country's first public Menopause Clinic, a landmark move in advancing women's health. The clinic provides tailored care for women experiencing menopause and addresses related issues such as contraception, infertility, and routine screenings. It also seeks to establish treatment protocols for Hormone Replacement Therapy (HRT). This groundbreaking initiative aims to break the silence around menopause, offer support, and promote public awareness—marking a major stride in holistic, inclusive care for women in Kenya's public health system.

ii) KNH launches region's first dedicated Liver Transplant Clinic

Kenyatta National Hospital launched its first-ever Liver Transplant Clinic, the first dedicated facility of its kind in the region, marking a major step forward in specialized care. The clinic offers

comprehensive support before and after transplant surgery, ensuring better outcomes and long-term care. It is set to improve access to world-class liver treatment, providing holistic support to patients and their families throughout the transplant journey.

2. Mwai Kibaki Hospital

i) Surgeries Performed

In FY 2024/25, MKRH performed 1,559 specialized surgeries across Ophthalmology, Urology, Obstetrics, Gynecology, Maxillofacial, ENT, Orthopedics, General Surgery, and Neurosurgery. This represented 78% of the planned target of 2,003 surgeries, reflecting a shortfall of 444 procedures.

ii) Specialized Clinics

The Hospital provided outpatient care through 19 specialized clinics (including ENT, Ophthalmology, Neurosurgery, Psychiatry, Orthopedics, Medical and Surgical Outpatient Clinics, Pediatrics, Gynecology, Oncology, Urology, Cardiology, Maxillofacial, Dental, Orthodontics, Prosthodontics, Endocrinology, and Dermatology). This was below the target of 24 clinics, translating to 79% achievement. A total of 19,753 patients were attended to, generating a workload of 23,373 laboratory investigations, 14,437 radiological examinations, and 5,541 inpatient admissions.

iii) Number of oncology sessions on (Chemotherapy and Radiotherapy)

MKRH provided 1,492 chemotherapy sessions, slightly surpassing the target of 1,482 sessions.

iv) Health Research Conducted

The hospital achieved its research target for the year. A total of two policy briefs were disseminated, namely: *Health-related quality of life among hemodialysis and kidney transplant patients and Blood pressure telemonitoring and hypertension management in Kenya (HBPT-K)*

In addition, nine research studies are ongoing across different disciplines, demonstrating MKRH's commitment to advancing evidence-based practice and informing policy.

v) Multidisciplinary Outreaches Conducted

MKRH conducted 30 multidisciplinary health outreaches against a target of 19. These outreaches benefited over 6,000 community members through NCD screenings, consultations, and referrals. They also included capacity-building sessions on Social Health Insurance Fund (SHIF) registration and other health promotion activities. The overachievement was driven by proactive community engagement and strong partnerships with county governments, NGOs, academia, and faith-based organizations.

vi) Clinical Milestones

The ENT team successfully conducted the hospital's first-ever laser procedure. This minimally invasive intervention was performed on a patient diagnosed with subglottic and tracheal stenosis following prolonged intubation, effectively eliminating the need for open surgery.

The Hospital also achieved another significant milestone in diagnostic urology with the successful performance of its first ultrasound-guided prostate biopsy. The procedure represents a major advancement in the hospital's capacity to offer precise, minimally invasive diagnostic services for prostate-related conditions.

3. Moi Teaching and Referral Hospital

Major Achievements/outputs in the FY 2022/23-2024/25

a) Provision of Specialized Healthcare Services

i) Groundbreaking specialized healthcare services

1. Kenya's First Renal Artery Bypass Surgery (grafting a blood vessel either from the patient or a synthetic graft to bypass the blocked renal artery, thereby restoring normal blood flow to the kidneys).
2. Kenya's First Coronary Angiogram (a minimally invasive imaging procedure that uses contrast dye and X-ray technology to visualize coronary arteries).
3. Moi Teaching and Referral Hospital's Nephrology Department increased the number of Haemodiafiltration (HDF) machines for better purification of kidneys during dialysis. MTRH has the capacity to conduct 20 HDF procedures at a go via its 5008s Cordiax & the 6008 CARE system machines to both paediatric and adult patients.
4. Conducted the first Stereotactic Radiosurgery (SRS) using the Varian True Beam platform on a 51-year-old female patient, who had brain metastases.

- ii) **Kidney Transplants:** In FY 2024/25, the Hospital successfully performed 29 kidney transplants, an increase from 20 in FY 2023/24 and 18 in FY 2022/23. This upward trend reflects MTRH's growing capacity and expertise in renal care and transplant services.
- iii) **Minimally Invasive Surgeries:** A total of 3,226 minimally invasive surgeries were conducted in FY 2024/25, compared to 3,081 in FY 2023/24 and 3,202 in FY 2022/23, demonstrating steady improvement in surgical performance and uptake of advanced surgical technologies.
- iv) **Chemotherapy Sessions:** During FY 2024/25, the Hospital attended to 20,175 chemotherapy patients, compared with 20,379 in FY 2023/24 and 19,622 in FY 2022/23. Despite a marginal decline from the previous year, performance remained strong. The commencement of radiotherapy services has further positioned MTRH as a Centre of Excellence in oncology care.
- v) **Open-Heart Surgeries:** The Hospital successfully carried out 96 open-heart surgeries in FY 2024/25, up from 72 in FY 2023/24 and 92 in FY 2022/23. This growth is attributed to deliberate and continuous staff capacity building as well as capital investments that are strengthening MTRH's role as a multi-specialty referral hospital.
- vi) **Corneal Transplants:** In FY 2024/25, MTRH performed 13 successful corneal transplants, compared with 39 in FY 2023/24 and 15 in FY 2022/23. While there was a

decline from the previous year, the Hospital continues to invest in modernizing its Eye Unit, including staff training, acquisition of modern equipment and ensuring availability of essential drugs and supplies.

vii) Implementation of Collegiate Programmes: MTRH is the largest centre providing Collegiate Programmes in Eastern and Central Africa. Specialized Courses provided during FY 2024/25 including the number of doctors on training are as follows:

No.	Programme	Numbers
1	College of Surgeons of East, Central and Southern Africa (COSECZA): Neurosurgery, Orthopaedic Surgery, General Surgery & Paediatric Surgery	39
2	College of Ophthalmology of Eastern, Central and Southern Africa (COECSA)	10
3	College of Anaesthesiologists of East, Central and Southern Africa (CANESCA)	8
4	College of Pathologists of Central Eastern & Southern Africa (COPECSA)	4
5	East Central Southern Africa College of Physicians (ECSACOP)	9
6	Maternal-Fetal Medicine	1
7	Paediatric Oncology & Haemato-Oncology	1

viii) Strategic Linkages and Partnership

Moi Teaching and Referral Hospital (MTRH) has continued to strengthen strategic collaborations as a key driver for advancing specialized healthcare, training, and research. The long-standing partnership with Moi University and Indiana University (USA) has culminated in the establishment of the *Academic Model Providing Access to Healthcare (AMPATH)*, a globally acclaimed programme integrating clinical care, research, and capacity building in the management of communicable and non-communicable diseases.

Through strategic partnerships, MTRH has successfully delivered state-of-the-art facilities that enhance service delivery and patient outcomes. These include the *Shoe4Africa Children's Hospital*, *Chandaria Cancer and Chronic Diseases Centre (CCCDC)*, *MTRH World Bank Isolation Centre*, *BSL II Laboratory*, *Dr. Edith Kwobah MTRH Nawiri Recovery and Skills Centre*, *Alcohol and Drug Abuse Unit (ADA)*, and the *Cardiac Care Unit (CCU)*. In line with its commitment to expanding critical care services, the Hospital is currently upgrading its Intensive Care Unit (ICU) capacity to 32 beds, comprising 20 Adult ICU beds, 4 Neurosurgical ICU beds, and 8 Pediatric ICU beds at the Shoe4Africa Children's Hospital. This expansion underscores MTRH's focus on strengthening specialized care to meet growing patient needs and align with its strategic goal of positioning the Hospital as a regional Centre of Excellence.

ix) Quality Standards & Governance

Moi Teaching and Referral Hospital (MTRH) continues to strengthen its quality and governance frameworks through the adoption of internationally recognized standards. The Hospital successfully transitioned to the *ISO 9001:2022 Quality Management System (QMS)*, *ISO 15189:2022 – Medical Laboratories Quality and Competence*, *ISO 27001:2022 – Information Security Management System* and *ISO 45001:2018 – Occupational Health and Safety Management System (OHSMS)*

These initiatives demonstrate MTRH's commitment to continuous improvement, patient safety, data security, and a safe working environment, in line with its mandate as a national referral and teaching hospital

x) Modernization of Medical Equipment

Over the past three years, Moi Teaching and Referral Hospital (MTRH) has made significant investments in modern medical equipment to enhance diagnostic, treatment, and emergency response capabilities. Key acquisitions include:

- **Radiotherapy Equipment:** Linear Accelerator for advanced cancer care
- **Radiological and Imaging Equipment:** 1.5 Tesla MRI, Cardiac Catheterization Laboratory, 128-Slice and 32-Slice CT Scanners, Digital X-rays, Mammography, and Electroencephalography (EEG) Machine
- **Surgical and Laboratory Equipment:** C-Arm, Laparoscopic Tower, Patient Monitors, and a wide range of theatre and laboratory equipment
- **Support Infrastructure:** A new Oxygen Plant to strengthen critical care capacity

In addition, the Hospital has expanded its fleet with new ambulances and utility motor vehicles, ensuring improved night-time coverage, enhanced emergency response, and increased safety for both patients and staff. These investments have substantially improved service delivery by enabling earlier diagnosis, timely interventions, and better treatment outcomes, thereby reinforcing MTRH's role as a leading national referral and teaching hospital.

xi) Information Communication & Technology

During the reporting period, Moi Teaching and Referral Hospital (MTRH) made substantial investments in ICT infrastructure to enhance operational efficiency, patient experience, and digital transformation. A key milestone was the deployment of an in-house developed *Enterprise Resource Planning (ERP)* system, which has streamlined core hospital operations. Notable improvements include:

- **Operational Efficiency:** Patient discharge turnaround time reduced from an average of 2 hours to 30 minutes.
- **Automation:** Full automation of patient registration, billing, invoicing, and payroll processing.

- **Electronic Medical Records System (EMRS):** Full automation of the Shoe4Africa Children's Hospital, with progressive scale-up to other hospital units.
- **Queue Management System:** Introduced to manage patient flow across service points, reducing waiting times and improving turnaround time.
- **Digital Communication:** Installation of digital information boards at strategic points to disseminate public health information.
- **Integration with e-Citizen:** Hospital services have been onboarded onto the national e-Citizen platform, enabling clients to conveniently pay for services digitally.

Looking ahead, the Hospital recognizes the vast potential for further automation and has prioritized ICT scale-up in the *Strategic Plan 2023–2028*.

4. Kenyatta University Teaching Referral and Research Hospital

a) Increased Capacity for Diagnosis and Cancer Treatment

i) Advanced Cancer Imaging

The Integrated Molecular Imaging Center (IMIC) started operations in 2022. The number of scans conducted as follows: 4293 in FY 2024/25, 5592 in FY 2023/24 and 3685 PET/CT in FY 2022/23.

ii) Radiotherapy, Chemotherapy and Brachytherapy

KUTRRH has established a center of excellence in cancer care. Different modalities are used for cancer treatment. In the period under review, a total of 43,947 radiotherapy sessions were conducted in FY 2024/25, 60,256 in FY 2023/24 and 62,134 Sessions in FY 2022/23.

In addition, a total of 344 brachytherapy sessions were conducted in FY 2024/25, 373 in FY 2023/24 and 351 in FY 2022/23.

The hospital is in the process of expanding the cancer center to ease congestion as well as offering services to more patients. Construction of the cancer center expansion is at 95% completion.

iii) Cyberknife for Advanced Stereotactic Radiosurgeries

The Cyberknife machine was officially commissioned by His Excellency President William Ruto in 2023. This is the latest generation of non-invasive precision treatment that treats cancerous and noncancerous tumors in areas of the body previously thought to be untreatable by use of high doses of precise targeted robotic radiation therapy. Cancer patients require five sessions with minimal risk of complications or damage to healthy tissues. A total of 150 sessions were conducted in FY 2024/25 and 373 sessions in FY 2023/24. The reduction in number of sessions was as a result of human resource challenges. The hospital has carried out training of staff and scaled up operations.

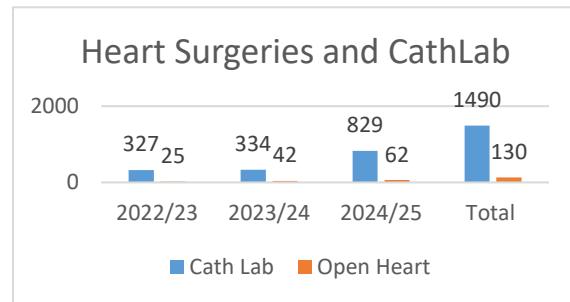
b) Renal Dialysis and Kidney Transplants

During FY 2024/25, KUTRRH commenced Kidney Transplants to address the increased demand for the services in the country. This step aligns with the hospital's mandate of providing specialized healthcare to meet the emerging health needs in the country and beyond. A total of 4 transplants were carried out in FY 2024/25. In addition, KUTRRH also increased capacity for renal dialysis

by procuring an additional 20 dialysis machines to add to the existing 15. A total of 11751 dialysis sessions were carried out in FY 2024/25

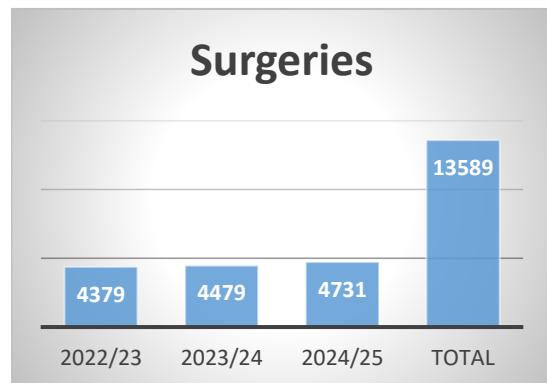
c) Heart Surgeries and Cardiac Catheterization Laboratory

During the period under review, KUTRRH continued to conduct heart surgeries and CathLab procedures with the numbers as shown in the Figure 1.



d) Specialized Surgeries

In the period under review, KUTRRH Continued to expand surgical services. The Hospital has operationalized all theatres (8) and the number of Specialized Surgeries undertaken are as shown in the in the figure 2.



e) Research & Clinical Trials

In the period under review, KUTRRH undertook a research project with the title, Improving Esophageal Cancer Survival in Kenya: The Hub and Spoke Model Training with the University of Manchester funded by the National Institute for Health Research-UK. The project is being carried out in five (5) counties; Meru, Nyeri, Kiambu, Kisii and Nakuru. The objectives of the project are:

The activities realized in the period under review include, delivery of Mobile Endoscopy Truck to conduct screening in the Counties, training of 259 Community Health Assistants, 51 Sub-County Focal Persons and 306 Community Health Promoters on Esophageal cancer awareness and data collection, Esophageal Cancer endoscopy screening conducted in Nyeri County (824 residents were screened and 200 successfully scoped) and Meru County (718 residents were screened and 171 were successfully scoped).

f) Medical Outreach

In the period under review, KUTRRH conducted medical outreaches to increase access to healthcare services. In the FY 2024/25 a total of 26 medical outreach were carried out, including the following: Varicose veins screening camp (650 patients were screened), Cleft lip and palate

free surgeries (120), Cancer screening camp (645 members of the public were screened and 31 referred for treatment) Free kidney screening where 211 screened and 21 referred for further follow-up, hearing screening where 123 clients were screened and 26 were referred for further treatment.

g) Medical Education and Training

Specialized Nursing Training

During the period under review, KUTRRH continued to provide training opportunities in Specialized Nursing, Clinical Fellowships and Student's Clinical rotation. The numbers for the period are as shown in the table.

Number of students in the various training programs

Program	2022/2023	2023/2024	2024/2025
Students Placement for Clinical Rotations	732	876	1198
Training Institute of Specialized Nursing	66	94	63
Collegiate/Fellowship Training			
COSECSCA/CANECSA/ECSACOP	6	8	9

h) KUTRRH achieves ISO 9001 and ISO 27001 Certification and ISO 15189 Medical Laboratory Accreditation

During the period under review, KUTRRH attained ISO 9001 Certification for Quality Management System and ISO 27001 for Information Security Management in April 2024. The Hospital Laboratory was also accredited to ISO 15189. The certifications demonstrate a significant commitment to quality, information security, and patient safety.

i) Calibration of Medical Equipment

During World Metrology Day in May 2025, KUTRRH partnered with the Kenya Bureau of Standards (KEBS) to carry out calibration of key medical equipment. A total of 145 medical devices were calibrated. This effort underscores the commitment by KUTRRH to ensure accurate measurements at all time for precise diagnosis and treatment.

5. Mathari National Teaching and Referral Hospital (MNTRH)

i. Outpatient Clinical Services

In the period under review, the Hospital expanded to offer outpatient clinical service (Counselling and Psycho-Therapy Services, Pharmaceutical Services, Physiotherapy & Orthopedics, Laboratory Services, Rehabilitative Services, Dental Services, and General Outpatient Consultation Services) This was informed by the realization that a significant proportion of the Hospital patients are indigents and cannot access affordable and quality clinical services. Furthermore, the hospital is located in a low-income neighborhood, where the majority of the population is unable to afford healthcare that is not discounted. The Hospital has a bed capacity of Seven Hundred Beds (700) and attends an average of over 350,000 outpatients annually. Currently,

MNTRH is in the course of constructing a modern Outpatient Wing that will host 9 Outpatient Departments equipped with the most modern medical equipment.

ii. Alcohol and drug abuse Rehabilitation center.

The hospital surpassed its set target of 1100 patients, managing to rehabilitate 1267 patients during the financial year. This success is attributed to the multidisciplinary approaches, hence enhanced service delivery that included individualized therapy, integrated group and family therapy coupled with increased public awareness and sensitization campaigns that encouraged the uptake of services. The Hospital also has a Centre of Substance Abuse Treatment (CSAT), which runs every Tuesday. CSAT specializes in treating various drug addictions, including, but not limited to, alcohol use disorder, cannabis use disorder, nicotine use disorder and khat use disorder. This focused program helps the hospital provide specialized, high-quality care to meet the specific needs of patients with these conditions.

iii. Modernization of Hospital Infrastructure

In FY 2022/23, the Hospital acquired specialized diagnostic and therapeutic equipment to enhance service delivery. To enhance diagnostic capacity, the hospital procured an **Automated Chemistry Analyzer, Toxicology Analyzer and Digital IOPA Machines**, ensuring faster and more reliable results. Additionally, acquisition of an **Immuno Essay Analyzer, Coagulation Profile system**, and a **Fully Automated Elisa Essay Analyzer**, have strengthened diagnostic accuracy in immunological and biochemical investigations. In the period under review, more than **120,547 tests** were conducted at highly subsidized rates to accommodate and make healthcare affordable to the patients the hospital caters for, many of whom are from low-income neighborhoods and are the target population of the Kenya Kwanza Government Universal Health Coverage (UHC) Program.

For neuropsychiatric care, the hospital procured an **EEG Machine**, aimed at improving capacity to assess, diagnose and manage patients with seizure disorders and other neurological conditions. In physiotherapy services, modernization included the acquisition of the **Cervical and Lumber Traction Unit, Hydrocollator, and Thermotherapy Wax Bath**, all aimed at enhancing physiotherapy and pain management services for patients.

MNTRH, through the support of the World Bank, repurposed and equipped an existing building to equip a Tele-psychiatric center with the aim of delivering high-quality, accessible, and culturally competent psychiatric care to a diverse population. However, the facility has no staff due to inadequate budget allocation, pending the hiring of 6 clinical agents to serve at the center.

iv. Research and clinical trials.

During the year under review, the hospital's research department focused on strengthening research capacity and advancing mental health research. To achieve this, the department established strategic linkages and collaborations with leading institutions in clinical services, outreach programs, and research. Notably, partnerships were formed with the Aga Khan University (AKU) and the African Medical and Research Foundation (AMREF).

The hospital is currently implementing **2** major research projects:

- Long-Acting Injectable (LAI) Antipsychotic Medication Program** – involving **40 patients**, assessing socio-economic outcomes before and after treatment to generate cost-benefit data for national policy and investment in LAI medications.
- NeuroGAP 2 Program** – studying neuropsychiatric genetics among **5,000 cases and 5,000 controls** from diverse backgrounds to inform evidence-based mental health interventions.

In addition, the Mathari National Teaching and Referral Hospital's Institutional Scientific and Ethics Review Committee (ISERC) was formally accredited by the National Commission for Science, Technology and Innovation (NACOSTI). Following this accreditation, the committee entered into a mentorship partnership with the Aga Khan University's ISERC, in line with NACOSTI requirements; further enhancing the hospital's governance and ethical oversight in research.

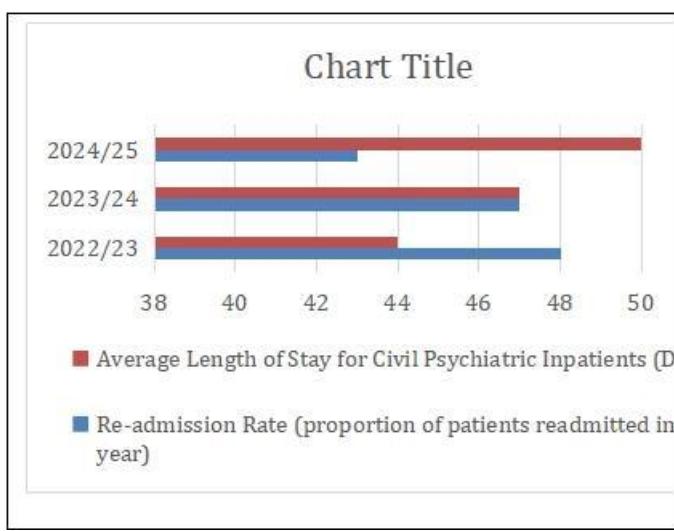
v. Multidisciplinary Outreaches and In-reaches

MNTRH conducted 59 outreaches with MoH and partners to improve the general public awareness of mental health. A total of 12 Public venues/facilities and institutions of higher learning were visited, and the healthcare workers were sensitized accordingly, while others were sensitized on webinars and X-spaces. Cumulatively, a total of 5,209(4913students, 396staff) clients were reviewed and screened for any mental issues.

vi. Institutional Development and Governance.

In the year under review, Mathari National Teaching and Referral Hospital (MNTRH) launched its 2024–2029 Strategic Plan. This milestone marked a renewed commitment by the hospital to contribute meaningfully to the attainment of Universal Health Coverage (UHC) and the aspirations of Kenya Vision 2030, particularly under the social pillar, which emphasizes accessible, affordable, and quality healthcare for all Kenyans.

vii. Overall Performance



During the year under review, the readmission rate improved from a target of 46% to 43%, attributed to the availability of newer generation medicines, optimization of ECT service and increased consultant reviews, while the average length of stay (ALOS) for psychiatric inpatients increased slightly from the targeted 46 days to 50 days. The rise in ALOS was due to the persistent challenge of abandoned patients, who could not be discharged in time, thereby occupying bed capacity. The hospital also surpassed performance in Electroconvulsive Therapy (ECT), conducting 986 sessions against a target of 565, reflecting a 74% increase, driven by more

consultant-led reviews and improved patient response to treatment. Availability of essential psychotropic drugs improved to 77% against a target of 75%, reflecting strengthened procurement and supply chain efficiency.

The number of patients receiving **inpatient specialized mental health services** declined by 26%, from 310,418 projected in 2024/25 to an actual 228,700. Similarly, **outpatient specialized mental health services** registered a shortfall of 5%, serving 181212 patients against a target of 192453. This decline was largely attributed to reduced uptake of medically assisted therapy (MAT) clinics and the breakdown of critical diagnostic equipment such as CT scan and radiology services.

6. National Spinal Injury Referral Hospital

The NSIRH in the last three years made significant strides in institutional development in the following areas:

1. A five-year strategic plan has been approved and operationalized, alongside a master plan for expansion to a 350-bed facility, budgeted at KES 2 billion (KES 1 billion for infrastructure and another KES 1 billion for equipment). FY 2023/2024.
2. Infrastructure development:
 - a. Construction of a four-story outpatient block (currently on the second floor), FY 2024/2025, FY 2025/2026.
 - b. Completed new six office spaces and a boardroom. FY
 - c. Extensive restoration of drainage and sewer systems within the hospital that were causing flooding within the hospital compound and at service points during heavy rainy season. FY2024/2025
 - d. Extensive renovations of the Physiotherapy Unit, Orthopaedic Trauma Unit, Orthopaedic Technology Unit and the old administration building. Replacement of old leaking roofs of the same buildings was done. FY 2023/2024- FY2024/2025
 - e. Renovation and repair of leaking roofs at the CT scan center. FY 2025/2026
3. Regulatory milestones include successful registration with KMLTTB, PPB, and KENRA. FY2025/2025.
4. Strategic partnerships are being formalized through MoUs with entities such as KMLTTB, Kenyatta National Hospital, Mathari Teaching and Referral Hospital, Kenyatta University Teaching, Referral and Research Hospital, Kiambu County Hospital, AIC Church Kijabe, Hope Mobility Kenya, The Nairobi West Hospital, The Kenya Hemophilia Association, Motivation Charitable Trust and Kenya Red Cross. FY2024/2025
5. Tree planting- NSIRH has planted 30,800 seedlings so far. Block: Sub-Compt: Elgeyo 9(F), Area: 15.4 hectares in the Elgeyo Marakwet County in the financial year 2024/2025. FY 2024/2025

6. The hospital is also pursuing ISO 7101:2023 and ISO 15189:2022 accreditation to enhance service quality and align with the current government Quality Healthcare and Patient Safety bill that is under review. FY 2024/2025-FY 2025/2026
7. Digitization of hospital processes and services through a Health Management Information System (HMIS). Awaiting interfacing with the Digital Health Authority. FY 2024/2025.

NSIRH continues to deliver on its mandate, aligning with Universal Health Coverage (UHC) goals and Ministry of Health standards.

Sub-Programme 1.2 Health Infrastructure and Equipment

Health infrastructure plays a critical role in supporting the foundation for planning, delivering, evaluating, and improving public health for effective service delivery. In Kenya, there have been massive investments in the health infrastructural system that supports the sustainable functionality of health care services by the national and county governments. These are related to all the physical aspects of health facility construction, renovations, inpatient beds, equipment, and information communication technology (ICT) required to effectively deliver services at all levels.

Capital Projects

The State Department has completed several infrastructure projects from year 2022 to year 2025. These include:

1. Upgrade of Urenga level 3A health facility - The project was requested by the Siaya county and funded by MOH budget of KSh 49M. The project is complete and ready for handing over to Siaya county government.
2. Completion and Upgrade of Piny Owacho level 3A facility. It will serve the residents of Uriri Sub County and the nearby wards in Migori County.
3. Completion of Kigumo Sub County hospital.
4. Equipping of Sukuri health center. The facility received hematology and biochemistry machines to improve the laboratory services in the facility.
5. The VAMED Health Project of Finland undertook the construction of health facilities targeting maternal and newborn care units at 20 sites across the country. The project covered Nyandarua, Embu, Samburu, Elgeyo Marakwet, Nyamira, Nyeri, Murang'a, Kisii, West Pokot, Narok, Makueni, and Kwale.
6. MOH/FSE Sarl French Funded Project- The project was implemented by FSE France sarl in collaboration with the local appointed agent i.e. Medionics Healthcare Ltd with the supervision of the Project Implementation Team. 33 Facilities benefited in emergency response to fight covid-19 while 14 facilities benefited in incentives to fight maternal and infantile mortality

Sub-Programme 1.3 National Blood Transfusion Services (KNBTS)

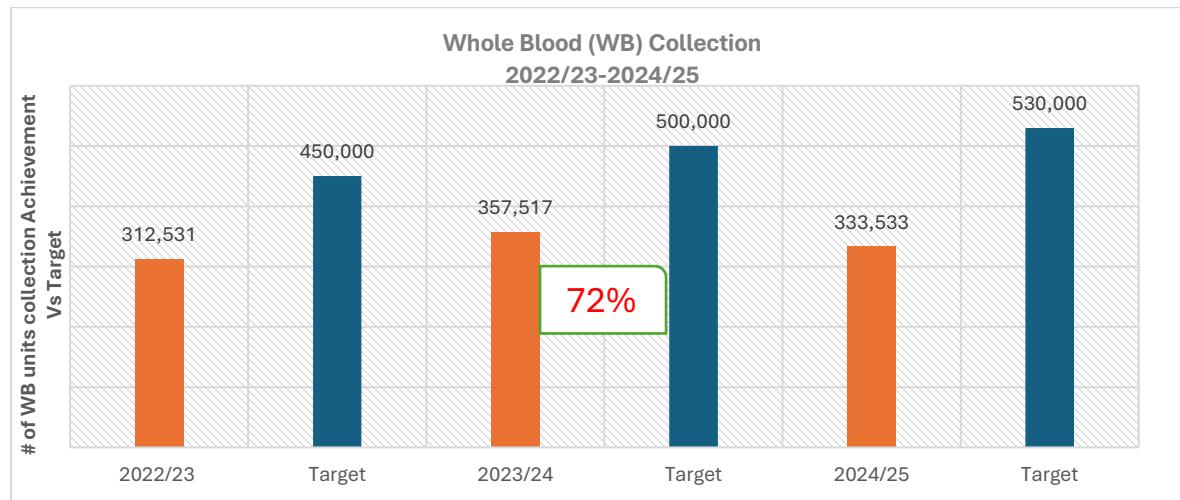
The Kenya Blood Transfusion and Transplant Services (KBTS) is mandated to ensure access to safe and quality supply of blood and components to all patients requiring transfusion whenever and wherever needed.

a) Division of Blood Transfusion Services

A safe, quality and accessible supply of blood and components for transfusion is a key pillar in delivering quality healthcare and Universal Health Coverage (UHC), as envisioned in the Bottom-Up Economic Transformation Agenda (BETA). Transfusion of blood and components is vital and irreplaceable in the management of medical emergencies such as acute trauma care, surgeries, maternal and child emergencies, and treating anaemia due to various causes including chronic diseases like cancers and sickle cell disease.

The Ministry of Health through the division of Blood Transfusion Services centrally coordinates a well-organized blood transfusion service in Kenya, as guided in the World Health Assembly (WHA) resolution 63:12 of 2010. The service is organized in a hub-and-spoke model consisting of six Regional Blood Transfusion Centres and 45 Satellite Blood Transfusion Centres, spread across all 47 Counties.

Summary of Blood collection and trends



According to the World Health Organization guidelines, Kenya's minimum annual blood requirement is approximately 550,000 units for the FY 2025/26, representing about 1 % of the Kenyan population. The current blood collection in the country is below the target for the minimum national blood need by population.

Towards improvement of availability of safe and quality blood and blood components, the Ministry of Health has invested in various interventions among them:

Blood Components Preparation:

To scale up and achieve improved quality blood components, the KBTTS is embracing automation of blood component collection and preparation through the acquisition of 9 apheresis machines and automated equipment in the 6 RBTCs. This automation is, however, below the optimal level required for all 49 blood establishments.

Quality Management System and Haemovigilance

To ensure blood safety, the Division of KNBTS collects and screens donated blood and components for transfusion transmissible infections (HIV, hepatitis B, hepatitis C, and syphilis). This requires adequate laboratory commodities, reagents, equipment and personnel. The KBTTS

Laboratories are ISO 15189 accredited, further ensuring blood safety through quality management and haemovigilance systems.

Leveraging ICT to increase efficiency and accountability.

In line with the government's digitalization agenda to improve service delivery efficiency, the Kenya Blood Transfusion and Transplant Service is optimizing the Damu-KE Blood Banking Information Management System. The Damu-KE system is a track-and-trace system for blood and blood components, ensuring visibility and accountability for donations. In FY 2023/24, and FY 2024/25, KBTTS undertook training and capacity-building for all blood establishments to fully utilize the system. The Damu-KE system deployment is now complete, with all 51 blood establishments on board.

b) Division of Tissue and Organ Transplant Services.

The KBTTS is responsible for the formulation of transplant service delivery policies, guidelines and standards, with the regulation of organ transplant medical practice and licensure of health facilities and practitioners falling under the jurisdiction of the Kenya Medical Practitioners and Dentists Council (KMPDC).

In FY 2024/25, KBTTS, through the Division of Tissue and Organ Transplant Service, drafted transplant Policy, standards and guidelines. The various draft standards and guidelines for transplantation are currently awaiting stakeholder validation and formal launch.

KBTTS also drafted an organ transplant bill and is strengthening regulatory oversight through the development of a centralized National Transplant Registry to monitor donor-recipient matching and institutional performance.

Sub-Programme 1.4 Health Products and Technologies

1. Kenya Medical Supplies Authority

a) Procurement and Distribution Overview:

Between FY2022/23 and FY2024/25, KEMSA has demonstrated strong performance in the procurement and distribution of Health Products and Technologies (HPTs). Over the three-year period, the Authority successfully procured HPTs valued at KSh. 113.28 billion and delivered commodities worth KSh. 115.11 billion across the country. These supplies reached an average of 11,540 healthcare facilities and testing sites spread across all 47 counties, ensuring national coverage and access to essential health commodities.

Distribution throughput was well aligned with BETA agenda on healthcare (Commodity security). On average, 54%–62% of commodities were delivered to Primary Health Care facilities (Levels 2 and 3), strengthening service delivery at the community and dispensary levels. A further 36%–44.44% of supplies supported Level 4 and 5 hospitals, while 1.6% served National Referral Hospitals, and 1.3% supported Faith-Based Organizations (FBOs). This distribution demonstrates KEMSA's commitment to advancing Universal Health Coverage (UHC) by prioritizing both primary health and referral level facilities.

Procurement and Distribution Trends: Nevertheless, KEMSA has consistently & effectively managed the procurement and distribution of HPTs over the last three years, as demonstrated in the following table:

Financial Year	Procurement HPTs Value in KSh.	Last Mile HPTs Distribution Value in KSh.
2022-23	29,373,321,550.78	27,153,799,994.00
2023-24	25,692,097,545.87	28,588,051,677.00
2024 -25	31,138,078,092.02	30,606,452,822.00

b) Order Processing and Fulfillment:

KEMSA has successfully implemented and strengthened the use of KEMSA-LMIS 3, an online, self-service, and computerized medical commodities ordering system across County health facilities. This platform has streamlined the ordering process by enabling counties to report consumption, make projections, place and track orders, and assess order status in real time. The system has not only enhanced efficiency but also improved the quality, accuracy, and timeliness of data, thereby supporting evidence-based decision making.

The overall order fill rate in FY 2022/23, 2023/24 and 2024/25 stood at 51%, 49% and 41% respectively against a target of 90%. While that of Programs stood at 80%, 69%, and 79% respectively against a target of 90%.

Though the order fulfillment rate for KEMSA Capital essential commodities has been decreasing this can be attributed to low stock availability occasioned by long supplier payment times, due to strained cash flow / lack of adequate capitalization. However, in the FY 2024/25 the authority received re-capitalization of KSh. 1.5Billion that improved the OFR from a low of 38% at the beginning to an improved OFR of 52% by the end of the FY. Moreover, we expect further improvement of the OFR in FY 2025/26.

b.1) Order Fill Rates Over the last three years:

Category of Order fill rate	FY 2022-23	FY 2023-24	FY 2024-25
Order Fill rate Overall	60%	62%	55%
Target for KEMSA overall	90%	90%	90%
Order fill rate for KEMSA Capital -Essential HPTs	51%	49%	41%
Target for KEMSA EMMS	90%	90%	90%
Order fill rate for Programmes EMMS (HIV, TB, FP, Malaria)	80%	69%	79%

Target for Programmes EMMS (HIV, TB, FP, Malaria)	90%	90%	90%
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b.2) Order Turnaround Time

The order turnaround for Hospitals in the FY 2022/23, 2023/24, 2024/25 stood at 14.4 days, 16.9 days and 19.5 respectively against a target of 7 days, while that of Primary Health Facilities (PHFs) stood at 16.9 days, 20.2 days and 24.2 Days respectively against a target of 10 days during the same period. The below target performance was due to low on time order integration, especially for program orders that led to long order processing.

b.3) LLIN Distribution

In the 2023/24 and 2024/25 Mass LLIN distribution campaign, KEMSA received **10,915,002 nets** (5,929,300 from Tianjin Yorkool and 4,985,702 from A-to-Z Textile Mills), all of which were successfully delivered into the country. The nets were distributed across **18 counties** through **57 drop-off points** and multiple distribution posts. The campaign capitalized on KEMSA's robust warehousing and logistics capacity.

c) 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. Moreover, the supply chain center hosts all KEMSA processes all under one roof. The completion rate at the end of FY 2024/25 is 87%.

2. Directorate of Health Products and Technology (DHPT)

Strategic policy development and coordination

The Directorate of Health Products and Technologies (DHPT) led key national initiatives to strengthen HPT governance in Kenya. Central to these efforts was the review of the Kenya National Pharmaceutical Policy (KNPP) 2012, which culminated in a comprehensive situational analysis report. Between September and December 2024, DHPT conducted wide scale dissemination of the report through virtual sessions and one-on-one meetings, engaging over 2,672 participants drawn from professional associations such as the Pharmaceutical Society of Kenya (PSK) and the Kenya Pharmaceutical Association (KPA), private sector actors through the Kenya Health Federation, and various government ministries, departments, and agencies. Further county-level dissemination took place in April 2025, and a follow-up meeting in June 2025 brought together key HPT institutions to reach consensus on developing a new comprehensive HPT Policy for Kenya.

The Directorate also ensured that updated HPT lists informed critical national health initiatives. These lists guided the rollout of Universal Health Coverage (UHC), supported the development of the HPT catalogue under the Digital Health Agency's digitization agenda, and contributed to the

ongoing development of the Pharmacy Benefits Package. All lists were disseminated through the Ministry of Health guidelines portal and are set for review in FY 2026/27 to maintain alignment with evolving national priorities.

Additionally, the Directorate recorded progress in advancing the Traditional and Alternative Medicine (TAM) Policy and Bill, including the development of a costed monitoring and evaluation framework awaiting finalization subject to MOH resource allocation. In line with the KEMSA Reforms Implementation Committee (KRIC) recommendations, DHPT also initiated the development of a digital donations portal to address inefficiencies observed during the COVID-19 pandemic. The portal has undergone internal testing, with further resources required for stakeholder engagement and full implementation.

Strengthening county health product management

In collaboration with county governments, the Directorate of Health Products and Technologies (DHPT) developed a **scorecard to assess the functionality of County HPT Units**. A total of 46 counties conducted self-assessments, and analysis of the findings is currently underway to determine the overall status and identify strategic investment areas for targeted support. This initiative aims to strengthen county-level HPT governance, coordination, and accountability.

Recognizing the resource constraints affecting the sector, the Directorate adopted innovative approaches to capacity building. In 2025, DHPT was accredited as a Continuing Professional Development (CPD) provider by the Pharmacy and Poisons Board (PPB), enabling it to conduct structured capacity building and dissemination of HPT policy documents through CPD-accredited webinars.

Additionally, DHPT leveraged the MOH Virtual Academy to deliver HPT management courses and developed online tools for forecasting and quantification of HPT needs. These efforts enhanced access to key policy materials, improved dissemination to counties and stakeholders, and simplified processes for HPT qualification and demand planning, thereby strengthening evidence-based decision-making and operational efficiency across all levels of the health system.

Promoting local manufacturing and supply chain security

Over the past five years, the Directorate of Health Products and Technologies (DHPT) has successfully implemented the HPT Supply Chain Strategy (2020–2025), positioning Kenya as a regional leader in supply chain innovation. Following a mid-term review in 2023, local manufacturing was elevated as a key strategic priority, aligning with the 2023 Presidential Directive. This led to a comprehensive assessment of local manufacturers' capacity, whose findings informed the National Strategy for Local Manufacturing of HPTs, finalized in June 2025 and awaiting Ministry of Health validation.

The assessment, led by the Division of Quality Assurance and Market Shaping, revealed Kenya's significant untapped potential, with an annual installed capacity of 22.2 billion tablets compared to an average production of 7.74 billion tablets. This highlights the opportunity to expand local manufacturing to meet national health needs and strengthen Universal Health Coverage (UHC).

Moving forward, DHPT is preparing an end-term evaluation of the 2020–2025 strategy to inform the next five-year plan. To sustain progress, timely resource allocation and strengthened government procurement through KEMSA and county governments—anchored in local content policies—will be essential to stimulate local production, create jobs, and enhance national self-reliance in health commodities.

Tracer medicines, medical supplies and diagnostics availability

The Directorate of Health Products and Technologies (DHPT) monitors the functionality of Kenya's supply chain through quarterly analyses of Kenya Health Information System (KHIS) data on 85 tracer Health Products and Technologies (HPTs). Findings indicate critically low national average availability—40.3% for tracer medicines, 54.7% for medical supplies, and 34.7% for laboratory commodities—mainly due to county underfunding and debts owed to KEMSA. These gaps highlight the urgent need for stronger financial management mechanisms, including debt management and ring-fencing of HPT funds, to ensure sustained availability of essential health commodities nationwide.

Capacity building and knowledge management

In FY 2024/25, the Directorate of Health Products and Technologies (DHPT) trained 128 healthcare workers on health supply chain management—below the annual target of 200—due to funding constraints. To maintain progress, the HPT management course was migrated to the MOH Virtual Academy for open access, and DHPT obtained PPB accreditation as a Continuing Professional Development (CPD) provider to support continuous capacity building and dissemination of key HPT policy documents. In partnership with stakeholders, DHPT also enhanced oxygen security by overseeing the installation of five new PSA oxygen plants in Lodwar, Marsabit, Wajir, Garissa, and Kitui, significantly improving access in underserved northern counties. Complementing these efforts, DHPT developed key policy and technical documents—including the *Guidelines on Production, Delivery and Management of Medical Oxygen in Kenya*, *Technical Specifications for Medical Oxygen Plants, Equipment and Devices (2024)*, and the *Kenya Medical Oxygen Roadmap 2025–2030*—solidifying Kenya's post-COVID-19 capacity for sustainable oxygen management and emergency response.

Key challenges

In FY 2024/25, the Directorate of Health Products and Technologies (DHPT) faced severe funding constraints, with only 1% (KSh. 1.49 million) of its KSh. 143.9 million Annual Work Plan (AWP) budget allocated from the exchequer for operations and maintenance. The situation was further compounded by the cessation of U.S. government funding in January 2025, leading to significant delays in policy development, training, and stakeholder engagement activities. The Directorate's overreliance on donor support limited its operational flexibility and ability to implement priority interventions independently. At the same time, county budget shortfalls and mounting debts owed to KEMSA—by both counties and the Ministry of Health—continued to undermine the procurement and stability of HPT supply chains across the country, threatening service continuity and system resilience.

Programme 2: Curative, Reproductive, Maternal & Newborn Child Adolescent Health

Sub-Programme 2.1 Communicable Disease Control

1. National Syndemic Diseases Control Council (NSDCC)

Major Achievements based on the planned output/services for FY 2022/23 – 2024/25

The National Syndemic Diseases Control Council (NSDCC) has continued to demonstrate strong leadership in the national response to HIV and other syndemic diseases, recording significant achievements across its strategic objectives.

In the past year, the Council NSDCC provided leadership in the development, dissemination, and implementation of policies, strategies, and guidelines by successfully convening the Joint Annual Programme Review (JAPR), a multi-stakeholder platform that brought together counties, communities, sectors, and partners to validate the End-Term Review of the Kenya AIDS Strategic Framework II (KASF II). This process also set the foundation for the development of the Kenya Integrated Strategic Framework for Syndemic Diseases (2025–2030) and the accompanying 47 County Operational Plans. In parallel, NSDCC advanced workplace health by leading the development of the Public Service Workplace Policy on HIV and other syndemic diseases, ensuring that government institutions embed health and wellness within their structures. Coordination and accountability were further strengthened through 316 sub-county multisectoral committees, 47 county multisectoral committees, as well as national platforms such as the HIV Interagency Coordinating Committee and the Joint Health Sector Working Group.

On resource mobilization, the Council successfully secured funding under the Global Fund's Seventh Grant Cycle and developed Kenya's Operational Plan for Sustaining the HIV Response Beyond 2030, a milestone that positions the country towards a truly country-led response. Complementing this effort, NSDCC conducted a condom landscape assessment and developed an investment case to support local condom manufacturing, to reduce donor dependency, and advance self-reliance.

The Council also provided timely policy guidance in response to global funding disruptions. Following the United States Government's Executive Order of January 2025, which paused new aid obligations and disbursements for 90 days, NSDCC rapidly convened an intergovernmental and interagency forum to devise response strategies. This resulted in the preparation of a high-level report for the Presidency, the National Treasury, and the National Assembly on the implications of the Stop Work Order. In partnership with the Kenya Defense Forces, the Council also undertook a comprehensive review of HIV prevention programs, producing a technical report and policy brief that detailed program successes, resource needs, and priority areas for the next three years, with a strong emphasis on sustainability amid declining donor support.

NSDCC has remained committed to advancing a rights-based approach in the national response. The Council enhanced the capacity of 767 County Askaris and administrators across eight counties; Mombasa, Machakos, Nairobi, Embu, Kisumu, Busia, Uasin Gishu, and Nakuru, promoting dignified engagement with marginalized populations, particularly sex workers, and strengthening their linkages to health services. Furthermore, 669 community champions were

trained across 13 counties (Kiambu, Meru, Kericho, Kisii, Turkana, Elgeyo Marakwet, Kwale, Taita-Taveta, Kilifi, Kajiado, Tharaka-Nithi, Narok, and Kakamega) using a human-centered design approach, fostering inclusive engagement and driving community-led solutions in the HIV and syndemic disease response.

In line with global reporting obligations and the country's strategic information needs, the NSDCC developed and disseminated a 10-year national progress report, generated the Kenya 2024 HIV Estimates and 47 County HIV Profiles, and timely submitted the Global AIDS Monitoring reports. Accountability at the community level was further enhanced through the rollout of the Partner Reporting System, which has improved transparency and strengthened the national information system.

Public education, communication, and advocacy continue to be central to the Council's impact. Through initiatives such as World AIDS Day 2024, International Condom Day 2025, the Men and Boys' Strategy, and the End the Triple Threat Program, the NSDCC reached 154,265 individuals directly and disseminated prevention and awareness messages to more than 25 million Kenyans nationwide. These campaigns have significantly advanced public awareness and reinforced the urgency of sustaining the national response.

The achievements at impact level for the period under review is highlighted in the summary table below showing the performance of the HIV program for the last three years.

Indicator	2022	2023	2024
HIV Prevalence	3.70%	3.30%	3.03%
PLHIV	1,377,784	1,378,457	1,326,336
Incidence	0.06%	0.39%	
HIV Infections	22,154	16,752	19,991
AIDS-Related Deaths	18,473	20,480	21,007
MTCT Rate	8.60%	7.30%	9.26%

Source: 2025 HIV Estimates

NASCOP

1. Number of people Currently on ART

Kenya has an estimated 1.4 million people living with HIV (PLHIV), including 1.3 million adults, and has made significant progress over the past decade in reducing new infections and AIDS-related deaths. Expanded antiretroviral therapy (ART) coverage and improved viral suppression rates have brought the country closer to achieving global 95% targets. However, this progress is increasingly at risk due to shrinking donor funding, especially for prevention and community-based programs, creating a widening financing gap that threatens the sustainability of the HIV response. Concurrently, Kenya's health system is shifting toward integrated service delivery,

linking HIV programs with maternal and child health, sexual and reproductive health, viral hepatitis, and non-communicable diseases.

Despite these challenges, the National AIDS and STI Control Programme (NASCOP) has maintained Kenya's momentum toward epidemic control. Between 2022 and 2024, the number of PLHIV on ART remained largely stable rising from 1,330,565 in 2022/23 to 1,362,515 in 2023/24, before a marginal decline to 1,325,522 in 2024/25. This stability reflects effective treatment programs, strong client retention, and improved adherence despite funding cuts and system pressures. Sustained ART enrollment and viral suppression remain central to reducing HIV-related morbidity and mortality, preventing new infections, and preserving the hard-won gains toward ending the HIV epidemic in Kenya.

2. Percentage of newly identified HIV positive and breastfeeding women initiated on highly active antiretroviral therapy

In terms of prevention of mother-to-child transmission (PMTCT), initiation of newly identified HIV-positive pregnant and breastfeeding women on highly active antiretroviral therapy (HAART) presented a mixed picture. Performance was strong in 2022/23 and 2023/24, with coverage reaching 94% and 96.3%, respectively. These levels exceeded the planned targets and reflect high prioritization of maternal and child health within HIV programming. However, in 2024/25, initiation rates declined to 87.4%, falling short of the annual target.

Taken together, the HIV program demonstrates resilience and strong overall performance in scaling up ART coverage and retention for the general population, but the drop in PMTCT coverage raises concerns about the vulnerability of specific groups when resources are constrained. The trends underscore the need for sustained and predictable financing, targeted health system strengthening, and innovative service delivery models (such as community-based ART initiation and differentiated care) to ensure that women and children do not experience service gaps.

3. Prevention

HIV testing has expanded nationally, but uptake among adolescents and young people (AYP) remains below desired levels. PMTCT coverage is estimated at 90%, though elimination of mother-to-child transmission (eMTCT) remains just out of reach at 7.3%. PrEP uptake is growing among key populations but remains modest among adolescent girls and young women (AGYW), indicating a critical need for targeted interventions.

4. Treatment

Adult ART coverage is nearing universal coverage levels, with most counties surpassing 85%. However, pediatric ART coverage remains below 70%, due to persistent challenges in finding, early infant diagnosis, and ensuring access to optimal pediatric drug regimens.

Sub-Programme 2.2 Non-Communicable Diseases Prevention and Control

NCD Prevention and Control Unit

i. Number of diabetes patients receiving treatment

The diabetes treatment program reported a total of 267,605 patients receiving care, against a set target of 250,000. This represents an overachievement, signaling stronger than expected uptake of services. The performance was largely driven by expanded NCD initiatives, particularly investments in capacity building for healthcare providers on diabetes management and improvements in reporting systems. It is worth noting, however, that the target itself was set conservatively, partly due to limited patient awareness and underreporting by service providers in previous cycles. From a financial perspective, this outcome reflects both an underestimation of service demand and an increasing need for sustained resource allocation to match the real burden of diabetes within the health system.

ii. Number of hypertensive patients receiving treatment

The number of hypertensive patients receiving treatment rose to 592,270, against a target of 350,000. This reflects a substantial improvement in performance compared to previous reporting periods, with patient enrollment levels exceeding projections by a wide margin. The gains indicate improved service delivery capacity and follow-up mechanisms, suggesting that earlier constraints in identifying and managing hypertensive patients are being progressively addressed. From a financial perspective, the significant variance between the target and actual uptake highlights a systematic underestimation of service demand. This has direct implications for budget planning, as higher-than-expected patient volumes translate into increased demand for drugs, diagnostics, and provider time, requiring more sustainable and predictable resource allocation to maintain service continuity.

National Cancer Institute of Kenya

1. Coordination of cancer care

Cancer remains a major public health challenge in Kenya, ranking as the third leading cause of death after infectious and cardiovascular diseases and accounting for 7% of all annual deaths. With an estimated 47,887 new cases and 32,987 deaths each year (Globocan, 2018), the National Cancer Institute of Kenya (NCI-K) continued to provide oversight, coordination, and quality assurance for cancer care. During the year under review, NCI-K enforced compliance with treatment protocols across cancer centers, supported national screening campaigns, advanced HPV vaccination advocacy.

2. Technical Support

Provided technical assistance for establishing regional and county oncology centers. The Institute also guided the development of county-specific cancer action plans in all 47 counties, trained 70 healthcare workers on chemotherapy safety practices and 142 on pharmacovigilance, and strengthened partnerships to reduce the cost of care, promote childhood cancer initiatives, and enhance national cancer research frameworks under the National Cancer Control Strategy (NCCS) 2023–2027.

3. Decentralization of Cancer care

To advance decentralization of cancer management, NCI-K implemented the hub-and-spoke model, establishing two regional cancer treatment centers in Nakuru and Mombasa, integrating

diagnosis, radiotherapy, and chemotherapy services. In FY 2024/25, two radiotherapy bunkers were constructed in these centers to meet the increasing workload. Plans are underway to construct additional radiotherapy facilities in Meru and Bungoma beginning FY 2025/26, responding to rising demand and referrals. NCI-K also expanded access by establishing oncology clinics in underserved counties such as Turkana and Samburu, aligning with the government's Universal Health Coverage (UHC) goals to ensure equitable access to comprehensive cancer prevention, screening, diagnosis, and treatment services nationwide.

4. Cancer Research

The Institute strengthened cancer research, itujh launched a National Call for Cancer Research to generate locally relevant evidence for policy and treatment improvements. Public education efforts reached approximately 24 million people through mass media campaigns in both mainstream and vernacular outlets, focusing on cancer risk factors, prevention, and early detection.

5. Cancer Awareness

NCI-K enhanced cancer public awareness. It disseminated 10,000 disability-inclusive cancer education materials, sensitized all 47 counties and 37 ministries, departments, and agencies (MDAs), and held consultations with 30 County Health Management Teams to finalize county-specific cancer action plans—collectively enhancing Kenya's capacity to prevent, detect, and manage cancer effectively.

Key Challenges and Priority areas of intervention

Kenya's cancer prevention and control efforts continue to face significant budgetary constraints, limiting the country's ability to respond effectively to the growing cancer burden. Most cancer cases are still diagnosed at advanced stages, largely due to low public awareness, inadequate health infrastructure for screening, diagnosis, and treatment, and a shortage of oncology professionals. To strengthen the national response, increased budgetary allocation is required to enhance key priority areas, including: improving the reporting capacity of the National Cancer Registry and expanding population-based registration for reliable data; establishing NCI-K regional offices for coordinated prevention and control; and creating a National Cancer Research and Training Centre to support clinical trials, research, and capacity building.

Additional investment is needed to strengthen cancer diagnosis through optimization of the National Oncology Reference Laboratory, expand ICT infrastructure to support cancer care across the continuum, and roll out nationwide cancer awareness and early detection campaigns. Furthermore, capacity building for the health workforce, provision of transport for field operations, and institutional strengthening of NCI-K are critical for effective service delivery. Increased financing for cancer research remains a cornerstone for generating local evidence to guide policy, improve outcomes, and ensure a sustainable, equitable cancer response in Kenya.

Violence and Injuries Prevention and Control Division

Under the Violence and Injuries Prevention and Control Division, the establishment of a national trauma registry achieved only 25% completion against a 100% target, reflecting limited progress beyond the initial setup phase. The delay was mainly due to insufficient funding, which hindered

full implementation. This shortfall has critical implications, as the absence of a fully functional registry weakens the country's capacity to systematically track, analyze, and respond to the national burden of injuries, thereby constraining evidence-based planning and resource mobilization for injury prevention and control.

Division of Mental Health

Effective management of mental health within the Counties

The number of Counties supported to develop mental health action plans remains limited, with only one county achieving the target out of four, due to insufficient budget allocation. This highlights the need for stronger resource mobilization and prioritization in county health systems to align with national goals.

In contrast, 45 counties received support to develop mental health promotion and prevention programs, surpassing the target of 16. While operational rollout was strong, financial constraints limit sustained impact and technical assistance. This mismatch between demand and resources indicates the need for more realistic budgeting frameworks.

The Challenge is that the current budget allocations are insufficient to meet market demand. Future financial models and budget requests should reflect the true scale of this need.

The achievements realized in Mental Health from 2022 to date include:

1. Operationalization of the Kenya Board of Mental Health in accordance with the Mental Health (Amendments) Act 2022
2. Development and dissemination of the National Guidelines on Workplace Mental Wellness
3. Enhancement of monitoring and evaluation framework for mental health disorders by development of Mental Health Disorders Morbidity tool embedded on KHIS and piloting of the same in 16 health facilities across 14 counties.
4. Inclusion of mental health as an integral component of Universal Health Coverage through capacity building of primary health care workers on mental health and psychosocial support (MHPSS), and development of SPICE Digital tool for collection of mental health data at community level by community health promoters.
5. Development of National Clinical Guidelines for Management of Common Mental Disorders
6. Development of online mental health training platform based on WHO Mental Health Gap Action Programme (mhGAP)

Kenya Board of Mental Health (KBMH)

The KBMH made significant strides in advancing mental health services and governance in Kenya through inspections, policy development, stakeholder engagement, and research initiatives.

The Board conducted systematic inspections of mental health units focusing on service quality, infrastructure, and regulatory compliance. It has also developed draft standards for mental health

facilities and school mental health guidelines, as well as clinical protocols for emergency care. The convening of the first national mental health stakeholders' forum promoted multisectoral collaboration, while advisory efforts have encouraged counties to establish mental health councils, though uptake remains limited.

Furthermore, the Board led KBMH led the planning for Kenya's first National Baseline Mental Health Survey, with strong multi-agency support and preparations well underway. The Board also prioritized dissemination of national mental health policies through targeted workshops, reaching about one-third of counties so far, with monitoring mechanisms underway to ensure effective policy adoption and improved service delivery across all counties.

Summary of KBMH Key Achievements

Achievement Area	Description and Status	Next Steps
Mental Health Facilities Inspection	Inspected ~30% facilities in Central, Coastal, and Northeastern regions	Extend to Western, Eastern, Nyanza, and Rift Valley regions
Development of Mental Health Facility Standards	Drafting and validation 80% complete	Technical editing, printing, launch, and dissemination
Development of School Mental Health Guidelines	50% complete through multisector workshops	Finalization, validation, launch and dissemination
Stakeholder Mapping & Engagement	Convened inaugural National Mental Health Forum	Build stakeholder dashboard, quarterly forums
National Baseline Mental Health Survey	Protocol developed; 65% resources mobilized; tools localized	Complete recruitment, pilot, data collection and reporting
County Government Advisory	Sensitization workshops and advisory letters	Follow up for full establishment of mental health councils
Emergency Clinical Guidelines	Developed and launched comprehensive emergency treatment guide	Dissemination and development of SOPs
Policy Dissemination	30% counties covered	Scale dissemination and track implementation

Sub-Programme 2.3 Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH)

Department of Family Health

Proportion of Women of reproductive age receiving FP commodities

Kenya has a long-standing commitment to family planning, having adopted it as a national policy in 1967, which led to notable progress in contraceptive use and fertility reduction. However, performance on the proportion of women of reproductive age receiving family planning commodities has declined over the past three financial years, with targets of 55%, 53%, and 55% met at only 74%, 53%, and 29.3%, respectively. This downward trend is attributed to severe commodity supply disruptions resulting from donor withdrawal, reduced external support, and inadequate domestic financing. The resulting stock-outs, limited method mix, and service interruptions have weakened client confidence and hindered progress. To reverse this trend, Kenya must strengthen sustainable and predictable domestic financing for family planning commodities to ensure consistent access and safeguard the gains achieved over decades.

Key Success Drivers

Several factors have been critical to the progress in family planning in Kenya:

- Strong Political Will and Policy Frameworks: Consistent government commitment to family planning as part of the national development agenda has provided a solid policy foundation and strategic direction.
- Decentralization of Services: Devolution has enabled counties to design and implement locally responsive family planning programs, improving accessibility and ownership at the community level.
- Multi-Sectoral Collaboration: Partnerships among government ministries, civil society, and development partners have strengthened service delivery, addressing both demand creation and supply chain challenges.
- Community Engagement and Behavioral Change: Involving communities—including men—and tackling socio-cultural barriers have been key in enhancing awareness, acceptance, and uptake of family planning methods.

Sub-Programme 2.4 Immunization Management

Division of National Vaccines and Immunization Program

The MoH provides Immunization services to 1.6 million infants every year, a similar number of Pregnant Women and 800,000 10-year-old girls through a network of over 9,500 health facilities – Public, Private, Faith based and NGOs, FREE OF CHARGE. The program has managed to reduce the burden due to vaccine preventable diseases by more than 70% over the last two decades. This entails vaccination of every child at birth and afterwards until the child grows up and develops immunity against the deadly diseases. Immunization is required for every subsequent birth cohort.

For every KSh. invested in immunization, at least 10 and up to 25 KSh. are saved in treatment (health expenditure), with an average of 16 KSh. returns on investment for each KSh. spent. The wider economic value of the immunization shows a return on investment of 44 KSh. for each 1. KSh. spent. Treating Vaccine Preventable Diseases costs Kenya over 20 Billion Shillings a year. Significant savings in health service provision will be realized under full immunization. The wider

economic effect of immunization, particularly, the potential productive value of the child who is kept alive and avoids disability adds substantial economic value.

To achieve and maintain the above, the Government needs to invest in Procurement of Vaccines, Injection devices (Syringes and Safety Boxes), Cold Chain Equipment, and Vaccine Monitoring tools and ensure they are distributed to the more than 9,500 service delivery points; Maintain and operate the national and regional depots and provide technical support and capacity building to the Counties to maintain the quality and standards of the immunization services.

Proportion of fully immunized children under 1 year

The Ministry of Health, through NVIP, has made notable progress in expanding immunization coverage for children under 1 year. The country immunization coverage has declined marginally to 80% (Pentavalent 3), from a 2023 coverage of 84%, a 2022 coverage of 85%. While the target was not fully attained, important strides were realized in strengthening service delivery despite a challenging global and domestic context. Deficits in vaccine procurement funding occasioned by the immunization program budget cuts early in 2024 prevented the National Immunization Program from purchasing vaccines on time and ensuring adequate measles vaccine stocks. Further, Competing priorities involving response to disease outbreaks including Measles, Cholera, polio, and Mpox; Frequent Sub National Doctors and allied Health workers strikes, mostly affecting Primary Healthcare Facilities, in which most of the immunizations are delivered; and Aid reductions to Kenya, by key donors including the USG, affecting the health sector, through reduction in health workforce, and funding for operations of key programs slowed down progress.

The Government has proactively responded through enhanced vaccine forecasting, targeted training programs, and intensified social mobilization. These investments, supported by partners, are positioning Kenya to accelerate coverage and ensure that no child is left behind.

Proportion of facilities with functional cold chain equipment.

The Government successfully met this target, reflecting Kenya's strong commitment to ensuring vaccine quality and safety nationwide. Through deliberate investments, proactive maintenance, and productive partnerships with development partners and NGOs, the Ministry has expanded the cold chain footprint across all counties. The Cold Chain Equipment Optimization Platform (CCEOP), World Bank investment has enabled at least 4,000 more health facilities, including those in underserved regions, to provide reliable immunization services. This achievement is a clear demonstration of Government leadership in safeguarding immunization infrastructure.

The targets were met due to sustained investments in expansion of cold chain capacity by the government and her partners, through procurement and deployment of specialized cold chain equipment to more than 4,000 health facilities, and enhanced capacity of healthcare workers to undertake maintenance including planned preventive maintenance, ensuring their functionality. The continued creation of new health facilities, and need for replacement of old and nonfunctional cold chain equipment, however, slowed down the momentum in achievements.

Proportion of adults fully immunized against COVID-19

Kenya mounted a robust national COVID-19 vaccination effort that reached millions of adults despite unprecedented global supply constraints and evolving vaccine perceptions. COVID-19 Vaccinations were scaled up to 26.3 million doses, nationally, with more than 35% of the adult population being fully vaccinated. While coverage targets were not fully reached, the campaign strengthened national logistics systems, improved last-mile delivery capacity, and built valuable experience in public risk communication. Importantly, the Government mobilized its own resources, coordinated a multi-sectoral approach, and ensured continuity of routine services alongside COVID-19 response. These lessons are being applied to ongoing vaccine introductions such as malaria and typhoid, ensuring stronger integration and resilience in future campaigns.

The country, however, continued to face persistent reduced risk perception of COVID-19 disease by the public. Competing priorities related to concurrent disease outbreaks of polio, cholera, measles, and MPox which required urgent responses; Frequent Health workers strike; and Stock outs/ Stock lows of key vaccines including COVID-19 vaccines due to global supply challenges and challenges/ significant delays in regulatory approval for importation due to the lapsing of the emergency use listing of the vaccines on account of the WHO declaration of an end to COVID-19 as a public health emergency, resulted in stock outs of COVID-19 Vaccine slowing down progress in implementation of the planned activities.

Key Success Drivers

Key contributors to improved immunization coverage included the Government's strong political commitment; Government and Partner financial and logistical support to the implementation of immunization system strengthening activities, such as: catch-up vaccination of un-and under-immunized children up to at least five years of age, and adolescents with priority vaccines; Development and dissemination of strategy and policy documents that guide the implementation of immunization delivery for children, women and other target groups in Kenya; procurement, clearing, distribution and deployment of cold chain equipment and routine infant vaccines including stock monitoring, ensuring their uninterrupted availability to more than 1.6 million children and women at service delivery points; and technical and financial support to the national level and counties to mobilize communities, working with the civil society organizations and religious leaders to sustain community confidence in and uptake of vaccines.

Sub Programme 2.5 Curative Services

Forensic and Pathology Services

The Ministry continued to provide forensic services to support the administration of justice. During the review period, 352 clinical autopsies were undertaken as requested, surpassing planned targets of 30%, and 100% for FY 2022/23 to FY 2024/25. Despite a decrease in the volume of autopsies due to the absence of mass disasters, the quality-of-service delivery remained high. All expert opinions requested were provided, including 75 that were subject to bond requirements. All exhumations ordered by the courts were executed, and all criminal-related death scenes presented to the Directorate of Criminal Investigations (DCI) were attended by forensic pathologists.

The proportion of his to-cytopathology examinations for cancer diagnosis surpassed annual targets (60%, 70%, and 80%), reflecting increased diagnostic demand. Interpretation of pathology results for clinical decision-making was met and, in some cases, carried over to subsequent years, ensuring continuity of service delivery.

Orthopedics and Trauma Unit

Progress was registered in the development of the Orthopedic and Trauma Technologists and Technicians Bill. Planned targets of 40%, 60%, and 80% completion were matched with achievements of 10%, 20%, and 80% for the last three Financial Years, respectively. However, towards FY 2024/25, the Clinical Officers Council reached consensus to regulate this cadre under the Council, with discussions at an advanced stage to confer legal status through the Ministry of Health, and as such, the Bill development shall be converted into a regulation that shall be anchored under the Clinical Officers Council.

Clinical Services

The operationalization of the Health and Wellness Centre underwent institutional restructuring, as the function was transferred to the State Department of Public Health and Professional Standards. The Afya House Clinic upgrade achieved 50% completion, including infrastructural improvements, but remains constrained by delays in procurement of medical, laboratory, and dental equipment as well as inadequate stocking of medicines. Draft national safe surgical guidelines and a strategic plan were also developed, but await financial resources for validation before adoption.

Radiology and Medical Diagnostic Services

Implementation of the Radiographers Act progressed slowly due to delays in getting the Radiographers Board of Kenya. While the planned implementation milestones were 30%, 60%, and 90%, actual achievements stood at 0%, 75%, and 70%. From FY 2022/23 to FY 2024/25. Though the work for the board secretary is ongoing.

Rehabilitative Services

The Disability Medical Assessment and Categorization Guidelines were rolled out to seven counties against a target of 30 by FY 2024/25. Counties sensitized were provided with guideline copies; however, progress was limited by the absence of a dedicated budget line at the national level. In addition, a draft policy on Assistive Technology (AT) was developed as a precursor to the operationalization of the AT Centre of Excellence. Full implementation awaits the signing of a MoU by the Attorney General to trigger the commencement of the project. However, funds are unavailable for the Centre of Excellence.

Oral Health Services

Significant progress was achieved in the phase-down of dental amalgam. A national plan was developed, and the final draft is ready for validation. Against a target of four amalgam phase-down tools, two were developed (following consolidation from four into two) and integrated into the national action plan.

Nursing Services

To increase capacity for critical care services, a total of 150 nurses every year were enrolled in critical care specialty training annually. Importantly, the training was supported through a self-sponsorship model, limiting inclusivity. The draft amendment to the Nurses Act CAP 257 was presented to Parliament but returned for further consultations, delaying its enactment.

Ophthalmic Services

The Ministry expanded access to specialized eye care services, meeting targets for establishing new diabetic eye care centers. Refractive error and low vision services were operationalized in Mutuini, Bungoma, Lunga, Kinango, Lamu, and Makindu.

Targets for upgrading eye health infrastructure were met; 8 new eye units constructed in Longisa, Taita Taveta, Vihiga, Kajiado, Mogotio and Bungoma. Kwale and Kiambu County.

Division of National Referral Services

Preparatory planning for the development of national referral services policy and guidelines for establishing National referral facilities has been undertaken, awaiting availability of resources for completion.

Healthy Aging and Palliative Care

The ministry developed a draft Palliative Care Guideline (2025), which is currently awaiting validation. This milestone reflects increasing recognition of the health needs of Kenya's aging population and aligns with universal health coverage priorities.

During the review period, the Ministry of Health recorded significant progress in strengthening curative and referral services despite persistent challenges such as limited resources, equipment maintenance issues, and policy delays. Key achievements included the successful completion of all forensic autopsies, expert opinions, exhumations, and crime scene investigations, thereby supporting the justice system. Pathology and histology services surpassed targets due to increased demand for cancer diagnostics, while legislative progress was achieved through Orthopedic and Trauma Technologists and Technician Bill. Additionally, the Ministry developed and advanced several critical policy and guideline documents, including the Draft National Safe Surgical Guidelines and Strategic Plan, the Disability Medical Assessment Guidelines (rolled out in seven counties), and the draft policy on Assistive Technology.

Further accomplishments included the completion of a national plan for the phase-down of dental amalgam, expansion of critical care capacity with the annual enrollment of 150 nurses in specialty training, and the rollout of refractive error and low vision services in multiple counties alongside infrastructure upgrades in eight facilities. The Ministry also initiated the implementation of health and wellness services under the State Department of Public Health and Professional Standards, partially upgraded the Afya House Clinic, and developed a draft Palliative Care Guideline (2025) to address the growing needs of Kenya's aging population. Overall, these achievements reflect steady progress toward improving quality, accessibility, and comprehensiveness of curative and referral services across the country.

Programme 3: Health Research and Innovations

Sub-Programme 3.1 Health Innovations

Digital Health Agency

The agency implemented key programmes which include:

a) Social Health Authority Digitalization

1. SHA Registration:
 - a. Registration modalities that include self-registration and web assisted portal. These have been developed as inclusive systems that are person centric.
 - b. Insurance Premium Financing (IPF) system (Lipa SHA Pole Pole) is complete and fully operational
 - c. Means Testing Tool Version 2 is complete and fully operational
2. Efficiency in SHA services as a strategic purchaser of health services
 - a. SHA provider portal -Allowing facilities to submit claims and provider services under SHA
 - b. SHA claim processing (Payor System) is complete and fully operational
 - c. SHA ERP -Digitizing all internal operations of SHA is ongoing

b) Digitalization of Health Facilities

Digitalization of health facilities is a core component of the digital health transformation agenda. The Digital Health Agency is deploying the Taifa Care Hospital Management Information System (HMIS) with the current focus being public health facilities. This is a user centric system that will ensure seamless paperless health care, make health data portability a reality and avail real time health data for decision making at the various levels within the health ecosystem.

Status update:

1. Twenty-four counties are at various phases of TaifaCare HMIS roll out.
2. 14,740 tablets have so far been dispatched to counties.
3. Biometrics roll out in Government owned facilities with 9 Level 6 facilities 23 Level 5 and 109 Level 4 facilities reached out.
4. Signing of Healthcare Digitalization Intergovernmental Participation Agreement with counties has been done
5. Health information exchange integration with existing HMISs with 15 health facilities going live. Subsequently, health facilities with existing HMISs will be invited for onboarding.

c) Patient/Client facing Portal

The Digital Health Agency has developed a patient/client facing portal dubbed as Afyangu and available on web portal on <https://afyayangu.go.ke/> and mobile application. This is a health empowerment tool for the patient, and the current use case is SHA registration, status of SHA premium balances and monitoring of status of health services utilized under SHA.

d) Development of the Health Information Exchange

The Health Information Exchange is the central part of the Comprehensive and integrated health information system. It makes data exchange within different systems a reality. Currently the Client Registry, Health Care Provider Registry, Health Facility Registry, Community Health Promoters Registry have been developed and are in use. The Terminology Service and Shared Health Record are currently at an advanced stage of development. Optimal Health Information Exchange is scheduled to be available by December 2025.

Kenya Biovax Institute

Key Achievements

In the review period, the Kenya BioVax Institute achieved major milestones toward strengthening national vaccine manufacturing capacity and health security. In November 2024, BioVax became an implementing agency under the World Bank's Health Emergency Preparedness, Resilience, and Response Programme, enabling the acquisition of essential production and quality control equipment, technical support, and staff training. It was also designated as the implementing agency for the Republic of Korea-funded Smart Vaccine Facility project at Konza Technopolis, with the feasibility study initiated in September 2024, marking a key step toward establishing Kenya's first end-to-end smart vaccine manufacturing facility.

Substantial progress was made in the conversion of warehouses in Embakasi into a GMP-certified bio manufacturing facility, with brownfield refurbishment reaching 90% completion. Phase 1A works stood at 93.3%, while subsequent phases—including equipment installation, technology transfer, and operationalization—are planned for FY 2025/26 and 2026/27. Regulatory progress was marked by a Letter of No Objection from the Pharmacy and Poisons Board for the facility's concept design, confirming compliance with manufacturing standards.

To strengthen the vaccine R&D ecosystem, BioVax expanded its strategic partnerships, signing MoUs with KEMRI, KIPRE, and the National Defense University, fostering collaboration for vaccine and bio therapeutic research and local production. Additionally, Kenya BioVax is among the six African recipients of the WHO mRNA Technology Transfer Programme, aimed at building regional capacity for mRNA-based health products. With Cabinet approval for the agreement, the initiative will unlock funding for equipment acquisition, technology transfer, and staff training—solidifying Kenya's position as a regional hub for vaccine innovation and pandemic preparedness.

Sub-Programme 3.2 Medical Research

Kenya Medical Research Institute

Research and innovation Proposals

To enhance scientific knowledge and address national research priority gaps KEMRI developed 638 new research proposals during the period under review with (180) in FY2024/25, (212) in FY2023/24 and (246) in FY2022/23 covering national health research priority areas. 1,501 papers were published in peer reviewed journals of which (606) were from FY2024/25, (550) in FY2023/24 and (514) in FY2022/23. Twenty-five (25) policy briefs with (6) in FY2024/25, (8) in FY2023/24 and (11) in FY2022/23 were submitted to MoH and this in turn informed the development or changes in disease management guidelines.

Research platforms:

- i) Established 2 research incubation platforms to enable development of research innovations and products.
- ii) The Institute maintained:
 - a. 4 (four) Health Demographic Surveillance Systems (HDSS) in Kisumu, Siaya, Homabay and Kilifi Counties,
 - b. The Nairobi Cancer registry as an International Agency for Research on Cancer- Global Initiatives for Cancer Registries (IARC-GICR)
 - c. The CIN (Clinical Information Network) is a hospital surveillance platform that collects routine admission and discharge data using a standardized format in the pediatric and neonatal wards of 24 public county hospitals in 19 of the 47 counties in Kenya.
- iii) In FY 2024/25, established:
 - a. The Clinical trials unit to enhance drug, vaccine, and technology evaluations with about 76 clinical trials hosted on these platforms.
 - b. Fully fledged laboratory for Human Identification & Training for paternity and for disaster and crime scene investigation. KEMRI assisted in the DNA testing to identify fire victims of the Hillside Endashara Boarding School in FY2024/25.

Health Products and Technologies (HPT):

Discovery and innovation, Development, validation, and evaluation of Drugs, Vaccines, and Diagnostics for priority diseases

- i) **Vaccine:** Evaluated the Malaria, Typhoid, Cholera, Polio, TB, and Cervical Cancer vaccines.
- ii) **Drugs:** Evaluated drugs for the following conditions:
 - a) Infectious diseases: Malaria, ARVS and TB drugs
 - b) Neglected tropical diseases: Leishmaniosis (Kala-zar) new treatments, pediatric formulation against Schistosomiasis (bilharzia) - completed evaluation of praziquantel.

- c) Herbal compounds for contraceptive; and activities against cancer cells are ongoing.
- d) Mental Health - Evaluation of treatments for post-traumatic stress disorder (PTSD) in uniform forces.
- e) Sickle cell disease several drug treatments (i.e. GBT 440) are currently being evaluated.

iii) Diagnostics:

This is the Identification of potential diagnostic antigens, In-house development and Evaluation of Rapid Diagnostics Tests (RDTs)

- i. Malaria – First locally manufactured new rapid diagnostic tests (RDT) developed. Samples shared with neighboring countries and are currently awaiting WHO pre-qualification.

Kenya Vision 2030 Flagship Projects

a) Center of Excellence for Stem cells Research, Synthetic Biology, and Regenerative medicine:

The Center of Excellence in Stem Cell Research was established, fully equipped and operationalized, and commissioned on 27th July 2023, with preliminary studies on the application of characterized Stem Cells ongoing.

b) Natural Products:

Development of indigenous technologies for the manufacture of niche products

- i. Formulation of authenticated herbal remedies for the management of cancer and jigger eradication is complete. The product (Tungicide) is available for final clinical evaluation for Tungiasis (jigger infection).
- ii. Pre-clinical studies for herbal medicines for cancer treatment - One hundred and forty-seven (147) samples collected in Nairobi and Uasin Gishu. Microbial contamination and drug sensitivity studies have been completed for 117 samples; data analysis is ongoing. Cytotoxicity studies are also continuing. Data compilation for 5 samples tested against prostate and cervical cancer cell lines on going.
- iii. KEMRI received three (3) Trademarks for Zedupex, Papina, & Immunoline and one (1) patent for Moringa Oleifera, all originating from research activities done on natural products.

Research human capacity development

KEMRI Graduate School, Nairobi, continued to enroll and train research scientists, showing a steady trend in PhD enrollment and a notable increase in master's degree enrollment over the reporting periods. Specifically, a total of 31 PhD and 86 master's degree candidates were enrolled in FY 2022/2023, 29 PhD and 86 master's degree candidates in FY 2023/2024, and 29 PhD and 109 master's degree candidates in FY 2024/2025. This reflects a consistent PhD intake and a

significant rise in master's degree enrollment, demonstrating growing interest and capacity at the postgraduate level.

KEMRI also trained twenty (20) participants for technical support staff for Population Cancer-based Registries in the Sub-Saharan African Region. The participants were drawn from Kenya, Nigeria, Malawi, Lesotho, South Africa, Rwanda, Namibia, Ghana, and Tanzania in FY 2022/23.

Service delivery

i) Technical assistance

Provided advisory and technical assistance to technical working groups and Committees under MoH departments, divisions and programmes including Kenya Medical Laboratory Technicians & Technologists Act, Micronutrient Forum, Infant and young child feeding, Tobacco control Board, National Public Health Laboratory, National Immunization Technical Advisory Group (NITAG), National Laboratory Technical Advisory Committee (NLTAC), and the Kenya Coordinating Mechanism for Global Fund.

ii) Outbreak detections and response

KEMRI assisted the MoH with early detection of outbreaks of M-pox, dengue, Rift Valley fever, yellow fever, Chikungunya, among other suspect outbreaks like Ebola. KEMRI also responded to the Cholera outbreak and played a leading role in responding to the red-eyed disease outbreak in Busia and Coast region. In FY 2022/23 Supported outbreak investigation of Mukumu Girls' disease outbreak.

iii) Laboratory services

KEMRI offered specialized laboratory tests and clinical services (647,887 in FY2024/25, 843,552 in FY 2023/24, and 1,166,240 in FY 2022/23) including Viral Load testing, PCR- Early Infant Diagnosis of HIV, HIV/Rapid Test and DNA tests during the period under review.

Product development commercialization

The Institute developed and commercialized diagnostic kits and other products (111,890 in FY2024/25, 204,923 in FY 2023/24, 169,213 and in FY 2022/23). The products include, Culture Media (plates), Culture Media (Tubes), KEM-rub, TBcide, Safi Kem (Hand wash), Sheep blood and Distilled Water.

Programme 4: General Administration and Support Services

Sub-Programme 4.1 General Administration & Human Resource Management & Development

General Administration

The General Administration Department played a critical role in supporting the technical directorates to strengthen overall service delivery and operational efficiency across the health sector. Key interventions included the development of tools to streamline administrative and technical processes, thereby enhancing coordination, accountability, and responsiveness within the Ministry. The department also coordinated the digitalization of health sector operations, ensuring

seamless integration of ICT systems to support data-driven decision-making and improve access to health information.

Additionally, the department facilitated the acquisition of essential medical equipment and supported infrastructure development projects to modernize health facilities and improve the quality of care. In collaboration with legal and policy units, it led efforts toward the alignment of health laws and the development of new Bills aimed at strengthening health service delivery frameworks and ensuring compliance with emerging national and global standards. The department further ensured security, maintenance, and operational functionality of health facilities and government buildings supported by the national government—providing the institutional backbone required for uninterrupted health service delivery across the country.

Human Resource Management & Development

During the review period, the State Department implemented significant reforms in Human Resource Management and Development to improve institutional efficiency and address workforce challenges in the health sector. A workload analysis was conducted to strengthen institutional frameworks, reduce duplication, and harmonize reporting structures across State Corporations. As part of this effort, Human Resource instruments for the Kenya BioVax Institute and the Digital Health Agency were developed and approved by the Public Service Commission, ensuring standardized governance and operational alignment.

Despite these strides, the sector faced industrial unrests that disrupted service delivery. To mitigate the situation, the Ministry adopted alternative dispute resolution mechanisms, which successfully de-escalated tensions and averted pending strikes, demonstrating a proactive approach to maintaining industrial harmony.

On training and development, emphasis was placed on expanding the pool of specialized healthcare workers to address critical skills gaps. Health professionals were enrolled in various postgraduate and specialist training programs across medical fields such as orthopedic surgery, neurology, pediatrics, anesthesiology, radiology, nephrology, and family medicine. In addition, 4,934 interns were placed in health facilities in FY 2022/23, though the number dropped sharply to 20 interns in FY 2024/25, reflecting the impact of funding constraints on internship programs critical for building the next generation of healthcare professionals.

Sub-Programme 4.2 Finance and Planning

The Department played a central role in steering the strategic direction of the State Department of Medical Services, particularly through the articulation and integration of BETA priorities into the Medium-Term Plan (MTP) IV. This process ensured that national health priorities were fully aligned with the broader Kenya Vision 2030 and government development agenda. Through a consultative and evidence-based approach, the Department worked across national programs and agencies to harmonize planning processes and integrate performance monitoring mechanisms that link policy, budgeting, and implementation outcomes.

Beyond national-level coordination, the Department actively strengthened institutional capacity for planning, priority setting, and costing across the health sector. It provided technical assistance

and training to Semi-Autonomous Government Agencies (SAGAs) and national health programs to improve the quality and consistency of strategic and operational plans. At the county level, the Department collaborated closely with County Departments of Health in the formulation of County Health Strategic Frameworks, ensuring that devolved health priorities were aligned with national policies and that counties had the capacity to implement evidence-based health interventions efficiently and sustainably.

At the policy level, the Department spearheaded the development of key national planning documents, including the Kenya Health Sector Strategic Plan (KHSSP) 2023–2027, which serves as the overarching framework for sectoral goals and resource mobilization; the Ministerial Strategic Plan, which provides internal guidance on institutional performance and accountability; and a comprehensive framework for measuring Return on Investment (ROI) in health. Furthermore, the Department developed and disseminated 17 policy briefs to key stakeholders including the Ministry of Health (MOH), Council of Governors (CoG), and County Departments of Health, to facilitate policy dialogue, inform decision-making, and strengthen linkages between national and county health planning processes. Collectively, these initiatives underscore the Department's leadership in evidence-driven policy formulation, sector coordination, and institutional capacity building for sustainable health system development.

Sub-Programme 4.3 Social Protection in Health

Social Health Authority

In 2023, Kenya enacted four transformative health laws to solidify the foundation of Universal Health Coverage (UHC)—the Social Health Insurance Act, Primary Health Care Act, Facility Improvement Financing (FIF) Act, and Digital Health Act. These reforms marked a major shift in how health services are financed, delivered, and governed. The Social Health Insurance Act replaced the NHIF with a mandatory social health insurance model under the Social Health Authority (SHA), while the Primary Health Care Act prioritized community-based health services as the cornerstone of the national system. The FIF Act empowered public health facilities to retain and utilize their own revenues, enhancing efficiency and accountability, and the Digital Health Act provided the framework for managing health data, interoperability, and telehealth innovations across the sector.

By FY 2024/2025, implementation accelerated significantly. The FIF Act was disseminated to the remaining 24 counties, enabling 100% retention of facility-generated revenue and advancing financial autonomy for public health facilities. Counties began aligning local laws, opening facility accounts, and operationalizing FIF systems in line with national standards. These reforms unlocked the flow of funds through the Social Health Authority, improving facility competitiveness, performance, and responsiveness to local health needs. On October 1, 2024, Kenya officially rolled out Social Health Insurance, launching three key financing instruments: the Social Health Insurance Fund (SHIF), Primary Health Care Fund (PHCf), and Emergency, Critical Illness and Chronic Illness Fund (ECCIF). By June 30, 2025, over 19.3 million Kenyans had been registered and were accessing essential services under the gazetted benefits package and tariffs.

To institutionalize evidence-based review, the Benefits Package and Tariffs Advisory Panel was established through Gazette Notice No.49 of 2025, mandated to update the benefits package annually. Hosted at the University of Nairobi, this initiative embeds Health Technology Assessment (HTA) in Kenya's policy process, ensuring cost-effectiveness and sustainability of health benefits. However, challenges persist, particularly in costing of health services for Levels 4–6 facilities due to limited funding. Without adequate support for these costing studies, tariff-setting risks remaining misaligned with actual costs, potentially undermining financial protection goals. Therefore, consistent exchequer financing and preservation of the Panel's independence are crucial to maintaining public trust and ensuring equitable, affordable access to quality healthcare for all Kenyans.

2.1.2. State Department for Public Health and Professional Standards

In the period under review, there were four programmes under the State Department:

- (i) Preventive and promotive health services,
- (ii) Human resource development and innovation,
- (iii) Health policy standards and regulations
- (iv) General Administration and Planning and Support Services

Programme 1: Preventive and Promotive Health Services

Sub-Programme 1.1: Communicable Disease Control

1. National TB, Leprosy and Lung Diseases Control Programme

During the FYs 2022/23 to 2024/25, National TB, Leprosy and Lung Diseases Control Programme demonstrated significant progress in its fight against tuberculosis. Case notifications for all forms of TB initially rose, reaching a peak of 97,126 before a slight decrease to 92,765, indicating due to erratic supply of diagnostic commodities. The burden of Multi-Drug Resistant TB (MDR-TB) saw fluctuations, with cases reducing, partly attributable to more effective treatment and prevention strategies. Treatment success rates for all TB forms improved, stabilizing at a commendable 89% in the latter two years. Notably, the success rate for MDR-TB patients showed marked improvement, climbing to 87%. A key achievement was the dramatic scale-up of preventive therapy, with individuals starting treatment increasing from 29,635 to 50,885 during the review period underscoring a strengthened commitment to stopping TB before it starts.

2. National Malaria Programme

During the review period, National Malaria Programme significantly intensified its control efforts, distributing 16.5 million doses of Artemisinin Combination Therapy (ACTs) and 4.7 million Long-Lasting Insecticidal Nets. These interventions contributed to a substantial decline in malaria incidence, from 106 to 76 cases per 1,000 population. Programme performance improved markedly, with the proportion of suspected cases tested rising to 95%, and the treatment rate for confirmed cases reaching and sustaining 99%, demonstrating enhanced diagnostic and case management efficiency.

Sub-Programme 1.2 Disease Surveillance and Epidemic Response

1. Division of Disease Surveillance and Response

During FY 2022/23 to 2024/25, the Non-Polio Acute Flaccid Paralysis (NPAFP) detection rate per 100,000 population was 2.8, 3.47, and 2.5 respectively, indicating sustained surveillance capacity. Functional Community Events-Based Surveillance (CEBS) systems increased from 6 counties in FY 2022/23 to 19 in FY 2024/25, while 753 hospitals maintained operational Events-Based Reporting Systems, enhancing early detection and response to health events.

2. Division of National Emergency Preparedness and Disaster Response

By FY 2024/25, 40 counties had established functional emergency and disaster committees, surpassing the target of 18. Additionally, 104 health workers were trained on joint emergency services, improving coordination and readiness for disaster response.

3. Public Health Emergency Operations Centre (PHEOC)

The number of counties with functional PHEOCs increased from 18 in FY 2022/23 to 25 in FY 2024/25. A total of 254 county staff were trained on rapid response, and the centres effectively managed all reported public health emergencies during the review period.

4. Field Epidemiology and Laboratory Training Program (FELTP)

The program trained 324 officers which included 60 advanced, 112 intermediate, and 152 basic/frontline strengthening national capacity for disease surveillance and outbreak response.

5. Division of Vector-Borne and Neglected Tropical Diseases

A total of 4.2 million people were treated for trachoma, 11.5 million for bilharzia, and 25.2 million for intestinal worms, contributing to the control of neglected tropical diseases.

6. Division of Zoonotic Diseases

Ten rabies cases were diagnosed, and 25 counties were supported to investigate and respond to zoonotic outbreaks during the period, enhancing preparedness and response mechanisms.

7. Division of National Laboratory Services

During FY 2022/23–2024/25, the Division of National Laboratory Services enhanced laboratory quality and diagnostic capacity nationwide. Laboratories with the ability to detect and report Antimicrobial Resistance (AMR) increased from 17 to 28, while accredited laboratories in ASAL regions doubled from 3 to 6. The number of certified laboratories under the Laboratory Continuous Quality Improvement (LCQI) program grew to 40, demonstrating strengthened adherence to quality standards. Additionally, External Quality Assurance (EQA) scopes under the Kenya National External Quality Assurance Scheme (KNEQAS) expanded to 12, reflecting improved national laboratory performance and reliability.

Sub-Programme 1.3 Public Health Services

1. Environmental Health

During the FY 2022/23–2024/25 review period, notable progress was made in strengthening environmental health and sanitation systems. The proportion of villages certified as open defecation-free (ODF) stood at 30 in FY 2022/23, 6 in FY 2023/24, and 10 in FY 2024/25. Access to safely managed sanitation facilities remained a challenge, with the proportion of the population accessing such facilities recorded at 30%, 29.98%, and 20% over the same period. The number of health facilities with installed and compliant waste treatment equipment decreased from 11 in FY 2022/23 to 4 in FY 2024/25, reflecting the need for renewed investment in healthcare waste management infrastructure.

A key milestone was the full establishment and operationalization of the Centre of Excellence for Research Evidence Translation, aimed at strengthening the use of evidence in public health policy and programming. Additionally, 20 health workers were trained on climate change and health to build resilience and adaptation capacity in the health sector. Eight counties received support to implement the “Epuka Uchafu Afya Nyumbani” initiative, which promotes clean and healthy home environments. Furthermore, 14 healthcare facilities were supported to implement occupational health and safety standards, while 11 Points of Entry (POEs) were equipped and trained to conduct vector and vermin control services.

2. Division of Food Safety

In FY 2024/25, food safety regulation and enforcement improved significantly. A total of 150 food business operators were trained and capacitated on risk-based assessment approaches, surpassing the target of 50. This initiative enhanced compliance with food safety standards and contributed to the reduction of foodborne diseases.

3. Tobacco Control Board

The Tobacco Control Board enhanced regulatory enforcement and capacity-building efforts across the country. During the review period, 400 enforcement officers were trained to strengthen implementation of the Tobacco Control Act Cap 245A. Additionally, 15 focal point persons were equipped with technical skills, and 30 multisectoral POE staff were trained to improve cross-border tobacco control enforcement.

4. Division of Drugs and Substance Abuse Control

The division intensified public awareness and stakeholder engagement on drug and substance abuse prevention. A total of 56 awareness campaigns were conducted nationwide, alongside 22 stakeholder engagement events targeting policymakers, community leaders, and youth organizations. The division also carried out two national surveys to assess the trends and drivers of substance abuse, providing data to inform policy and programmatic interventions.

5. Division of Nutrition and Dietetics

Nutrition outcomes remained a key focus during the period. The proportion of children aged 6–59 months who received two doses of Vitamin A supplementation was 86%, 85.2%, and 75.3% in FY 2022/23, FY 2023/24, and FY 2024/25 respectively. A total of 552,699 children aged 6–23 months received Micronutrient Powders (MNPs), surpassing the target of 231,977. Treatment cure rates

for acutely malnourished children and pregnant or lactating women consistently remained above 75%, meeting international Sphere standards for effective nutrition management.

6. Kenya National Public Health Institute (KNPHI)

Disease detection and outbreak response timelines improved during the review period. The proportion of outbreaks detected within seven days of the first case was 60% against a target of 50%, while 60% of detected outbreaks were notified within one day, compared to a target of 90%. Additionally, 60% of outbreaks were controlled within seven days, achieving the set target of 50%.

7. Division of Port Health

Port health surveillance and inspection capacity expanded significantly. A total of 16,512,066 travelers were screened for notifiable diseases, and 73,656 were issued with vaccination certificates as required. The volume of cargo of public health importance cleared at Points of Entry (POEs) increased from 2.2 million tonnes in FY 2022/23 to 6.57 million tonnes in FY 2024/25, driven by automation and digitization across 32 gazetted POEs. During the same period, 719,655 conveyances were inspected and issued with disinfection or disinfection certificates, reflecting strengthened compliance with international health regulations.

Sub-Programme 1.4: Radiation Safety and Nuclear Security

Kenya Nuclear Regulatory Authority

During the FY 2022/23–2024/25 review period, the Kenya Nuclear Regulatory Authority strengthened radiation safety and nuclear security frameworks. The Authority developed two nuclear power programme regulations and four nuclear security regulations, ensuring all Category I and II radiation facilities complied with physical protection standards. The proportion of radiation contamination tests on consumer products rose from 50% in FY 2022/23 to 80% in FY 2024/25, while compliance among radiation facilities improved from 70% to 75%. Environmental radiological mapping and characterization of high background radiation areas expanded from 10% in FY 2023/24 to 40% in FY 2024/25. Additionally, the proportion of radioactive waste collected and conditioned at the central processing facility increased from 30% to 40%, reflecting strengthened regulatory oversight and environmental safety.

Sub-Programme 1.5: Primary Health Care

During the review period, the Primary Health Care Act was enacted to strengthen community health systems. A total of 228 Primary Care Networks were established and operationalized. Additionally, 107,831 Community Health Promoters were recruited and trained on basic eCHIS modules, equipped with kits and phones, and supported 8.8 million households against a target of 7.8 million.

Sub-Programme 1.6: Health Promotion and Education

1. Division of Health Promotion and Advocacy

During the review period, seven health promotion and advocacy policies, strategies, and guidelines were developed. In addition, 70% of the health promotion call centre was operationalized to enhance access to health information and public engagement.

2. School Health Programme

A total of 30 school-based health promoters were trained, a national school health survey was conducted, and nine million school-age children were dewormed during the review period.

Programme 2: Health Resource Development and Innovation

Sub-Programme 2.1: Capacity Building and Training

Kenya Medical Training College (KMTC)

During the review period, the Kenya Medical Training College (KMTC) recorded steady growth in student enrolment, rising from 25,889 in FY 2022/23 to 35,513 in FY 2024/25. In addition, 11,434 Community Health Assistants (CHAs) were trained to strengthen community-level health service delivery. The certification rate for health professionals stood at 95%, 98%, and 85.81% for FY 2022/23, FY 2023/24, and FY 2024/25 respectively, reflecting high compliance with training standards. To enhance institutional performance and governance, the College developed 25 evidence-based policies and guidelines during the period under review.

Sub-Programme 2.2: Research and Innovation in Health

Kenya Institute of Primate Research (KIPRE)

The Kenya Institute of Primate Research (KIPRE) made significant contributions to biomedical research and public health innovation. The institute peer-reviewed 51 scientific publications and trained 280 individuals in biomedical research and laboratory techniques. It tested 29 candidate drugs and vaccines and successfully isolated three bacteriophages for potential treatment of multidrug-resistant bacterial infections. Furthermore, KIPRE conducted 21 community outreach sessions on ecosystem health and primate conservation, bred 106 non-human primates, and analyzed 1,636 human samples from wildlife-livestock interfaces, alongside 1,309 vector-borne samples from high-risk regions. During the same period, 917 victims of snakebites were rescued, 12 snake venoms were profiled for antivenom development, and 10 antivenoms were generated for preclinical evaluation.

Sub-Programme 2.3: Health Professional Services

In the review period, two intergovernmental fora were held annually against a target of four, facilitating dialogue and coordination across the health sector. The implementation of resolutions from these fora stood at 5, 3, and 5 for FY 2022/23, FY 2023/24, and FY 2024/25 respectively, against a target of 10 per year. Additionally, the International Health Relations Division participated in five negotiation meetings on Memoranda of Understanding (MoUs) against a target of two in FY 2024/25. While treaties were domesticated in FYs 2022/23 and 2023/24, none were concluded in FY 2024/25 due to shifting priorities among member states.

Programme 3: Health Policy Standards and Regulations

Sub-Programme 3.1: Health Standards and Quality

1. Kenya Health Professions Oversight Authority (KHPOA)

During the review period, the Kenya Health Professions Oversight Authority (KHPOA) continued to strengthen regulation and oversight of health service delivery. The percentage of health facilities inspected for compliance with healthcare norms and standards stood at 22% in both FY 2022/23 and FY 2023/24, and 17.2% in FY 2024/25. A total of 229 health professional training institutions were assessed to ensure adherence to training standards, while 4,281 previously unregulated health professionals were successfully registered. Additionally, six new Scopes of Practice were developed for professional cadres that had not been previously regulated. The Authority also ensured that all complaints and disputes received during the review period were duly processed and resolved, promoting the right to health by ensuring accountability, equity, accessibility, affordability and high quality healthcare delivery.

2. Kenya Health Human Resource Advisory Council (KHHRAC)

The Kenya Health Human Resource Advisory Council made significant strides in consolidating national health workforce data and strengthening human resource management systems. During the review period, 30% of the national master register for all health practitioners was developed. Furthermore, 220 health workers were trained on the Integrated Human Resource Information System (iHRIS), enhancing data-driven human resource management across health institutions. Additionally, 320 health care workers were trained on the National Health Workforce Accounts (NHWA) to improve health workforce planning, monitoring, and reporting.

3. Kenya Medical Practitioners and Dentists Council (KMPDC)

The Kenya Medical Practitioners and Dentists Council continued to ensure professional excellence, quality assurance, and compliance within the medical and dental professions. A total of 2,618 medical and dental officer interns were placed during the review period. The Council registered 1,325, 1,025, and 566 new practitioners in FY 2022/23, FY 2023/24, and FY 2024/25 respectively. The number of licensed practitioners rose to 10,638, 12,507, and 12,978 across the three financial years, while health facilities with active operating licenses increased markedly from 7,124 in FY 2022/23 to 14,860 in FY 2024/25.

The Council also conducted 15,741 inspections to ensure compliance and accreditation of all internship and specialist training centers. In addition, 26 new Continuous Professional Development (CPD) providers were accredited to enhance professional competency across the sector.

4. Nursing Council of Kenya (NCK)

The Nursing Council of Kenya registered a total of 28,197 new nurses and midwives during the review period, strengthening the nursing workforce. The number of eligible candidates examined stood at 10,937, 19,383, and 14,456, while those indexed were 19,249, 13,678, and 15,000 for FY 2022/23, FY 2023/24, and FY 2024/25 respectively. The retention rate of nurses and midwives improved significantly from 48.6% in FY 2022/23 to 68.9% in FY 2024/25. The proportion of training institutions audited for compliance also increased progressively from

88.3% in FY 2022/23 to 92% in FY 2024/25, with all health facilities audited for regulatory compliance.

5. Clinical Officers Council (COC)

The Clinical Officers Council focused on enhancing professional standards and regulatory oversight within the clinical officers' cadre. During the review period, 10,199 clinical officer trainees were indexed. The number of clinical officers registered was 2,790 in FY 2022/23, 777 in FY 2023/24, and 2,658 in FY 2024/25, while licensed practitioners increased significantly from 16,764 in FY 2022/23 to 22,051 in FY 2024/25. These efforts collectively strengthened clinical practice regulation and service quality across the country.

6. Public Health Officers and Technicians Council - Kenya (PHOTC)

The Public Health Officers and Technicians Council continued to enhance regulatory oversight and professional compliance among public health practitioners. In FY 2022/23, a total of 408 public health candidates were assessed, increasing to 438 in FY 2023/24 and 498 in FY 2024/25, reflecting growing professional interest and improved training capacity. Across the review period, 778 public health interns were successfully placed in accredited facilities to gain practical experience.

The number of licensed public health practitioners increased from 1,215 in FY 2022/23 to 3,900 in FY 2023/24, before slightly decreasing to 3,295 in FY 2024/25. To strengthen training and service quality, the Council accredited two new internship centres for public health students and inspected 50 health facilities for compliance with set regulatory standards. Additionally, 32 public health training institutions were inspected across the three financial years to ensure adherence to approved curricula and training standards.

7. Counsellors and Psychologists Board (CPB)

The Counsellors and Psychologists Board achieved significant milestones in professional regulation and capacity building during the review period. In FY 2023/24, 2,509 counsellors and psychologists were registered, rising to 2,864 in FY 2024/25, demonstrating steady growth in professional enrollment. Similarly, 3,293 practitioners were licensed in FY 2023/24, with 134 more licensed in FY 2024/25 after fulfilling practice and ethical requirements.

To enhance mental health service quality, the Board registered and licensed 22 clinical facilities to offer counselling and psychological services. Furthermore, five (5) training institutions were inspected for compliance with education and training standards, while six (6) institutions were accredited to provide Continuous Professional Development (CPD) programs. These efforts collectively improved professional competence, ethical standards, and access to mental health services across the country.

8. Occupational Therapy Council of Kenya (OTC-K)

The Occupational Therapy Council of Kenya made substantial progress in strengthening regulation and professional development within the occupational therapy field. In FY 2024/25, four (4) occupational therapy clinical facilities were registered, ensuring adherence to operational and

safety standards. The same year, the Council accredited four (4) new CPD providers to promote ongoing professional learning.

Additionally, the number of occupational therapy training institutions licensed stood at 350 in FY 2023/24 and 546 in FY 2024/25, reflecting significant expansion in training capacity. These achievements underscore the Council's commitment to ensuring quality education, ethical practice, and continued professional competence among occupational therapists.

9. Physiotherapy Council of Kenya (PCK)

During the review period, the Physiotherapy Council of Kenya strengthened regulation and oversight within the physiotherapy profession. A total of 268 physiotherapy facilities were inspected to ensure compliance with practice standards and patient safety requirements. In addition, 400 students were indexed for training and registration.

The number of practitioners licensed rose from 200 in FY 2023/24 to 425 in FY 2024/25, indicating improved compliance and professional registration. The Council also inspected two (2) physiotherapy training programs and developed two (2) scopes of practice, two (2) policy documents, and three (3) guidelines to enhance professional regulation and improve service delivery across the physiotherapy sector.

10. National Quality Control Laboratory (NQCL)

The National Quality Control Laboratory continued to safeguard public health through rigorous testing of medical products and devices. The proportion of medical drugs tested for quality and safety stood at 64.4% in FY 2022/23, 62.6% in FY 2023/24, and 61.4% in FY 2024/25, reflecting ongoing efforts to strengthen post-market surveillance and regulatory compliance.

For medical devices, the proportion tested for quality and safety was 100% in FY 2022/23, 76.9% in FY 2023/24, and 79.4% in FY 2024/25, ensuring that products used in healthcare delivery met national and international safety standards. Furthermore, the Laboratory undertook 123 research activities in FY 2024/25, contributing to evidence generation and improved regulatory practices for pharmaceutical and medical products.

11. Health Records and Information Managers Board (HRIMB)

The Health Records and Information Managers Board (HRIMB) focused on strengthening the regulation and standardization of health records management practices. During the review period, the Board accredited 19 training institutions to ensure that education programs aligned with national standards for health information management.

A total of 1,263 professionals were licensed in FY 2023/24, increasing significantly to 3,459 in FY 2024/25, reflecting enhanced compliance and growth in the profession. In addition, three (3) policy documents were developed to guide data management, professional ethics, and information governance. These measures contributed to improving data quality, confidentiality, and efficiency in the management of health information systems across the health sector.

12. Pharmacy and Poisons Board (PPB)

The Pharmacy and Poisons Board continued to strengthen pharmaceutical regulation and ensure the safety, efficacy, and quality of medicines and medical products. In FY 2022/23, a total of 8,000 new products were registered, followed by 1,538 in FY 2023/24 and 976 in FY 2024/25, reflecting stricter regulatory vetting and prioritization of essential products. The number of licensed pharmacists and pharmaceutical technologists was 800, 1,040, and 400 across the respective financial years, ensuring qualified professionals in pharmaceutical service delivery.

During the review period, 46 joint market surveillance and regulatory inspections were conducted to ensure compliance with safety and quality standards. The Board also approved 114 new clinical trials, supporting the advancement of medical research and innovation. Additionally, the number of pharmaceutical import and export permits approved stood at 30,000 in FY 2022/23, 7,388 in FY 2023/24, and 6,567 in FY 2024/25, reflecting streamlined trade oversight and enhanced regulatory controls.

13. Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB)

The Kenya Medical Laboratory Technicians and Technologists Board made significant progress in regulating laboratory practice and enhancing quality assurance. During the review period, 3,724 medical laboratory science students were indexed. The number of candidates examined for licensure was 1,287, 692, and 1,042 in FY 2022/23, 2023/24, and 2024/25 respectively. Registered Medical Laboratory Technologists totaled 1,283 in FY 2022/23, 597 in FY 2023/24, and 1,318 in FY 2024/25, while licenses issued rose from 12,248 to 14,944 across the same period.

Furthermore, 3,667, 5,094, and 3,771 laboratories were registered in the three fiscal years, with licensed facilities increasing from 2,614 to 3,771. The Board also registered 207 in-vitro diagnostics (IVD) vendor companies, ensuring adherence to national laboratory standards and quality service delivery.

Sub-Programme 3.2 Health Policy and Regulations

1. Directorate of Health Standards, Regulation and Quality Assurance.

During the review period, 5 health norms and standards were developed. Quality Health Care and Patient Safety Bill was developed and submitted to Parliament for enactment. Healthcare Professionals Policy and Human Resource for Health Strategy were developed and awaiting finalization through public participation.

2. RSSH Unit

97.8% of all Health Facilities submitted reports in the KHIS registering a shortfall due to system outages in January and February 2025.

Programme 4: Administration, Planning and Support Services

Sub-Programme 4.1: General Administration and Human Resource Management and Development

During the review period, the State Department enhanced institutional efficiency and workforce capacity. A total of 40 biometric log systems were installed to strengthen attendance management.

Additionally, 1,200 staff were sensitized on HIV prevention, NCDs, citizen service delivery, corruption prevention, gender, disability, and national values. The Ministry engaged 8,706 healthcare professional interns in FY 2022/23, 4,156 in FY 2023/24, and 3,948 in FY 2024/25, covering medical officers, clinical officers, pharmacists, nurses, and dentists. Furthermore, 171 health workers and 65 regular staff underwent specialized training to enhance professional skills and promote effective public service delivery.

Sub-Programme 4.2: Finance and Planning

1. Tax Exemption Unit

During the review period, the Tax Exemption Unit processed 1,447 applications for tax exemption which was achieved through extensive sensitization forums.

2. Central Planning & Projects Monitoring Unit

The Central Planning & Projects Monitoring Department conducted 10 monitoring and evaluations of capital projects to ensure that activities were being implemented as planned, resources were used effectively and the desired results were being achieved.

2.2. Review of Sector Programme Performance in Terms of Delivery of Outcomes, Outputs, KPIs and Target Attainment for FY 2022/23-2024/25

2.2.1. State Department for Medical Services

Table 2.1: Analysis of Programme Targets and Actual Targets

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks				
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25					
Programme 1: National Referral Facilities and Specialized Services														
Programme Outcome: Increased access and range of quality specialized health care services														
S.P 1.1 National Referral & Specialized Health Services	Kenyatta National Hospital	National Referral Services	Number of Heart surgeries done	395	491	691	627	609	677	Targets for the FY 2022/23 and 2023/24 were surpassed due to the establishment Cardiothoracic Critical Care Unit dedicated for heart surgery. In FY2024/25, target was not met due to a breakdown of critical equipment and theatre renovation works which interrupted theatre usage.				
			Number of other cardiothoracic surgeries conducted	1,127	1,192	1250	1238	1293	1045	In FY 2022/23 and 2023/24 the target was surpassed due to training of specialized doctors and nurses. In FY2024/25, target was not met due to breakdown of image intensifier and Cath lab as well as theatre renovation works interrupted theatre usage.				
			Number of Kidney Transplants conducted.	20	20	25	19	19	22	Target not met due to unforeseen patient-related transplant challenges.				
			Number of minimally invasive surgeries done	5,956	6,144	6244	6113	6354	9419	Target met and surpassed due to acquisition of specialized theatre equipment and availability of dedicated theatres for minimal invasive surgeries.				
			Number of patients undergoing specialized Burns treatment (OBD)	589	570	587	524	589	478	Target not met in the FY 2022/23 and 2024/25 due to inadequate specialist.				
			Number of oncology sessions on (Chemotherapy and radiotherapy)	42,068	40,372	40574	37772	43216	22873	In FY 2022/23, the target was not achieved due to inadequate hospital equipment. In FY 2023/24, the target was surpassed due to acquisition of additional equipment.				

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
										In FY 2024/25, the target was underachieved due to frequent breakdown of the Linac machine
			Number of new research projects disseminated	18	20	4	34	27	6	Target surpassed. The hospital has expanded the knowledge repository and provided a platform for research mentorship program.
			Average Length of Stay (ALOS) for trauma patients (days)	36	36	35	38	35	34.775	Target met. Hospital operationalized a 24-hour trauma theatre and expanded its pool of suppliers for outsourced implants
			Average waiting time (days) for radiotherapy	19	19	17	22	18	37	In the FY 2022/23 and 2024/25 targets were not met. This was due to Frequent equipment breakdown and increased demand for Radiotherapy services at the Hospital.
			Average waiting time (days) for chemotherapy	16	13	12	5	3	2.5725	Targets met and overachieved. Hospital introduced a 24-hour outpatient chemotherapy services as well as implementation of the patient navigation program
			Number of Multi-disciplinary Outreaches with Counties	67	379	395	391	373	397	Targets surpassed due to deployment of strategies such as use of webinars, tumor board meetings and health promotion campaigns
			Number of staff under preceptorship	32	-	-	14	-	-	Target not met due to government austerity measures on training
Mwai Kibaki Hospital	Specialized health care services		Number of Specialized Surgeries done	1,541	1,541	2,003	1,907	1,591	1,559	Target surpassed in FY 2022/23 and 2023/24 due to operationalization of the maternity theatre, engaged specialists in obstetrics, orthopedics, urology, ENT, and ophthalmology. In FY 2024/25, target not met due to shortage of specialist surgeons.
			Number of NCD screening sessions	3	130	163	6	98	205	Target was not met for the FY 2023/24 due to operational issues such as doctors strike In FY 2024/25, target was surpassed due to the high prevalence of NCDs in the catchment region and proactive

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Moi Teaching and Referral Hospital			Number of specialized clinics available in the facility	20	23	24	17	16	19	community engagement through outreaches
			Average length of stay for trauma patient (days)	14	17	14	15	16	11.4	Targets not met due to delayed recruitment of specialists to fully operationalize the additional clinics
			Number of oncology sessions on Chemotherapy and radiotherapy	N/A	1,056	1,482	1,411	1,091	1,492	Target was achieved. The improvement reflects adoption of multidisciplinary case management approach
			Number of briefs disseminated to inform national policy	7	1	2	1	2	2	In FY 2022/23 the targets were set under KNH. In FY 2024/25, the targets were surpassed due to availability of oncology medication and equipment.
			Number of Multi-disciplinary Outreaches with Counties	15	27	19	13	23	30	In FY2024/25, the target was surpassed. The hospital held multidisciplinary specialized outreaches in the region, Education and Capacity Building Campaigns through webinars and commemorated global public health days & weeks For the FY 2022/23 and 2023/24, the set targets were not met due to inadequate resources.
	Specialized Healthcare Services	Average Length of Stay for Orthopedic Surgery (Trauma Patients) Days	11.7	11.4	11.3	11.1	11	10	Target met for FY 2024/25 due to timely specialized diagnostic services, adoption of 24 hrs. Theatres operations, consistent supply of drugs and non-pharmaceuticals.	
		Average Length of Stay for Pediatric Burns Patients(days)	31.3	31.2	31.1	30.3	26	20	Targets Surpassed due to timely interventions to patients (Consultant's daily ward rounds), availability of drugs/supplies, and timely discharges	
		Average waiting time (days) for Radiotherapy	90	80	70	46	69	70	Targets surpassed for the FY 2022/23 and 2023/24 due to availability of medical equipment and medication.	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
		Specialized Healthcare Services	Number of Kidney Transplants undertaken	18	16	17	18	20	29	Targets achieved due to continued screening & recruitment of patients from the Clinics and Wards as well as investment in Specialized HRH and Medical Equipment
			Number of Minimally Invasive Surgeries	2,700	2,800	2,850	3,202	3,081	3,226	Targets surpassed due to continued sensitization of patients in the Clinics and assignment of Theatre Days for Surgeries in addition to continued screening & recruitment of patients from the Clinics and Wards as well as investment in Specialized HRH and Medical Equipment.
			Number of Chemotherapy sessions done	16,600	16,850	16,870	19,622	20,379	20,175	Targets surpassed due to Continued scheduling of patients and timely treatment planning and Continuous availability of Consultants at the Clinics & adherence to chemotherapy sessions schedules.
			Number of Open-Heart Surgeries conducted	44	25	27	92	72	96	Targets surpassed due to continuous investment in specialized Human Resources for Health (HRH), modern equipment, drugs, and supplies. Theatre Week assigned and adherence to Schedule.
			Number of External Beam Radiotherapy Sessions.	10200	10100	10150	14808	17,014	21,482	Targets surpassed. This was attributed to Continued scheduling of patients and timely treatment planning and by operationalization of the 2nd Linac Radiotherapy machines, employment of 2 more medical physicists, and timely procurement of radiotherapy source.
			Number of Brachytherapy Sessions	135	137	139	283	326	319	Targets surpassed. This was due to training and employment of 2 medical physicists and adequate treatment planning, hence a reduced waiting time and increased efficiency
			Number of Corneal Transplants conducted	11	11	12	15	39	13	Targets Surpassed. Achievement is attributed to highly trained staff, corneal tissue (imported), modern

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Kenyatta University Teaching, Referral and Research Hospital	Health Research Services	Number of Research Papers Published								equipment, adequate drugs, and essential supplies. MTRH is the only Public Hospital in Kenya doing Corneal Transplants in Kenya
			Number of Research Papers Published	24	25	27	120	100	127	Targets surpassed. Achievement is due to allocation of Research Fund (Intramural Funds) by MTRH and other Research Grants through Academic Model Providing Access to Healthcare (AMPATH)
			Number of Briefs to inform National Policy	3	4	5	0	4	5	Target successfully achieved.
	National Referral Services	Number of Open-Heart Surgeries conducted	Number of Multi-disciplinary Outreaches with Counties	25	27	29	93	61	76	Targets surpassed due to continuous engagement with the County Governments. This was done in partnership with the County Health Services.
			Number of Open-Heart Surgeries conducted	18	30	40	35	42	62	The targets were exceeded due to increased demand for the service which led to the Hospital assigning more doctors to this department.
			Number of Kidney Transplants conducted	2	15	15	0	0	4	The targets were not achieved due to delays in starting the service. The transplants started in Q4 and will be scaled up.
			Number of minimally invasive surgeries conducted	750	1000	1300	1234	3624	1407	The targets were exceeded due to increased demand for the service and improved efficiency
			Number of patients on Hemodialysis	7,200	10,200	10,500	7,840	10,311	11,751	The targets were exceeded due to increased demand for the service
			Number of patients receiving chemotherapy & radiotherapy treatment	19,500	20,500	22,000	19,752	21,640	19,561	In Fy2022/23 and 2023/24, the targets were surpassed due to availability of drugs and hospital equipment. In FY 2024/25, the target was not achieved due to challenges with supplies of chemotherapy drugs.
			Number of specialized Gynecology procedures conducted	500	600	1400	650	650	621	Targets for FY 2022/23 and 2023/24 were surpassed due to increased demand for service.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
			Average waiting time (days) for radiotherapy	18	50	12	28	60	18	In FY 2024/25 target was not achieved due to reduced demand for the service.
			Average waiting time (days) for Chemotherapy	17	6	6	7	6	14	The targets were not achieved due to the inability to meet the demand for radiotherapy services. The hospital capacity for radiotherapy (1 LINAC Machine) is stretched to the maximum.
			ALOS for orthopedic patients' (days)	14	14	10	11	14	8	In Fy 2022/23 the target was surpassed as a result in the introduction of a new shift for chemotherapy services
			ALOS (days) for surgery patients (days)	7	7	6	6	7	5	In the FY 2024/25 target was not achieved due to the inability to meet the increased demand for chemotherapy services
			Number of research conducted & completed	3	6	5	3	3	4	Targets for FY 2022/23 and 2024/25 were surpassed as a result of quality improvements in the management of patients
			Number of PET Scan examinations conducted	4,000	4,500	5,000	3,685	5,592	4,293	Targets for FY 2022/23 and 22024/25 were not achieved due to challenges in the supply of consumables for manufacturing of FDGs. This has now been sorted, and the service is now fully operational. In the FY 2023/24 target surpassed due to increased demand
			Number of SPECT CT-Scan examinations conducted	500	1,000	1,800	570	155	597	In fy2023/24 and 2024/25, targets were underachieved due to challenges in the supply of consumables for manufacturing of FDGs.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Mathari National Teaching and Referral Hospital	Mental Health Services		Number of Stereotactic Radiosurgeries conducted	50	600	800	0	349	250	Targets were not achieved due to challenges with human resources. Staff have been trained, and the service is now fully operational
			Number of Brachytherapy sessions conducted	720	900	1,000	854	373	947	Targets for FY 2023/24 and 2024/25 were not achieved due lack of hospital equipment
			Number of Policies, Standards and Regulations developed	1	3	4	2	3	2	Target for FY 2024/25 was not achieved due to budgetary constraints.
			Proportion of organizational Human resources instruments finalized	N/A	N/A	40	N/A	N/A	40	The target was met with the completion of the delinking report.
			Re-admission Rate (proportion of patients readmitted in a year)	52	40	32	48	47	43	Targets for the FY 2023/24 and 2024/25 were not met due to lack of aftercare mental health services at primary healthcare levels and poor support at the family level
			Average Length of Stay for civil psychiatric inpatients (Days)	50	45	46	44	47	50	The target for the FY 2023/24 and 2024/25 were not met due to the large number of abandoned patients from economically disadvantaged backgrounds, leading to delays in leaving the hospital after discharge.
			Number of weekly community mental health outreaches conducted	2	6	35	21	30	59	Targets were surpassed due to increased sensitization campaigns and partnerships with institutions of Higher-Learning.
			Percentage of patients in need of forensic services attended to	70	80	100	90	100	100	Targets surpassed due to increased forensic psychiatric evaluations by consultants
			Number of forensic outpatients received psychiatric services	580	680	780	602	720	540	Target not achieved because the court users committee made a resolution to decentralize forensic mental health assessments to be done in county hospitals with psychiatrists
			Number of forensic inpatients received psychiatric services	N/A	N/A	200	N/A	N/A	202	Target surpassed due to increased early access to psychiatry services

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Spinal Injury Hospital	Specialized spine services		Percentage reduction in outpatient revisits rates	N/A	N/A	51	N/A	N/A	67	Target not met due to lack of continuity of care has contributed to the slow decline.
			Proportion of abandoned patients re-integrated into the community	85%	90%	95%	90%	70%	73%	Targets for FY 2023/24 and 2024/25 not achieved due to limited funding to facilitate the reintegration process.
		Spinal Injury Hospital	Out-patient spine services utilization rate	1.2	2	2	1.1	1	2	Targets for FY 2022/23 and 2023/24 were not met due to lack of awareness
			ALOS for spine patients (days)	83	83	80	83	83	81	Target met
			Number of in-patients receiving spinal services	85	150	160	150	150	161	Targets were met due to more awareness created by the hospital
			Number of Plastic surgeries	10	24	40	30	32	20	Targets for 2022/23 and 2023/24 were surpassed due to availability of specialists and medication. In Fy 2024/25 target was not met due to the Ongoing new OPD construction disrupting theatre services.
			Number of orthopedic spine surgeries	30	100	110	100	100	30	Fy 2024/25 target was not met due to the Ongoing new OPD construction disrupting theatre
			Number of out-patients receiving spinal services	1600	1654	1700	0	0	1821	Target surpassed in FY 2024/25 due to T awareness created by the hospital and this more patients requiring spine services.
			Average waiting time for spine services(days)	205	180	115	150	120	110	Targets surpassed as More patients are discharged as the hospital has optimized its rehabilitative care plans.
			Proportion of patients re-integrated into community	30	80	115	100	110	118	Targets were surpassed due to optimized rehabilitative care plan that saw patients discharged in timely manner.
SP 1.2. Health Infrastructure and Equipment	Health Infrastructure Management	Hearth Infrastructure Management Services	MES Equipment installed and offering essential and critical health care services	118	118	118	118	118	118	Targets were achieved and the project expired
			Kisii level 5 cancer center constructed	100	100	50	0	20	20	Target not achieved due to delays in fund disbursement by financiers.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
SP 1.3 Health Products & Technologies	Division of Health Products and Technologies	Health products and technologies policies and guidelines developed (2 policies- National Pharmaceutical Policy and The HPT Donations Policy)	East African Centers of excellence for skills & Tertiary Education established	100	100	100	63	98	80	Targets not met due to delays in donor disbursements and low counterpart funding from the GoK. Therefore, needs additional fund to complete the construction, equipping and operationalization
			Kigumo Hospital upgraded to level 4 status	80	100	100	78	95	100	In the FY 2024/25 The facility was completed and handed over to Muranga county government and now in use.
			Construction of Piny Awacho level 3 Hospital	N/A	100	100	N/A	95	100	Target met. The next phase involves landscaping and equipping of the Hospital.
			Construction of Urenga Level 3 Hospital	N/A	100	100	N/A	60	100	Ready for handing over to Siaya county government
			Construction of Endebes Level 4 Hospital	N/A	100	100	N/A	20	87	Target for FY 2023/24 and 2024/25 due to funding challenges with the contractor.
			Construction of Kibugua level 4 Hospital	N/A	100	100	N/A	40	73	Target for FY 2023/24 and 2024/25 not met due to challenges of funding and contractor.
			Construction of Lusigetti level 4 hospital	N/A	100	50	N/A	5	48	Targets not met due to delayed site handing over
SP 1.3 Health Products & Technologies	Division of Health Products and Technologies	Health products and technologies policies and guidelines developed (2 policies- National Pharmaceutical Policy and The HPT Donations Policy)	Percentage completion of development of the National Health Products and Technologies Policy	N/A	22	78	N/A	22	30	Targets not met due to inadequate resource allocation
			Proportion of donations made through the HPT donations portal	N/A	35	50	N/A	0	30	Target not met due to inadequate resource allocation.
			Number of Counties with HPT guidelines disseminated	N/A	33	38	N/A	34	47	Targets surpassed due to use of virtual dissemination forums
		Technical assistance and capacity	Number of functional County Health Products and Technologies Units	N/A	47	47	N/A	35	46	The roll out of the HPT scorecard enabled self-assessment on the functionality of HPT Units.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Health Product Supply Chain Management	Health Product Supply Chain Management	building to counties	Number of staff capacity built on HPT supply chain management	200	200	200	217	240	128	In the FY 2022/23 and 2023/24 Target exceeded because the directorate managed to secure additional support from partners The FY 2024/25 targets was not met due to limited resources.
		Local manufacturing for HPT fast-tracked	Percentage of completion on development of Local manufacturing roadmap	N/A	60	80	N/A	20	80	Target for FY 2023/24 was not met due to lack of adequate resources
		Scaling up capacity by health facilities to produce oxygen	Number of health facilities with oxygen machines delivered and commissioned (PSA Plants and with Liquid oxygen tanks)	20	10	5	15	5	5	
	Pharmacy Services	Quality Health Products and Technologies services	Number of counties with essential HPT lists Disseminated to counties	N/A	33	35	N/A	19	47	Finalized, launched and disseminated. Hoisted on MOH website. Next review will be done in 2026/27.
			Number of functional County Medicines Therapeutics Committees	N/A	5	4	4	4	17	Target surpassed as a result of increased partner support
			Number of county - led supportive supervision done	N/A	1	1	1	1	1	Target met as a result of JSS support under GF RSSH conducted annually.
	Health Product Supply Chain Management	Increased availability of Health Products and Technology	Percentage of health facilities with essential tracer medicines	N/A	50	50	N/A	24	40.3	Targets were not met due to Limited budgetary allocation by counties and debt owed to KEMSA by counties and MOH constrain procurement of sufficient HPT.
			Percentage of health facilities with essential tracer diagnostics	N/A	50	50	N/A	24	34.7	Targets were not met due to limited budgetary allocation and debt owed to KEMSA by counties and MOH constrain procurement of sufficient HPT
			Percentage of health facilities with essential tracer medical supplies	N/A	50	50	N/A	27	54.7	Target surpassed

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Ministry of Health	Division of traditional and alternative medicine	traditional and alternative medicine services	Percent completion of the Traditional & Alternative Medicine Policy guideline	60	90	100	80	85	90	In the FY 2022/23 the target was surpassed due to financial support from MOH. In the FY 2023/24 and 2024/25 the targets were not met due to inadequate resources
			Percent completion of the Traditional and alternative medicine Bill and Policy	40	80	100	70	80	90	In FY 2022/23 the target was surpassed as a result of additional support from partners. In the FY 2024/25 the target was not met due to inadequate budget allocation
	Kenya Medical Supplies Authority	Medical Supply Services	Percentage of order fill rate for HPTs	90	90	90	66	62	55	Targets were not achieved due to stock outs of essential HPTs occasioned by supplier delays emanating from recurring delayed Supplier payments further resulting from cash flow challenges.
			Order turnaround time(days) PHFs	10	10	10	16.9	20.1	24.2	Targets were not met due to low on time order integration, especially for program orders that led to long order processing.
			Order turnaround time(days) Hospitals	7	7	7	14.4	16.9	19.5	Targets were not met due to low on time order integration, especially for program orders, that led to long order processing.
			Percentage of last mile deliveries made to health facilities	100	100	100	100	97.9	98.9	Targets were not achieved, as they were facilities orders still on transit, which account for 1% of the overall orders.
			Percentage completion rate of National Commodities Storage supply chain center Construction (Phase 1)	80	90	100	81	85	87	For FY 2023/24 and 2024/25 targets were not met due to delayed approval of budget coupled with reduced budgetary allocation to the project.
			Percentage of completion rate in equipping, Warehouse Layout, Automation & Operationalization of the National Commodities Storage	46	64	80	0	6.44	23	Targets were not met due to late approval of the development budget FY2024/25 (Supplementary 3)

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
SP 1.4 National Blood Transfusion Service, Tissue and Human Organ Transplant	Division of National Blood Transfusion Service	Provide adequate, quality and safe blood	supply chain center (Phase 2)							
			Percentage of completion Kisumu Regional Distribution Centre	N/A	50	80	N/A	1.4	25.46	Targets were not met. This was due to late approval and disbursement of the Project development funds.
			Percentage of completion of Mombasa Regional Distribution Centre	N/A	50	80	N/A	1.4	25.46	Targets were not met. This was due to late approval and disbursement of the Project development funds.
			Number of whole blood and blood components	400,000	400,000	400,000	412,868	449,689	425,455	Targets were surpassed due to partner support.
			Proportion (%) of whole blood units collected and converted to safe blood components for transfusion	70	70	70	65	71	83	In 2022/23 the target was not met due to inadequate funds to support the process Target for FY 2023/24 and 2024/25 surpassed due to the increased number of blood establishments with capacity to prepare blood components
			Proportion (%) of blood components collected and screened for HIV, HBV, HCV and Syphilis	100	100	100	100	100	100	The targets were achieved due to the hub and spoke model organization of blood transfusion services in Kenya.
SP 1.5 National Blood Transfusion Service, Tissue and Human Organ Transplant	Division of National Blood Transfusion Service	Provide adequate, quality and safe blood	Number of Satellite transfusion centers with capacity to prepare blood components	35	35	35	31	32	33	Targets were not achieved because not all satellite centers have component preparation equipment and equipment broken down.
			Number of Transfusing Facilities with Haemovigilance Surveillance reporting capacity	450	450	450	400	420	425	Targets were not met because some facilities have missing Hemovigilance committees and some facility based Hemovigilance committees are inactive and do not report.
SP 1.6 National Blood Transfusion Service, Tissue and Human Organ Transplant	Division of National Blood Transfusion Service	Provide adequate, quality and safe blood	Number of blood establishments and Transfusing Facilities using the Damu-KE system for accountability and Traceability of blood and blood products	200	200	200	80	150	160	Targets were not Achieved due to inadequate ICT equipment and Internet connectivity to some blood banks and transfusing health facilities.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
	Division of Transplant Services		Completion status (%) of Transplant Standards and Guidelines	30	30	30	0	0	0	Target were not achieved because no resources were allocated
Programme 2: Curative and RMNCAH										
Programme Outcome: Increased access to quality curative health care services										
SP 2.1 Communicable disease control	NSDCC	HIV Prevention and Management Services	Proportion of new HIV infections among adolescents and young people (10- 24 Years)	N/A	50%	41.7%	N/A	30%	31.8%	This is a reducing indicator. Adolescents and young people accounted for approximately 31% of which was lower than the projected target of 41%, reflecting gradual progress in reducing transmission.
			Number of condoms distributed in non-health settings	15000000	6600000	6692400	5871526	4542355	7135484	The targets for FY 2022/23 and 2024/25 were surpassed due to donor support to provide adequate stocks. In FY 2023/24, the target was not met due to erratic condom supply and donor dependency.
			Mother to child transmission Rate (MTCT)	N/A	8.3%	7.2%	N/A	7.3%	9.3%	In the FY 2023/24 the Target surpassed due to improved service delivery, community engagement, and policy-level interventions In FY 2024/25, the projected target was not achieved due to a decline in antenatal care (ANC) attendance, which stood at 83%, limiting opportunities for PMTCT.
			Proportion of counties visualizing real time HIV and Health Dashboards through Situation Room for decision making	N/A	60%	67%	N/A	100%	100%	Target surpassed in FY 2023/24 and 2024/25 due to the introduction of a Web-based analytics application for data visualization across 47 counties.
			Proportion of implementing partners reporting on HIV management and prevention interventions	N/A	65.0%	72.0%	N/A	58.0%	68.6%	The target was not achieved in FY 2023/24 as the system was rolled out in June 2024 to address the lack of standardized partner data reporting tools and strengthen accountability mechanisms at the community level.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
SP 2.2 Non-Communicable diseases prevention and control	NASCOP		Proportion of counties implementing Human-centered Design - Community driven HIV interventions							Target surpassed in FY 2025/25. 61 Implementing partners were trained on the Partner Reporting System, attaining 80% reporting rate.
			Number of adolescents and young people reached with HIV prevention and SRH information through peer-to-peer approach	N/A	N/A	42.5%	N/A	N/A	93.6%	Target surpassed. Implementing partners in 44 counties supported by Kenya Red Cross were trained on the Community System Strengthening and are reporting through the Partner Reporting System.
			Number of men reached with information on HIV prevention and SRH and UHC information	1250000	1050000	N/A	1047954	1060000	N/A	In FY 2022/23, the target was not met due to low level of awareness among adolescents. In the FY 2024/25 the target was surpassed due to continuous sensitization of the adolescents
			Number of people Currently on ART	610000	900000	N/A	805569	1404000	N/A	Targets were surpassed due to improved interventions and increased community dialogues
			Percentage of newly identified HIV positive and breastfeeding women initiated on highly active antiretroviral therapy	1,287,890	1,319,871	1,360,000	1,330,565	1,362,515	1,325,522	The program met its annual targets for People Living with HIV (PLHIV) on ART, with sustained enrollment, improved retention, and consistent progress towards epidemic control
			Proportion of those with pre-cancerous	88.2	88	95	94	96.3	87.40%	NASCOP achieved 87% of the annual target for Pregnant and Breastfeeding Women (PBFW) newly initiated on ART. The shortfall was largely due to health system reorganization following funding cuts, which temporarily affected service delivery.
SP 2.2 Non-Communicable diseases prevention and control	National Cancer Control Programme	Cancer Prevention and Control Services	Number of women of reproductive age screened for cervical cancer	500,000	700,000	1,110,567	345,576	723,058	696,616	Target for FY 2022/23 and 2024/25 was not achieved due to inadequate resources in the facilities The target for FY 2023/24 was surpassed due to increased awareness of cervical cancer screening
			Proportion of those with pre-cancerous	0	35	70	1	27.82	33.8	Targets were not achieved due to inadequate resources in the facilities

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
National Cancer Institute Kenya			lesions or invasive disease receiving treatment							
			Proportion of health facilities providing cancer screening and early diagnosis services	N/A	30	45	N/A	47.2	45	Target for FY 2023/24 surpassed due to increased access and facilities having state of the art equipment achieved
			Proportion of eligible people screened for colorectal cancer (people aged 45-75 years)	0	15	17	0	1		Targets were not achieved due to funding gap in colorectal cancer screening
		Regional cancer centers established and functional	Number of cancer patients receiving radiotherapy services	N/A	3,160	5,000	N/A	5,580	5,701	Targets were surpassed due to the operation of linac machines in Nakuru and Mombasa.
			Proportion of the essential cancer medicines available at cancer centers	20	30	20	0	0	10	Targets were not achieved due to inadequate allocation of resources
			Number of cancer centres established	4	5	1	2	0	0	Targets not achieved due to inadequate resources
	National Cancer Institute Kenya	Cancer prevention and control services	Number of policy briefs generated from cancer data and research	3	2	4	0	3	5	Target surpassed in the FY 2023/24 and 2024/25 due to expanded institute's cancer research led interventions.
		Cancer prevention and control services	Number of people reached with cancer Prevention & Control messages in (Millions)	15	30	25	19	21	24	FY 2022/23 target was surpassed cancer messages being aired on local Radio FM Targets for FY 2023/24 and 2024/25 not met budgetary constraints.
		Cancer prevention and control services	Proportion of counties with county specific cancer control frameworks	10	55	100	10	64	74	In FY 2023/24, the target was surpassed due to donor support. Target not met in FY 2024/25 due to insufficient budgetary allocation and logistical challenges
			Number of MDAs trained to implement workplace cancer	22	44	88	22	47	78	In FY 2023/24 the target was surpassed due to increased sensitization forums.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Non-Communicable Diseases	Cancer prevention and control services	prevention and control programs								Target not met in FY 2024/25 due to budgetary constraints.
			Number of cancer treatment facilities that have met the minimum standards of care	5	6	70	5	3	86	In 2023/24, the target was not met due to budget constraints. Target in the FY 2024/25 surpassed due to countrywide inspection of cancer centres as a requirement for the facilities to be empaneled to SHA
		Number of Cancer Care Centers certified		30	80	80	78	80	86	Target Surpassed because of increased number of cancer centres established and reinspection of established cancer centres
			Number of Cancer Diagnostic Centers certified	N/A	30	50	N/A	30	55	Target surpassed in FY 2024/25 since Most diagnostic centres are in the cancer centres hence certified together with cancer centres
	Cancer prevention and control services	Number of cancer registry hubs established		8	10	10	8	5	12	Target achieved. Twelve (12) Population based registry established.
		Number of Officers recruited		32	75	75	0	28	0	Targets were not met due to constraints.
	Division of Mental Health	Mental Health Services	Number of counties supported to develop mental health action plans	2	4	4	2	1	1	Targets for FY 2023/24 and 2024/25 were not met due to lack budgetary allocation
			Number of counties supported to develop mental health promotion and prevention programme.	2	8	16	2	9	45	Targets for FY 2023/24 and 2024/25 surpassed due to collaboration and funding support from Division of Drugs and Substance Abuse Control.
Kenya Board of Mental Health	Kenya Board of Mental Health services	Number of mental health units inspected against WHO Quality Rights standards		1	8	7	0	3	5	Targets were not achieved due to delay in disbursement of funds
Non-Communicable	NCD prevention	Number of diabetes patients receiving treatment		226,310	250,000	383,246	179,028	220,036	270,792	Targets for FY 2022/23 and 2023/24 were not met due to low levels of awareness and poor reporting

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
SP 2.3 Reproductive Maternal Neonatal Child and Adolescent Health	Diseases (NCD)Prevention and Control Unit	and control services								Target not achieved in FY 2024/25 due to lack of funding, especially for medication
			Number of hypertensive patients receiving treatment	1,100,00 0	350,000	1,107,36 5	513805	411627	593,198	Targets for FY 2022/23 and 2023/24 surpassed due to increased awareness. Target not achieved in FY 2024/25 due to lack of funding, especially for medication
	Violence and Injuries Prevention and Control Division	Trauma registry established	Percentage completion of Trauma registry	100	75	100	0	25	25	Not achieved due to lack of funding
	Geriatrics Medicine	Geriatrics services	Proportion of counties with HCPs trained on integrated care of older persons.	5	10	15	0	4	4	Targets for FY 2022/23 and 2023/24 not met due to inadequate funding
			Percentage completion of Parkinson's Disease registry	50	75	100	0	0	0	Targets for FY 2022/23 and 2023/24 not met due to inadequate funding.
	Department of Family Health	Family Planning Services	Proportion of Women of reproductive age receiving FP commodities	55	53	51	74	53	45.3	Target not achieved due to inadequate resources
		Proportion of pregnant women attending at least 4 ANC visits	57	65	67	58.5	62.92	61.57	The target was not met since the finances for advocacy and women education were inadequate. Cost of care reduced access capacity of clients too.	
		Proportion of women receiving post-natal care within 2-3 days of delivery	50	58	60	64.18	67.13	66.2	The target was not met since the mothers have low awareness of the need for postnatal care following delivery.	
		Proportion of mothers delivered by Skilled Birth Attendant	80	88	89	76	75.2	79.25	The targets were not met since the cost of care in health facilities reduces access to health facilities.	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
			Facility based maternal mortality rate per 100,000 deliveries	100	97	97	90.79	96.93	94.72	Targets were not met because of reduced supplies to facilities, including much-needed emergency supplies, and a shortage of staff.
			Facility based neonatal deaths per 1000 live births	11	8	7	10	9.5	9.3	Targets for FY 2023/24 and 2024/25 were not achieved as a result of inadequate neonatal care supplies in facilities including health worker training and insufficient specialized care plus insufficient facility and community referrals for care
			Under five mortality rate per 1,000 live births	52	40	25	41	42	41	Targets for FY 2023/24 and 2024/25 were not achieved due to insufficient facility capacity to provide care to the children
			Proportion of children under age 5 developmental milestones on track in health, learning, and psychosocial wellbeing.	70	82	100	78	79	78	Target for FY 2023/24 and 2024/25 were not achieved due to inadequate health advocacy for mothers in the community as well as in the facilities.
SP 2.4 Immunization Management	Division of National Vaccines and Immunization program	Vaccines and Immunization Services	Proportion of fully immunized children under 1year (Proxy Penta 3)	86	89	82	84.7	84	80	Targets were not met due to Vaccine Supply and Accessibility Issues: Occasional stock-outs and logistical delays in vaccine delivery
			Proportion of Health Facilities with Functional Cold Chain Equipment	94	90	92%	85	92	93	In FY 2022/23 targets was not met due to inadequate resources. Targets for FY 2023/24 and 2024/25 surpassed due to Effective Supply Chain Management and Logistics and increased Investment and Funding
			Proportion of fully immunized adults with Covid19 vaccine	100	100	70%	38.4	34	40	Targets not met due to Supply Constraints: Shortages of vaccine doses e.g. global supply issues. -Dependence on specific vaccine brands that were not readily available.
SP 2.5 Curative Services	Forensic and Patholog	Forensic services for	Proportion of Clinical and forensic autopsies performed	30	100	100	100	100	100	Target achieved. All clinical Autopsies requested during this period were done (352) Reduced

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Forensic Services	Forensic services	Administration of justice								volume because there was no mass disaster
			Proportion of Expert opinions given	250	100	100	100	100	100	Targets were achieved. All expert opinion requested during this period were given.
			Proportion of exhumations performed for medical forensics	25	100	100	100	100	100	Targets were achieved. All (22) exhumations requested during this period by the courts were executed
			Proportion of Criminal related death scenes viewed.	30	100	100	100	100	100	Target achieved. All (3) criminal scenes that were presented by the Directorate of criminal investigations were visited by DCI together with the Forensic pathologists
	Histology and Pathology services		Percentage of Histocytopathology examination for cancer diagnosis carried out	45	70	80	60	70	80	Targets were achieved. The Number of sociopathology examinations for cancer diagnosis carried out in FY 2022/23 Achievement was 60 surpassing the target hence Histology and cytology increased turnover due to increased diagnostic demand
			Proportion of scientific interpretations of pathology results for clinical decisions	45	10	10	100	10	20	Target achieved. Percentage of interpreted pathology results for clinical decisions in the previous year FY 23/24 Target was not met But in FY 24/25 the target was met.
	Orthopedics and Trauma Unit	Orthopedics and Trauma services	Percentage of completion of Orthopedics & Trauma bill	40	60	100	40	60	75	Target for FY 2024/25 not achieved due to lack of resources.
	Clinical Services		Percentage Operationalization of the Health and wellness services center	100	100	100	100	100	100	Target Achieved.
			Health & wellness center for staff mainstreamed to all MDAs	N/A	400	100	100	100	100	Target Achieved.
			Afyah House Clinic Upgraded	N/A	30%	100	100	100	100	Target achieved

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Healthcare Services			Operationalization of Afya House Clinic							
			National Safe Surgical guidelines and Strategic plan developed	N/A	N/A	80	N/A	N/A	80	Target achieved
	Radiology & Medical Diagnostic Services	Radiology & Medical Diagnostic Services	Operationalization of Radiographers act	30	60	100	10	50	100	Target achieved
	Rehabilitative Services		Counties supported to implement the Disability Medical Assessment and Categorization Guidelines	10	20	30	0	6	7	Targets were not achieved. no dedicated budget line at the national level to support its implementation
			Operationalize National Assistive Technology (AT) Centre of Excellence	2	1	1	1	0	0	A draft policy for AT is in place and this key output is contingent upon the signing of the MOU by the Attorney General, which will pave the way for the commencement of the AT CoE project.
	Oral health services	Dental amalgam phase down	National plan developed for amalgam phase down	1	1	1	1	1	1	Target met.
			Number of amalgam phase down tools developed	4	4	4	0	0	2	4 tools compressed into 2 and included into action plan
	Nursing services	Critical care services	Number of nurses sponsored for critical care services training	200	250	350	150	150	150	Targets not met due lack of resources
			Draft Nurses act CAP 257 presentation to parliament health committee	1	1	1	0	0	0	Target not met due to further consultations needed
Ophthalmic Services	Expanding specialized eye care services	Number of New Diabetic eye care centers established in 10 facilities	3	6	9	1		9		Target Achieved

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Division of National Referral			Number of Centers offering Refractive Low Vision Services	5	10	15	5	0	9	Refractive error services and low vision services established in Mutuini, Bungoma, Lunga, Kinango, Lamu, Makindu. KNH have established refractive error services are resource mobilizing for low vision services. MTRH and Nakuru are in the process. There is need for refresher training/HR capacity building on low vision in most of these facilities.
			Eye health infrastructure upgraded	2	4	5	2	0	8	Target for 2024/25 surpassed due to additional support. Target for FY 2023/24 not met due to lack of resources.
	National Referral Services Policy and Guidelines	National referral services policy and Guidelines for establishing National referral facilities Developed		3	3	3	0	0	0	Target not met due to the unavailability of resources.
	Healthy Aging and Palliative care	Healthy aging palliative care guideline developed		n/a	n/a	1	n/a	n/a	1	Target met. Draft National palliative care guideline 2025 developed, awaiting validation

Programmed 3: Health Research and Innovations

Programme Outcome: Increased Health Research and Innovations

SP:3.1 Health Innovations	Digital Health Program me		National health registries established	N/A	0	3	N/A	0	3	Target met. client, healthcare worker registry and health facility registry were achieved within the period
			National data center resource utilized	N/A	0	0	N/A	0	0	This indicator was not tracked in the period under to be done in subsequent quarters
			National Health Information Exchange established	N/A	1	1	N/A	0	0	Target not met
			Comprehensive Integrated Health Information	N/A	1	N/A	N/A	0	1	This function was transferred to DHA

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Digital Health Agency	Digital Health Services		Management System established							
			Primary HealthCare Networks (315 PCNs) established countrywide	N/A	0	N/A	N/A	0	N/A	To be reported from the state department of public health and professional standards
		Percentage of L2 - 4 Health Facilities digitalized through Taifa Care HMIS initiative	N/A	4	50	90	99	99		Targets surpassed due to high priority for the exercise and availability of funds
		Percentage of Level 5 and 6 Health Facilities digitalized through Taifa Care HMIS initiative	N/A	N/A	20	50	75	100		Targets surpassed due to deployment of Taifa Care HMIS or integration into the digital health superhighway.
		Number of end user devices dispatched to health facilities for digital health transformation	N/A	14,740	40,000	60,000	72,000	N/A		Targets surpassed due to availability of funds.
		Percentage of surveyed Level 4,5, and 6 health facilities where LAN has been deployed	N/A	N/A	25	75	100	NA		Improving connectivity is essential for enhancing operational efficiency, digital equity, and user satisfaction. 384 Level 4 - 6 public health facilities were surveyed in FY 24/25, designs done and approved. Implementation will mainly be done in FY 25/26 and subsequent FY 26/27.
		Number of Dashboards and Analytics to Promote Data Use Developed	N/A	N/A	3	3	3	3		Target met
		Number of end-users reached through capacity building & technical assistance initiatives on digital health transformation undertaken	N/A	4,763	10,000	10,000	10,000	10,000		Targets met for FY 2024/25. Target surpassed for 2023/24 due to use of innovative models so as to increase digital literacy as related to a health system perspective.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Kenya Biovax Institute			Number of Health Information Exchange (HIE) registries developed and maintained	N/A	3	6	6	6	6	targets met
			Number of key personnel recruited	N/A	N/A	17	105	250	384	Target surpassed.
	Certification of digital solutions	Number of digital health solutions certified	N/A	N/A	10	20	30	40		Target surpassed since regulatory function of certifying digital health solutions as per the criteria set out in the Digital Health Certification Framework.
	Human vaccine Fill and Finish facility established	Percentage completion rate of human vaccine fill-and-finish facility	0.5	0.5	0.6	0.165	0.14	0.09		Targets not achieved due to protracted procurement delays in technical staff recruitment and onboarding due to limited skill sets
	Technology transfer of HPTs acquired	Number of technology transfers agreements	1	1	1	0	3	0		Target for FY 2023/24 surpassed due to adequate resources
	Personnel trained in administrative and specialized HPTs manufacturing	Number of personnel trained in administrative and specialized HPTs manufacturing	20	30	10	20	20	30		In the FY the targets for 2024/25 was surpassed due to availability of resources for that exercise.
	Staff recruited	Number of staff recruited	23	30	20	1	18	5		Target not achieved. Staff boarding began in June 2024.
	Quality Management Systems established	Percentage completion rate of quality management systems established	50	60	75	25	25	40		Targets not achieved due to shortages in number of staff
	Partnerships & Collaborations established	Number of partnerships and collaborations	4	3	3	1	2	1		Targets not met due to limited resources

Program me	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
SP 3.2 Medical Research	Kenya Medical Research Institute	Research protocols approved	Number of New research protocols approved	178	196	178	246	174	180	Target achieved. The positive variance is attributed by diverse calls for research grants from different countries.
			Number of ongoing Research Projects	522	550	550	514	534	606	Target Achieved. The positive variance is representation of the cumulative number of ongoing multi- year projects including the new ones formulated within the reporting period.
		Research Findings Disseminated	Number of research Papers published	475	524	535	533	431	431	Targets for FY2023/24 and FY2024/25 not achieved due to reduced funding for research
			Number of research Abstracts presented	191	212	280	227	272	249	Target not achieved in FY2024/25 due to reduced funding for research.
			Number of Scientific & Health Conferences held	4	3	3	2	3	4	Target was achieved in fy2023/24 and fy2024/25 due to financial support from the Institute.
			Number of Evidence briefs developed	18	17	10	24	8	6	Target not achieved in fy2023/24 and fy2024/25 due to financial limitations.
			Number of Students enrolled MSc & PhDs	88	105	118	90	117	138	Targets surpassed. The positive variance is due to the increased visibility and efforts put in place towards the attainment of a full charter
		Research and innovation	Number of Diagnostic kits produced	293,000	180,484	220,460	169,213	204,923	111,890	The negative variance was attributed to low uptake in the Market.
			Number of Specialized laboratory tests conducted	563,242	650,001	1,100,00 0	1,081,16 9	843,552	647,883	Target not achieved in fy2024/25 due to the reduction in exchequer budget allocation and the devolving of Viral Load and Early Infant Diagnosis of HIV services to the Counties.
			Number of Innovations Incubated	N/A	N/A	1	N/A	N/A	1	Target achieved.
			Number of Clinical trials / products devaluations taken	N/A	N/A	60	N/A	N/A	56	Target not achieved due to financial limitations.
			Number of Natural products developed	N/A	N/A	1	N/A	N/A	-1	Target not achieved due to financial limitations
		Partnerships &	Number of partnerships and collaborations	89	86	86	89	86	86	Target achieved.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks	
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25		
		Collaborations established	Number of New MoUs signed	N/A	N/A	3	N/A	N/A	1	Target not met	
		Completed capital projects	Completion rate	100	100	100	72	40	50	The low completion rate was due to delays in disbursement of exchequer funding.	
Programme 4: General Administration, Planning and Support Services											
Programme Outcome: Strengthen Governance and Leadership in the State Department											
4.1 General Administration	General Administration Services	Coordination of support services	Number of workplace policies developed and implemented	5	5	5	5	2	2	Target not achieved due to insufficient budget to facilitate drafting and review of policies.	
			Proportion of complaints addressed within 21 days from lodge	N/A	100	80	N/A	70	70	Target not achieved due to insufficient budget to investigate and address public complaints as well as lack of a functional public complaints committee.	
			Client satisfaction index	N/A	80	80	N/A	64	40	Target not achieved due to lack of proper communication channels between the State Department and clients	
	ICT Services	ICT networking and equipment provided	Ratio of staff to functional computers/laptops	3:01	2:01	1:01	3:01	2.01	2:01	The target was not achieved. This was due to limited budget allocation during FY 2024/25.	
			Proportion of institutions with functional LAN and WAN	N/A	50	40	N/A	10	20	The target was not achieved due to financial limitations.	
	Human Resource Management & Development division	HR Services	Number of health care workers recruited	0	146	100	0	0	50	Targets not met. However, the state department absorbed Global Fund Staff affected by the withdrawal of GF Funding.	
			Number of health care workers placed on internships.	9500	0	100	4934	0	20	Targets were not met due to budgetary constraints. 29 Interns were posted by PSC and 9 declined the offer.	
			Percentage of in-post employees trained	15	26	26	0	0	2	Target not achieved. Austerity measures on training budget affected implementation.	
	HR Services	Percentage of state corporations Organization structures reviewed.	15	15	15	37	26	31		Targets were exceeded due to increased allocation	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
SP4.2: Financing , planning, Monitoring and Evaluation	Technical Services Unit	Technical Services	Kenya Health Sector directors caucus operationalized	100	100	100	100	100	100	Target achieved as set
		Technical Services	Regional and International health governance forums facilitated	100	100	100	100	100	100	Target achieved as set
		Technical Services	Health statistics published	N/A	2	2	N/A	10	10	Surpassed targets set by using off budget partnerships during the emergency periods
			Publish annual health statistics	N/A	1	1	N/A	1	1	Target achieved.
SP4.2: Financing , planning, Monitoring and Evaluation	Finance division	Finance Services	Percentage of allocated funds utilized as per plan	100	100	100	96	95	94	Target not met due to late approval of the Supplementary Budget.
			Number of quarterly budget reports submitted	4	4	4	4	4	4	Target met.
	Central Planning & Projects Monitoring Unit	Coordination of national development	Number of policy briefs prepared	4	10	5	1	5	2	Targets were not achieved due to budgetary constraints. A total of 8 briefs were undertaken by the department during the period under review.
			Number of capital projects monitored for progress	2	4	4	0	0	0	Target not met due to financing constraints on the M&E budget, no capital projects have been monitored.
			Number of Counties trained on planning, budgeting and M & E	47	47	17	0	30	0	Target not achieved. 30 counties were trained in the financial year 2023/24. Subsequent planned trainings did not materialize due to financial constraints
			Number of SAGAs and regulatory bodies sensitized on planning, budgeting and M & E	N/A	15	15	N/A	0	0	Target not achieved. No SAGA was trained on planning and budgeting due to financial limitation
SP4.3 Social Protection in Health	Division of Health-Care	Health Financing Services	Facility Improvement Fund (FIF) Guideline disseminated to County Health Management Teams	47	24	N/A	23	24	N/A	Target achieved.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Financing	Health Financing Services	Standard county Facility Improvement Fund Bill developed	1	1	N/A	1	1	N/A	Target met	
		Capacity building of 100 health care providers in Health care financing and strategic purchasing for health care services	100	100	100	0	0	0	Target not met due to lack of resources to undertake the capacity building exercise	
		Costing of Healthcare services for Level 1 - 6	N/A	50	0	N/A	50	0	Target not met due to lack of resources to conduct costing studies. Costing for level 1-3 has been done.	
		Kenya Household and Health Expenditure and Utilization Survey	1	1	1	0	0	0	Target not achieved due to lack of resources to conduct the survey.	
		The Essential Benefit Package reviewed and operationalized	1	1	1	1	1	1	Target achieved. Benefit Package and Tariffs gazette in September 2024.	
		Social Health Insurance Fund operationalized	1	1	1	1	1	1	Target achieved. Roll-out of Social Health Insurance commenced on 1st October 2024.	
		National FIF Bill and regulations developed enacted and disseminated	1	1	N/A	1	1	N/A	Target achieved and the indicator dropped in FY 2024/25. FIF Act 2023 enacted.	
SHA	Reduced financial barriers to access to healthcare	Number of indigents accessing government health insurance subsidies in Millions	1.5	1.5	1.5	1	1	1	Targets not achieved due to underfunding by GoK	
		Number of indigents accessing healthcare through HISP	253,400	253,400	253400	253400	253400	253400	Planned targets achieved.	
		Households of elderly & Persons with severe disabilities covered	58,800	58,800	58800	58800	58800	58800	Planned targets achieved.	
		Number of elderly persons accessing Inua Jamii Subsidy program	484,086	484,086	531086	0	0	0	Targets not achieved due to lack of exchequer. Premiums were not received hence the population was not covered.	

Program me	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
			Number of mothers accessing healthcare services through the Linda mama program	1,231,200	1,231,200	1231200	927102	870500	383740	The target was based on average population growth or number of births per year in Kenya (Census 2019). However, we achieved 31% in FY 2024/25 because the program lapsed in December 2024. During the first half of the year, some mothers also delivered using other insurance covers or cash.

2.2.1. State Department for Public Health and Professional Standards

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks				
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25					
Programme 1: Preventive and Promotive Health Services														
Programme Outcome: Reduced disease burden due to preventable causes														
SP 1.1 Communicable disease control	National TB, Leprosy and Lung Diseases Control Programme	TB, Leprosy and lung health control services.	Number of TB cases notified (All forms)	99,226	99,878	99,332	82,302	97,126	92,765	Targets were not fully achieved due erratic supply of diagnostic commodities				
			Number of Multi Drug Resistant-TB cases notified	800	1,085	1,081	924	706	834	The overachievement in FY 2022/23 was due to support from development partners. The achievement for FYs 2023/24 and 2024/25 was attributed to lower burden due to efforts on effective TB treatment and prevention.				
			Proportion of successfully treated TB cases (all forms of TB)	90	88	95	85	89	89	Targets were not fully achieved due to lost follow ups and deaths before completing treatment				
			Proportion of Multi drug resistant TB successfully treated	70	81.5	95	79	78	87	During FY 2022/23 there was support from development partners that led to improved interventions that contributed to the over achievement. Concomitant malnutrition in TB patients and delayed diagnosis contributed to adverse treatment outcomes in FYs 2023/24 and 2024/25				
			Number of people in contact with TB patients who began preventive therapy treatment	31,747	74,184	95,232	29,635	47,474	50,885	For FY 2022/23 there was an under achievement due to COVID 19 while for the subsequent years, targets were not achieved due to reduced partner support				
			Percentage of patients with all forms of leprosy who successfully complete treatment.	N/A	N/A	50	N/A	N/A	0	Treatment takes long (almost 2 years) and by the end of the FY, no one had successfully completed treatment				

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
	National Malaria Programme	Malaria promotive, preventive and curative services.	Number of Artemisinin Combination Therapy (ACTs) doses distributed to public health facilities (millions)	6.3	6.9	5.9	6.5	5.7	4.3	In FY 2022/23, target was surpassed due adequate availability of medicines, while the targets were not achieved in FYs 2023/24 and 2024/25 due to reduced facility orders and disruption in availability of US Government procured medicines and support for HIS.
			Malaria incidence per thousand population	80	82	105	105	88.5	76	In FYs 2022/23 and 2023/24, targets were not achieved due to increased transmission driven by climatic factors and declining effectiveness of 2021-distributed nets. In FY 2024/25, target was surpassed as the impact of net distribution and Indoor Residual Spraying resulted in fewer cases
			Proportion of suspected cases tested	100	100	89	89	87.1	95	In FYs 2022/23 and 2023/24 targets were not achieved due to sporadic stock-outs of testing kits at facility level. In FY 2024/25 target was surpassed as programme stabilized the stocks and conducted training which improved adherence to guidelines.
			Proportion of Confirmed Malaria Cases treated	100	100	100	95	99	99	Targets were not fully achieved due to some confirmed cases not presenting at pharmacy departments to receive medicines and stock-outs in some health facilities
			Number of Routine Long Lasting Insecticidal Nets distributed (in millions)	2.3	2.2	1.9	1.8	1.7	1.2	In FYs 2022/23 and 2023/24 targets were not achieved due to insufficiency of nets procured. In addition, in FY 2024/25 there was disruption of US Government procured nets.
SP 1.2	Division of Disease Surveillance	Disease surveillance	Non-Polio Acute Flaccid Paralysis Detection rate	2.5	3	3.47	2.8	3.47	2.5	Targets were surpassed in FYs 2022/23 and 2023/24 due to partner support. During the FY 2024/25 there

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
and Epidemic Response	Surveillance and Response	and response services.	(NPAFP) per 100,000							was inadequate funds to declining partner support for surveillance
			Number of counties with functional Community Events Based Surveillance (CEBS)	6	47	8	6	8	19	Target was not achieved in FY 2023/24 due to inadequate funding. In FY 2024/25 target was surpassed due to partner (CDC) support.
			Number of hospitals with Functional Events Based Reporting System	62	20	463	84	463	206	Targets were surpassed in FYs 2022/23 and 2023/24 due to partner support. Target was not achieved in FY 2024/25 due to inadequate funds and declining partner support
	Division of National Emergency, Preparedness and Disaster Response	Health emergency and disaster preparedness and response services.	Number of counties with functional emergency and disaster committees	N/A	N/A	18	N/A	N/A	40	Targets were surpassed due to support from partners and enhanced collaboration
			Number of health workers trained on joint emergency services.	N/A	N/A	104	N/A	N/A	104	Target achieved
	Public Health Emergency Operations Centre	Public Health Emergency services.	Number of County PHEOC staffs trained on Rapid Response	50	100	200	100	123	31	In FYs 2022/23 and 2023/24 there was additional support from partners. The underachievement in FY 2024/25 was due to inadequate funding
			Number of Counties with Functional PHEOCs	18	23	30	18	24	25	In FY 2023/24 target was surpassed due to additional funding from donors. In FY 2024/25 target was not achieved due to inadequate funding.
			Proportion of Public Health Emergencies responded to.	100	100	100	100	100	100	Target achieved
Field Epidemiology & Laboratory Training Program (FELTP)	Health Care workers training services.	Number of Health care workers trained on FELTP	20	30	20	121	124	79	Targets were surpassed due to support from partners	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Division of Vector Borne & Neglected Tropical Diseases	Vector Borne & neglected tropical diseases treatment services.	Number of people treated for trachoma (Millions)	1.4	1.2	2	2.4	1.8	0		Targets were surpassed in FYs 2022/23 and 2023/24 due to partner support. However, in FY 2024/25 there was delay in clearance of MoU to allow donation of medicines
			Number of people treated for Bilharzia. (Millions)	3.5	6	3	6	1.9	3.6	Targets were surpassed in FYs 2022/23 and 2024/25 due to partner support. However, there was inadequate funding and decline in partner support in FY 2023/24.
			Number of people treated for intestinal worms. (Millions)	7	12	10	12	5.1	8.1	Target was surpassed in FY 2022/23 and due to partner support. However, there was inadequate funding and decline in partner support in FYs 2023/24 and 2024/25
	Zoonotic diseases surveillance services.	Number of people diagnosed with Rabies	10	5	4	5	2	3		Targets were not achieved due low diagnosis cases reported
		Number of counties supported to investigate and respond to priority zoonotic diseases	4	7	7	12	5	8		Counties supported to investigate and respond to zoonotic outbreaks depend on the occurrence of the outbreaks.
	National laboratory services.	Number of medical laboratories with capacity to detect and report on Antimicrobial Resistance	21	20	28	17	22	28		In FY 2022/23 target was not achieved due to inadequate lab consumables. Target was surpassed in FY 2023/24 due to partners support on AMR surveillance.
		Number of accredited laboratories in the ASAL categorized cohort	2	4	6	3	4	6		Target was surpassed due to early assessment conducted and partner support
		Number of certified laboratories in the Laboratory Continuous Quality	12	30	32	28	31	40		Targets were surpassed due to timely funding and additional partner support.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
SP 1.3: Public Health Services	Environmental Health	Sanitation and hygiene services	Improvement (LCQI) program							
			Number of External Quality Assurance (EQA) scopes in the Kenya National External Quality Assurance Scheme (KNEQAS)	2	10	14	3	11	12	Targets were surpassed in FYs 2022/23 and 2023/24 due to additional partner support. The underachievement in FY 2024/25 was due to inadequate funding.
			Proportion of Villages certified as open defecation free	31	37	30	30	6	10	Targets were not achieved due to inadequate funding
			Proportion of population accessing safely managed sanitation facilities	25	30	32.9	30	29.98	20	Target was surpassed in FY 2022/23 due to household latrine construction, WASH investments, and urban sanitation improvements. Targets were not achieved in FYs 2023/24 and 2024/25 due rapid infrastructure destruction by adverse weather conditions (floods) and termite attacks
		Waste management and climate change mitigation services	Number of health facilities with installed and compliant waste treatment equipment	11	11	5	11	10	4	Targets were not achieved in FYs 2023/24 and 2024/25 due to equipment breakdowns, high maintenance costs, and low budgetary allocations for waste management.
			Center of excellence for research evidence translation fully established and operationalized	N/A	N/A	1	N/A	N/A	1	Target achieved
			Number of health workers capacity built on climate change and health	N/A	N/A	50	N/A	N/A	20	Target was not achieved due to inadequate funding
			Number of counties implementing Epuka Uchafu Afya Nyumbani initiative	N/A	N/A	10	N/A	N/A	8	Target was not achieved due to resource constraints

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Ministry of Health	Division of Environmental Health	Occupational Health and Safety standards	Number of healthcare facilities implementing occupational health and safety standards	15	5	10	5	5	4	Targets was not achieved due to inadequate funding
		Vector and vermin infestations control services	Number of POEs capacity build to undertake vector and vermin control services	10	8	10	8	2	1	Targets were not achieved due to inadequate funding
	Division of Food safety	Food safety services.	Number of food business operators capacity built on risk based assessment	N/A	N/A	50	N/A	N/A	150	Target was surpassed due to support from partners
	Tobacco Control Board	Tobacco control and enforcement services.	Number of Enforcement officers trained	400	400	100	200	0	200	Targets were not achieved in FYs 2022/23 and 2023/24 due to limited resources. Target was surpassed in FY 2024/25 due to additional resources from the Tobacco Control Fund
			Number of tobacco control focal persons capacity built	N/A	N/A	15	N/A	N/A	15	Target achieved
			Number of multisectoral POEs staff capacity build	N/A	N/A	50	N/A	N/A	30	Target not achieved due to inadequate staffing for the Board Secretariat.
	Division of Drugs and Substance Abuse Control	Drugs and substance abuse control services.	Number of awareness campaigns conducted	N/A	N/A	25	N/A	N/A	56	Target was surpassed since the division utilized the stakeholders' sensitization forums for Tobacco Control (amendment) Bill to conduct more awareness campaigns
			Number of Stakeholder engagement events conducted	N/A	N/A	25	N/A	N/A	22	Target was not achieved due to MPOX outbreak.
			Number of studies and surveys done	N/A	N/A	2	N/A	N/A	2	Target achieved
			Number of new treatment and	N/A	N/A	10	N/A	N/A	0	By the end of FY 2024/25, contracts for construction of rehabilitation and

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
	Division of Nutrition and Dietetics	Malnutrition prevention & Nutrition promotion services.	rehabilitation centers established							treatment centres were awarded and sites handed over to contractors for Nakuru and Meru Counties.
			Proportion of children 6-59 months who received 2 doses of Vitamin A Supplementation (VAS)	80	80	86	86	85.2	75.3	The overachievement in FYs 2022/23 and 2023/24 was as a result of acceleration activities (for malezi bora) and outreaches. The underachievement for FY 2024/25 was as a result of reduced funding including from partners.
			Number of children 6-23 months receiving Micronutrient Powders (MNPS)	N/A	218,977	13,000	N/A	361,781	190,918	The over achievement was as a result of partner support in some counties.
			Number of healthcare workers trained on high impact nutrition interventions	7,323	6,800	2,500	7,141	3,545	9,268	Targets were not achieved in FYs 2022/23 and 2023/24 due to inadequate funding. In FY 2024/25 some nutrition interventions were scaled up by support of partners.
			Treatment cure rate of acutely training children 6-59 months	80	83	86	83	86	82.7	Targets were surpassed due to scale up of training of health care workers and supply of the commodities.
			Treatment cure rate of moderate acute malnourished children 6-59 months	N/A	83	85	N/A	84	87.1	
			Treatment cure rate of acutely malnourished pregnant and lactating women	100	90	90	86	88	90.3	Cure rate is dependent on the number of clients who get cured after treatment some of which may be non-responsive, default or die.
			Percentage of eligible patients who received specialized	N/A	N/A	10	N/A	N/A	0	Target were not achieved due to withdrawal of partner support

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Ministry of Health	Kenya National Public Health Institute	National Public Health Services	feeds(parenteral and enteral)							
			Number of guidelines developed	5	3	4	3	4	3	Targets were not achieved in FYs 2022/23 and 2024/25 due to inadequate funding. The over achievement in FY 2023/24 was as a result of increase in partner support.
			Proportion of outbreaks detected within 7 days of the first case	N/A	N/A	50	N/A	N/A	60	Target was surpassed due to timely surveillance and training of personnel
	Division of Port Health	Port health services.	Proportion of detected outbreaks notified within 1 day	N/A	N/A	90	N/A	N/A	60	Target was not achieved due to lack of funding for training for health workers
			Proportion of notified outbreak controlled within 7 days	N/A	N/A	50	N/A	N/A	60	Target was surpassed due to timely response and preparedness
			Number of travelers screened for notifiable diseases	7,361,622	6,000,000	5,750,00	5,469,909	5,694,729	5,347,428	Targets were not achieved due to reduction in the number of travelers originating from countries reporting outbreaks of notifiable diseases
			Number of travelers issued with vaccination certificates as per travel requirements	249,600	30,000	24,000	23,440	23,440	26,776	Targets were not achieved in FYs 2022/23 and 2023/24 due to increase in the number of vaccination centres thereby reducing traffic to Port Health facilities. However, in FY 2024/25, the Ministry undertook accreditation of travel vaccination centres which reduced their number and increasing traffic in the Port Health facilities.
			Number of tonnes of cargo cleared as per health requirements at POEs	1,460,00	1,460,00	6,500,00	2,214,892	6,096,420	6,571,930	Targets were surpassed since the Harmonized System Codes of all consignments under Port Health regulation were configured into the Trade Facilitation Platform resulting in clearance of more cargo of public health concern

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
			Number of conveyances inspected and issued with disinfection/disinfection certificates	265,000	500,000	425,000	423,989	57,329	238,337	There was an increase in the number of conveyances requiring implementation of sanitary measures in FY 2022/23. These number of conveyances requiring these public health measures reduced in the subsequent FYs.
			Number of POEs with digitized services	N/A	26	35	N/A	32	32	Target was surpassed in FY 2023/24, due to roll out of the digitized services across all POEs with Port Health presence. The underachievement in FY 2024/25 was because the additional 3 POEs were closed.
SP 1.4- Radiation Safety and Nuclear Security	Kenya Nuclear Regulatory Authority	Nuclear radiation safety, security and services.	Number of nuclear power programme regulations developed	N/A	N/A	2	N/A	N/A	2	Target achieved
			Number of nuclear security regulations developed	N/A	2	3	N/A	2	2	In FY 2024/25, the third regulation was not developed due to lack of adequate funds.
			Proportion of category I and II radiation facilities complying with physical protection measures	100	100	100	100	100	100	Targets achieved.
			Percentage of radiation contamination tests performed on consumer products	50	50	60	50	50	80	Target was surpassed in FY 2024/25 due to support from partners
			Percentage of compliant radiation facilities	70	80	85	70	70	75	Targets were not achieved in FYs 2023/24 and 2024/25 due to inadequate funding.
			Proportion of environmental radiological mapping and	N/A	20	15	N/A	10	40	Target was not achieved in FY 2023/24 due to inadequate funds and delay in equipment procurement.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
SP 1.5 Primary Health Care	PCN Division	Community health services.	characterization of High Background Radiation Areas							Target was surpassed in FY 2024/25 due to support from partners.
			Percentage of radioactive waste collected and conditioned at the central radioactive waste processing facility	30	30	30	30	20	40	Target was not achieved in FY 2023/24 due to inadequate funds. Target was surpassed in FY 2024/25 due to support from partners.
			Number of electromagnetic radiation safety regulations developed	N/A	N/A	2	N/A	N/A	1	Target was not achieved due to inadequate funding.
			Number of hospitals mapped as hubs for the PHC Networks	315	47	50	93	106	39	Targets were surpassed in FY 2023/24 due to accelerated RRI for PCN establishment. The underachievement for FYs 2022/23 and 2024/25 were due to inadequate funding
			Number of functional primary care networks (PCNs)	315	47	50	93	106	39	
			Number of CHPs facilitated	N/A	100,000	107,831	N/A	94,390	100,000	Target was not achieved in FY 2023/24 due to Mandera and Mombasa counties missing in e-CHIS which is a requirement for payment of stipends. Target not achieved in FY 2024/25 due to non-providence of the mobile phones and CHP kits to the 7,831 CHPs which have now been provided going forward
			Number of CHP Kits procured	N/A	100,000	7,831	N/A	100,000	7,831	
			Number of Mobile Phones to support e-CHIS procured	N/A	100,000	7,381	N/A	100,000	7,831	
										Target achieved

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
			Number of Households supported by CHPs (in Millions)	N/A	N/A	7.8	N/A	N/A	8.8	Target was surpassed due to continuous facilitation and training by both GoK and partners.
SP 1.6 Health Promotion and Education	Division of Health Promotion and Advocacy	Health promotion and advocacy services.	Number of health promotion and advocacy policies, strategies and guidelines developed	N/A	3	1	N/A	3	4	Target was surpassed in FY 2024/25 due to strategic partnerships and collaboration
			Percentage of health promotion call center operationalized.	N/A	40	60	N/A	50	70	Targets were surpassed due to strategic partnerships and collaboration.
	School Health Programme	School health services.	Number of School based Health promoters trained	N/A	N/A	150	N/A	N/A	30	Target was not achieved due to budgetary constraints.
			Number of packages of school-based health and nutrition services developed	N/A	N/A	1	N/A	N/A	0	Target was not achieved due to budgetary constraints.
			Number of School health surveys carried out	N/A	N/A	1	N/A	N/A	1	Target achieved.
			Number of School health Policies developed	N/A	N/A	1	N/A	N/A	0	Target was not achieved due to budgetary constraints.
			Number of School age children dewormed in millions	N/A	4	6	N/A	5	4	Target was surpassed in FY 2023/24 due to extra partner support. Procurement of enough deworming commodities was not done in FY 2024/25 due to budgetary constraints.

Programme 2: Health resource development and innovation

Programme Outcome: Enhanced Health human resources for quality healthcare

SP 2.1 Capacity	Kenya Medical Training College	Capacity development	Number of students enrolled	18,250	17,200	24,000	25,889	27,426	35,513	Targets were surpassed due to growing demand for KMTC courses and the continued expansion of campuses
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Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Building and Training		and training services.	Number of Community Health Assistants (CHAs) trained	1,000	700	3,934	3,519	3,934	3,981	Targets were surpassed due to the growing demand for the course
			Proportion of health professionals certified	98	99	98	95	98	85.81	Targets were not achieved due to less number of graduands arising from discontinuation, suspension and natural attrition
			Number of evidence-based policies developed	9	10	10	8	8	9	Targets were not achieved due to budgetary constraints
SP 2.2 Research and innovation on Health	Kenya Institute of Primate Research	Primate research and innovation services	Number of peer reviewed scientific publications	N/A	34	34	N/A	33	18	Targets were not achieved due to long lead time for journal reviewers
			Number of people trained on biomedical knowledge and skills	25	52	100	52	99	129	Targets were surpassed due to cluster training done successfully
			Number of candidate drugs and vaccines tested	6	6	6	6	11	12	Target was surpassed due to inclusion of communicable and non-communicable diseases drug targets
			Number of bacteriophages (phages) isolated for treatment of multidrug resistant bacteria	N/A	N/A	3	N/A	N/A	3	Target achieved
			Number of community outreach education forums conducted on ecosystem health & primate conservation	2	5	7	5	5	11	During FYs 2022/23 and 2024/25 targets were surpassed due to community interest in ecosystem health (including zoonosis)
			Number of colony bred non-human primates	25	40	40	46	40	20	During FY 2022/23 there was allocation of more animals for breeding. However, in FY 2024/25,

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks	
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25		
SP 2.3 Health Professional services	Health Sector Coordination & Intergovernmental Relations	Intergovernmental health Coordination services.								more animals were utilized for experimental work and only a few remained for breeding purposes.	
			Number of human samples at wildlife, livestock interface tested	N/A	300	300	N/A	1,296	400	Targets were surpassed due to analysis of a large backlog of samples that had been collected.	
			Number of vector-borne samples at high-risk interface tested	N/A	1,500	1,500	N/A	812	497	Targets were not achieved due to difficulty in field sampling areas	
			Snakebite rescue & intervention services	Number of victims successfully rescued from snake bites	265	28	364	265	288	364	Target achieved
				Number of snake venom profiled for anti-venom development	N/A	N/A	12	N/A	N/A	12	
				Number of anti-venom generated for preclinical testing	N/A	2	2	N/A	2	8	Target was surpassed in FY 2024/25 due to acquisition of high-throughput equipment
				Number of health sector intergovernmental fora held	4	4	4	2	2	2	Targets were not achieved due to inadequate funding.
Programme 3: Health Policy Standards and Regulations	International Health Relations	International health relations services.	Proportion of resolutions from IGF implemented	10	10	10	5	3	5	Targets were not achieved due to budgetary constraints.	
			Number of Negotiations meetings on MOUs attended	N/A	N/A	2	N/A	N/A	5	Target was surpassed due to improved coordination between MDAs	
			Number of treaties ratified and domesticated	1	1	1	1	1	0	Target was not achieved due to priority changes between member countries	
Programme Outcome: Strengthened quality health standards and regulations											

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
SP:3.1 Health Standards and Quality	Kenya Health Professions Oversight Authority	Health Professionals regulatory services.	Percentage of health facilities inspected for compliance to norms and standards of healthcare delivery	20	30	25	22	22	17.2	Target was surpassed in FY 2022/23 due to logistical support from regulatory boards. In FYs 2023/24 and 2024/25 targets were not achieved due to logistical challenges (including transport)
			Number of Health professional training institutions assessed for compliance to norms and standards of training	50	40	150	0	76	153	Target was not achieved in FY 2022/23 due to austerity measures. Targets were surpassed in FYs 2023/24 and 2024/25 due to availability of financial resources following the supplementary budget.
			Number of unregulated health professionals registered	1,000	1,500	2,500	998	1,975	1,308	Targets were not achieved in FYs 2022/23 and 2024/25 due to lower number of applications received. However, in FY 2023/24 there was a higher number of applications meeting the required criteria.
			Number of Scopes of Practice for previously unregulated health professional cadres developed	N/A	N/A	6	N/A	N/A	6	Target achieved
			Percentage of complaints and disputes received and processed	100	100	100	100	100	100	Target achieved
Kenya Health Human Resource Advisory Council (KHHRAC)	Health Professionals management and advisory services.		Percentage master register for all health practitioners developed	N/A	55	60	N/A	20	30	Targets were not achieved due to inadequate funding
			Number of health workers trained on integrated Human Resource Information System.	100	100	100	100	120	0	Target was surpassed in FY 2023/24 due to training of additional workers from national departments and directorates with support from partners. However, in FY 2024/25 target was not achieved because the

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Kenya Medical Practitioners and Dentist Council	Health Professionals Regulatory services.	Number of Health Care Workers (HCWs) trained on National Health Workforce Accounts								human resource information system was not functional and therefore not accessible.
			Number of Health Care Workers (HCWs) trained on National Health Workforce Accounts	100	100	100	100	120	100	Target was surpassed in FY 2023/24 due to additional workers from national departments and directorates with support from partners.
		Number of Frameworks for Management of Specialist health care workers developed	N/A	1	1	N/A	0	0		Targets were not achieved due to lack of funds
			Number of Medical and Dental Officer Interns placed	900	912	950	912	466	1,240	Target was surpassed in FY 2022/23 due to the large cohort of medical and dental graduates released from the universities. However, during FY 2023/24 target was not achieved due to University strikes and in turn affected the number of graduands submitted to the Council for placement. In FY 2024/25 target was surpassed due to higher number of graduands produced from various Medical and Dental Universities which included previous year candidates
		Number of new Medical, Dental and Community Oral Health Officers practitioners registered.	1,300	1,325	1,025	1,325	1,025	566		Target was surpassed in FY 2022/23 due to increased number of practitioners completing their internship. Targets were not achieved in FYs 2023/24 and 2024/25 due to delays in posting of interns by the Ministry of Health which in turn creates a ripple effect on registration.
		Number of Medical, Dental and	10,200	11,960	12,507	10,638	12,507	12,978		Targets were surpassed due to the Council's relentless efforts in

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Nursing Council of Kenya			Community Oral Health Officers practitioners with active annual practice licenses.							conducting regular compliance checks and online registration.
			Number of health facilities with active annual operating licenses.	7,000	8,000	12,406	7,124	12,406	14,860	Targets were surpassed due to automation of license renewal process hence more facilities were able to renew remotely.
			Number of compliance inspections carried out	2,720	3,560	5,025	3,560	5,025	7,156	Targets were surpassed due to enhanced collaboration with counties and additional inspections linked to SHA rollout preparations.
			Proportion of medical, dental internship and specialist training centers inspected.	47	100	100	100	100	100	Target was surpassed in FY 2022/23 due to a new directive that all internship and specialist training centers be inspected annually.
			Number of new accredited Continuous Professional Development (CPD) providers.	N/A	10	17	N/A	17	19	Targets were surpassed since all medical and dental practitioners are required to attain a minimum of 50 CPD points annually to meet the licensure threshold, leading to an increase in CPD providers registering to offer the necessary services.
	Health Professionals regulatory services.		Number of nurses and midwives newly registered	4,533	6,238	6,400	6,341	12,583	9,273	Targets were surpassed due to increased demand for the nursing courses in Kenya
			Number of eligible candidates examined	7,205	11,418	12,000	10,937	19,383	14,456	
			Number of eligible candidates Indexed	6,400	10,000	12,000	19,249	13,678	15,000	
			Percentage of nurses and midwives retained	50	49	55	48.6	58.96	68.90	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Clinical Officers Council										inadequate budgetary allocation to undertake compliance audits.
			Proportion of training institutions that are audited for compliance	100	80	100	88.3	89	92	Targets were not achieved due to low compliance standards in public medical training colleges
			Proportion of health facilities audited for compliance	N/A	100	100	N/A	100	100	Targets achieved
		Health Professionals regulatory services.	Number of Clinical Officers trainees Indexed	3,000	2,500	3,400	1,799	4,958	3,442	Targets were surpassed in FYs 2023/24 and 2024/25 due to backlog from the previous years. In FY 2022/23 there was underachievement due to a court case barring the council from indexing students from universities
			Number of Clinical Officers Registered	2,500	3,000	3,000	2,790	777	2,658	Target was surpassed in FY 2022/23 due to backlog registration clearing from previous year. Underachievement in 2023/24 and FY 2024/25s due to the late posting of interns.
			Number of Clinical Officers Licensed	23,949	15,000	20,000	16,764	19,851	22,051	Targets were surpassed in FYs 2023/24 and 2024/25 due to increase in compliance audits on license renewal. The underachievement during FY 2022/23 was due to revision of the renewal period from two years to one year.
		Health Professionals regulatory services.	Number of public health candidates assessed	500	400	510	408	438	498	During the FYs 2022/23 and 2024/25 targets were not achieved since less number of public health officers paid for the assessment. However, in FY 2023/24 more public health officers paid
			Number of public health interns placed	400	400	470	390	0	388	Targets were not achieved in FYs 2022/23 and 2024/25 since less interns sought the posting. However, there

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
			Number of public health practitioners licensed	1,320	1,420	4,370	1,215	3,900	3,295	was no internship placement done in the FY 2023/24 due to industrial action.
			Number of newly accredited internship centers for public health students.	1	2	4	0	2	0	Target were not achieved in FYs 2022/23 and 2024/25 since there was low number of renewals and the low number of registered interns licensed to practice after successful completion of the internship. In the FY 2023/24 the achievement was due to the retention waiver issued by the Council.
			Number of Health Facilities inspected for compliance	80	90	5	50	0	0	During FYs 2022/23 and 2024/25, the internship centres had not met the conditions necessary for accreditation.
			Number of public health training institutions inspected	10	15	5	6	19	7	In FY 2022/23, target was not achieved due to inadequate funding. In FYs 2023/24 and 2024/25 no inspection was carried out due to resource limitations.
			Number of new Continuous Professional Development (CPD) providers accredited	5	5	5	0	0	0	In FY 2023/24 target was not achieved due to inadequate funding. Targets were surpassed more institutions were ready for inspection
			Number of Counsellors and Psychologists	N/A	4,000	5,000	N/A	0	0	No new providers were accredited. The Council is working on strengthening the CPD framework to support accreditation of the CPD providers
	Counsellors and Psychologists Board	Health Professionals regulatory services.	Number of Counsellors & Psychologists trainees Indexed	N/A	4,000	5,000	N/A	0	0	Targets were not achieved due to inadequate funds.
			Number of Counsellors & Psychologists Registered	N/A	5,000	5,000	N/A	2,864	2,509	Targets were not achieved because the Board was newly operationalized. (2 years old)

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
			Number of Counsellors & Psychologist Licensed	N/A	5,000	3,000	N/A	134	3,293	Target was not achieved in FY 2023/24 because the Board was newly operationalized. More awareness was created in FY 2024/25 leading to an increase in uptake of licenses
			Number of clinical facilities registered and licensed	N/A	20	25	N/A	2	20	Targets were not achieved due to inadequate funds
			Number of training institutions for Counsellors and Psychologist inspected	N/A	35	25	N/A	0	5	Targets were not achieved due to inadequate funds
			Number of institutions accredited to offer Continuous Professional Development (CPD)	N/A	5	5	N/A	2	4	Targets were not achieved since only 2 and 4 institutions applied to offer Continuous Professional Development (CPD) accreditation for 2023/24 and FY 2024/25s respectively
			Number of Rules & Regulation formulated	N/A	1	7	N/A	0	5	Targets were not achieved due to inadequate funds
	Occupational Therapy Council of Kenya	Health Professionals regulatory services.	Number of occupational therapy students indexed	N/A	N/A	50	N/A	N/A	0	Target was not achieved in FY 2024/25 since student indexing will commence after finalization of the student indexing guidelines which were awaiting validation.
			Number of occupational therapy clinical facilities registered	N/A	5	5	N/A	0	4	Target was not achieved in FY 2023/24 due to lack of funds. In FY 2024/25 only four (4) facilities applied and were registered.
			Number of occupational therapy training institutions licensed	N/A	1	2	N/A	0	0	Targets were not achieved due to lack of funds.
			Number of Occupational	N/A	200	400	N/A	350	546	Targets were surpassed due to virtual awareness creation and mobilization

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
			Therapists Registered							of therapists to register as well as use of Kenya Occupational Therapy Association organized forum.
			Number of Occupational Therapists licensed	N/A	200	400	N/A	350	546	
			Number of standards of occupational therapy developed	N/A	N/A	1	N/A	N/A	0	Target was not achieved due to inadequate funding
			Number of Rules & Regulation Developed	N/A	1	1	N/A	0	1	Target were not achieved due to inadequate funding
			Number of scope of practice developed	N/A	1	1	N/A	0	0	Targets were not achieved due to inadequate funding
			Number of human resource instruments developed	N/A	N/A	1	N/A	N/A	1	Target achieved
			Number of new accredited Continuous Professional Development (CPD) providers	N/A	2	5	N/A	0	4	Target was not achieved in FY 2023/24 due to lack of funds. In FY 2024/25 only four (4) CPD providers applied for accreditation.
	Physiotherapy Council of Kenya	Health Professionals regulatory services.	Number of physiotherapy facilities inspected	100	30	45	80	38	150	Targets were not achieved in 2022/23 and FY 2023/24s due to inadequate resources (finances, human and vehicles). During FY 2024/25, target was surpassed since the council had seconded officers and interns, increased funding and purchased a vehicle
			Number of students indexed	N/A	0	300	N/A	0	400	The first batch was indexed in FY 2024/25 and more students were applied for indexing
			Number of practitioners licensed	N/A	200	260	N/A	236	425	Targets were surpassed due to more sensitization of physiotherapists across different regions.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
National Quality Control Laboratory			Number of training programs inspected	N/A	2	3	N/A	2	0	In FY 2024/25, no institutions applied for inspection of their training program.
			Number of scopes of practice developed	N/A	1	1	N/A	1	1	Target achieved
			Number of policies developed	N/A	1	2	N/A	1	1	Target not achieved in FY 2024/25 due to inadequate funding
			Number of guidelines developed	N/A	1	2	N/A	1	2	Target achieved
		HPTs Quality assurance services.	Proportion of medical drugs tested for quality, safety of the citizens	100	100	80	64.4	62.6	61.4	Targets were not achieved due to progressive wear and tear of the equipment's in the laboratory.
			Proportion of medical devices tested for quality, safety of the citizens.	100	100	100	100	76.9	79.4	Targets were not achieved due to outdated and frequently malfunctioning laboratory equipment, which limited testing throughout.
	Health Records and Information Managers Board	Health Professionals regulatory services.	Number of research activities undertaken	50	100	5	0	0	123	Targets for 2022/23 and FY 2023/24s were not achieved since no samples were submitted. The FY 2024/25 target was significantly surpassed following a large collaborative research project that boosted capacity and output.
			Number of training institutions accredited	N/A	5	10	N/A	2	17	Target was not achieved in FY 2023/24 since the Board was in development stage. Target was surpassed in FY 2024/25 due more sensitization being done on accreditation
			Number of HRIM professionals licensed	N/A	3,000	3,500	N/A	1,263	3,459	Targets were not achieved due to a decline in employment advertisement for HRIM practitioners which compels them to be registered by the HRIM Board

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
	Pharmacy and Poisons Board	Health professionals and HPTs regulatory services.	Number of policy documents developed	N/A	3	2	N/A	1	2	Target was not achieved in FY 2023/24 due to inadequate funds
			Number of new products registered	10,000	8,000	2,400	8,000	1,538	976	In FY 2022/23 the targets were not achieved due to queries on challenges arising from the e-citizen payment system while in FY 2024/25, the targets were not achieved due to WHO requirements on screening of new products applications resulting in not all products ending up to registration.
			Number of Pharmacists and pharmaceutical technologists licensed	1,000	1,000	800	800	1,040	400	Targets were not achieved in FYs 2022/23 and 2024/25 due to low registration of practitioners.
			Number of Joint Market Surveillance and Regulatory inspections done	24	36	24	24	8	14	Targets in the FYs 2023/24 and 2024/25 were not achieved due to transition to WHO's GBT requirements for risk-based inspection planning and report.
			Number of new clinical trials approved.	50	50	30	42	4	68	In FYs 2022/23 and 2023/24 the targets were not achieved due to reduced number of new applications recorded. In the FY 2024/25 target was surpassed due to increased number of applications.
	Kenya Medical Laboratory Technicians and Technologists Board	Health professionals' regulatory services.	Number of pharmaceuticals import and export permits approved.	32,000	33,000	30,000	30,000	7,388	6,567	Targets were not achieved due to decline in the number of import and export permits applications.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
			Number of eligible candidates examined for MLS licensure examination.	1,600	1,700	2,000	1,287	692	1,042	Targets were not achieved due to low admissions by the training institutions
			Number of Medical Lab Technologists registered	1,500	1,300	1,400	1,283	597	1,318	Targets were not achieved since less applications were received
			Number of MLS licenses issued	13,000	15,000	16,000	12,348	12,814	14,944	Targets were not achieved due to less retention
			Number of labs registered	4,100	4,500	5,350	3,667	5,094	3,771	Targets were not achieved in FYs 2022/23 and 2024/25 since less inspections were conducted due to inadequate funds. However, in FY 2023/24 more inspections were done with support from partners
			Number of laboratory facilities licensed	4,100	3,500	4,000	2,614	3,503	3,771	
			Number of Invitro-diagnostics (IVDs) vendor companies registered	100	200	85	70	78	59	Targets were not achieved since less applications were received
SP 3.2 Health Policy and Regulations	Directorate of Health Standards, Regulation and Quality Assurance.	Health policy, regulatory and quality assurance services.	Number of health Norms and Standards developed	3	1	1	2	0	3	Target for FY 2022/23 was not achieved due to insufficient funding. Development of the 3 volumes of clinical guidelines started in FY 2023/24 and finalized in FY 2024/25.
			Number of Bills /Regulations developed	1	2	1	1	0	1	Target for FY 2023/24 was not achieved due to insufficient funding. Development of the Quality Healthcare and Patient Safety Bill was initiated in 2023/24 FY and finalized in FY 2024/25.
			HRH policy developed	N/A	1	1	N/A	0	0	The development process was started in FY 2024/25 and the draft is in place awaiting public participation and parliamentary approval
			HRH Strategy developed	N/A	1	1	N/A	0	0	The development process was initiated in FY 2024/25 and the draft is in place awaiting validation

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
	RSSH Unit	Resilient systems for Health	Percentage of Health Facilities submitting reports in the KHIS	N/A	N/A	100	N/A	N/A	97.8	Underachievement was due to an outage of the KHIS in January and February 2025 which affected the reporting.
Programme 4: General Administration, Planning and Support Services										
Programme Outcome: Effective governance and administration strengthened										
SP4.1: General Administration and Human Resource management and development	General administration	General administration services.	Number of CCTV installed in Afya House and Afya Annex Campuses	100	50	30	0	0	0	No budgetary allocation
			Number of biometric logs installed	500	400	N/A	20	20	0	No budgetary allocation
			Number of staff sensitized on HIV Prevention and NCDs; citizen service delivery charter/process; resolution of public complaints; Alcohol and drug abuse; disability, gender, National values and principles governance, corruption prevention	N/A	500	700	N/A	500	700	Target achieved
	ICT Division	ICT Services	Number of Information Communication Technology (ICT) Systems deployed	N/A	2	1	N/A	2	1	Targets achieved
			Workplace Digitalization and Automation Strategy developed	N/A	1	1	N/A	0	0	The development of the strategy was not initiated in FY 2023/24 due to inadequate funds. However, a draft strategy was developed in FY 2024/25 awaiting finalization and validation

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
Overall Performance Summary	Human Resource Management & Development division	Human resources management services.	Number of health care Professional interns engaged.	9,308	1,159	8,578	8,706	4,156	3,948	Targets were not achieved in FYs 2022/23 and 2024/25, due to budget allocation. Target was surpassed in FY 2023/24 since two cohorts were on boarded (July 2023 and January 2024)
			Number of Health workers trained	130	261	120	121	0	50	Targets were not achieved due to inadequate funding
			Number of regular staff trained	N/A	N/A	309	N/A	N/A	65	Target were not achieved due to inadequate funding
	Public Communication Division.	Public Communication Services	Number of press releases, media briefing and engagements, official statements, media briefings and social media/ website posts	15	20	20	14	18	18	Targets were not achieved due to inadequate funding
			Number of articles published/photos/videos	N/A	30	20	N/A	30	18	Target were not achieved in FY 2024/25 due to inadequate funding
	Records Management Services	Records management services	Number of records digitized	N/A	40	30	N/A	0	20	Lack of sufficient funds and equipment hindered the digitization process
			Number of Records Management Policies developed.	N/A	1	0	N/A	0	0	The process of developing the policy is at 30% due to lack of adequate resources
	Supply Chain Management Unit	Supply chain management services	List of Registered Suppliers updated	N/A	1	1	N/A	1	1	Target achieved
			Annual Procurement Plan developed	N/A	1	1	N/A	1	1	Target achieved
			Asset register updated	N/A	1	1	N/A	1	1	Target achieved
			Percentage of obsolete/surplus assets disposed	N/A	100	100	N/A	0	0	The process was initiated in FY 2024/25 and the disposal will be done in FY 2025/26
	Finance Division		Absorption Rate determined	100	100	100	89	87	85.5	Delay in exchequer releases

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	
SP4.2: Financing and planning	Financial management services	Number of budget reports submitted	4	4	4	4	4	4	4	Target achieved
			N/A	N/A	1	N/A	N/A	1		Target achieved
		Number of tax exemption applications processed	400	420	520	420	502	525		Targets were surpassed due to support from partners on sensitization on tax exemption leading to more applications being received
			N/A	N/A	3	N/A	N/A	3		Target achieved
	Central Planning & Projects Monitoring Unit	Number of monitoring and evaluations on capital projects carried out.	4	4	10	4	4	2		Target was not achieved in FY 2024/25 due to inadequate funding
			N/A	300	200	N/A	0	0		No budgetary allocation
		Number of surveys conducted	N/A	2	2	N/A	2	0		Target was not achieved in FY 2024/25 due to inadequate funding
			N/A	20	5	N/A	0	0		No budgetary allocation

2.3. Expenditure Trend Analysis – Approved budget vs actual expenditure for FY 2022/23-2024/25

This Section analyses trends of approved budget and the actual expenditures. Budget expenditures can be broadly categorized into recurrent and development. Recurrent expenditure mostly comprises of expenditures on personnel emoluments, supply of medical drugs and non-pharmaceuticals, goods, and services (O&M). Development expenditure involves non-recurrent expenditure on physical assets and infrastructure.

2.3.1. Analysis of Recurrent Expenditure

2.3.1.1. State Department for Medical Services

As shown in the table below, the approved estimates for state department of medical services were at KSh 102.7 billion in 2024/25 which represented a 7.6 percent decrease from KSh 111 billion in 2022/23. The actual expenditures for the same period were at KSh 97 billion, KSh 85 billion and 94 billion respectively for the years 2022/23, 2023/24 and 2024/25. This is shown in the table below.

Analysis of the breakdown of recurrent and development budgetary allocations and actual expenditures for the State Department for Medical services shows that the recurrent vote had been consuming most of the resources. The table Figure below shows the breakdown of recurrent expenditures for the period under review.

Table 2.2a Analysis of Recurrent Expenditure (KSh. Million)

Sector	Health					
Vote	1082					
Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	69,199	66,220	76,467	65,944	64,147	73,089
AIA	20,466	20,627	25,826	17,550	19,426	22,400
NET	48,733	45,593	50,641	48,394	44,721	50,689
Compensation to Employees	14,354	8,716	7,798	14,137	8,367	7,748
Transfers	52,520	54,146	67,375	49,111	53,614	63,938
Other Recurrent	2,325	3,358	1,294	2,372	2,166	1,403
<i>Of Which</i>						
<i>Insurance Costs</i>	-	-		-	-	
Utilities	104	109	126	78	99	125
Rent	1	4	6	-	4	6
<i>Contracted Guards & Cleaner)</i>	70	75	68	62	73	67
<i>Others</i>	2,150	3,170	1,094	2,232	1,990	1,205

2.3.1.2. State Department for Public Health and Professional Standards

The approved gross recurrent estimates for the State Department were KSh. 2,875 million, KSh. 22,612.1 million and KSh. 27,777.22 million in FY 2022/23, 2023/24 and 2024/25. The actual

expenditures during the same period were KSh. 1,981 million, KSh. 19,258.15 million and KSh. 24,233.02 million, translating to 69%, 85% and 87% absorption rates respectively. The low absorption levels were mainly attributed to partial release of the exchequer funds.

Table 2.2b: Analysis of Recurrent Expenditure (KSh.Million)

Sector:	Health					
Vote:	1083					
Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	2,875.00	22,612.10	27,777.22	1,981.00	19,258.15	24,233.02
AIA	1,178.00	7,976.25	8,247.87	1,166.00	6,847.46	7,948.50
NET	1,697.00	14,635.85	19,529.35	815.00	12,410.69	16,284.52
Compensation to employees	-	6,579.14	7,035.54	-	6,118.61	6,727.29
Transfers	2,641.00	14,654.62	19,686.84	1,796.00	12,058.68	16,518.57
Other Recurrent	234.00	1,378.34	1,054.84	185.00	1,080.86	987.16
<i>Of which</i>						
<i>Utilities</i>	10.00	-	19.33	8.00	-	2.19
<i>Rent</i>	-	-	-	-	-	-
<i>Insurance</i>	-	-	-	-	-	-
<i>Subsidies</i>	-	-	-	-	-	-
<i>Gratuity</i>	-	-	-	-	-	-
<i>Contracted Professional (Guards& Cleaners)</i>	-	-	-	-	-	-
<i>Others</i>	-	70.14	52.72	-	62.15	27.58

2.3.2. Analysis of Development Expenditure (KSh. Million)

State Department for Medical Services

The Table below shows the expenditure trends for the Development vote for the period under review.

Table 2.3a: SDMS Analysis of Development Expenditure (KSh. Million)

Sector:	Health						
Vote and vote details	Description	Approved Budget			Actual Expenditure		
		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
1082: State Department for Medical Services	Gross	41,986	39,104	26,256	31,057	21,032	21,012
	GOK	25,561	27,548	19,009	22,567	15,720	17,080
	Loans	8,180	6,092	3,320	5,041	3,508	298
	Grants	8,245	5,464	3,927	3,449	1,804	3,634
	Local AIA						

The table above shows spending for the FY 2022/23-2024/25 by programmes. In FY 2024/25, National Referral and specialized Services programme utilized 57 percent of all resources followed by General Administration programme that utilized 23 percent of the budget.

State Department for Public Health and Professional Standards

The approved gross development budget for the State Department was KSh. 2,337 million, KSh. 6,502 million and KSh. 4,689 million in FY 2022/23, 2024/25 and 2025/26. The actual expenditure during the same period was KSh.0, KSh. 5,987 million and KSh. 3,521 million respectively, translating to 0%, 92% and 75% absorption rates. The lack of spending in FY 2022/23 was because the newly created State Department only received its budget allocation in the fourth quarter, leaving insufficient time to utilize the funds. For FY 2024/25 and 2025/26, the low absorption levels were mainly attributed to partial or non-release of exchequer funds.

Table 2.3b: SDPHPS Analysis of Development Expenditure (KSh. Million)

Sector:	Health							
	Description	Approved Budget	Actual Expenditure		Approved Budget	Actual Expenditure		Approved Budget
1083: State Department for Public Health & Professional Standards		2022/23	2023/24	2024/25	2022/23	2023/24	2024/25	Actual Expenditure
Gross	2,337	6,502	4,689	-	5,987	3,521		
GOK	2,337	3,893	1,591	-	3,888	1,575		
Loans	-	-	10	-	-	13		
Grants	-	2,609	3,088	-	2,099	1,933		
Local AIA							-	

2.3.3. Analysis of Programme Expenditure (KSh. Million)

This section shows the breakdown of approved and actual expenditures in FY 2022/23 to 2024/25 disaggregated by programmes and sub programmes.

State Department for Medical Services

Table 2.4a: SDMS Analysis of Programme Expenditure (KSh. Million)

Programme	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Programme 1 – Curative and Reproductive Maternal New Born Child Adolescent Health						
SP1.1 - Communicable Disease Control	7,140	5,734	5,186	5,019	2,463	5,021
SP1.2 - Non-communicable disease prevention & control	670	1,521	546	529	1,151	507
SP1.3 - Reproductive Maternal and Newborn	0	1,984	4,892	0	1,163	2,686
SP1.4 - Immunization Management	7346	7,615	9,459	3148	3,371	6,751
SP1.5- Disease Surveillance and Response	4,684	0	0	2,989	0	0
SP1.6 - Environmental Health	500	0	0	463	0	0
Total Programme 1	20,340	16,854	20,083	12,148	8,148	14,965

Programme	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Programme 2 - National Referral and specialized Services						
SP2.1 - National Referral Services	41,799	49,641	45,217	41,370	49,987	44,139
SP2.2 - Mental Health	125	-	-	111	-	-
SP2.4 - Forensics and Diagnostics	2,067	-	-	1,483	-	-
SP2.5 - Free Primary Healthcare	-	-	-	-	-	-
SP2.6 - Specialized Medical Equipment	3,795	2,796	3,215	3,712	2,097	3,020
SP2.8 - National Blood Transfusion Service	129	2,194	563	125	1510	561
SP2.9 - Health Products and Technologies	2,907	5,701	8,081	1,325	1,055	5,989
Total Programme 2	50,822	60,332	57,076	48,126	54,649	53,709
Programme 3 - Health Research and Development						
SP3.1 - Medical Research	6,701	3,907	2,904	4,894	3,287	2,904
SP3.2 - Health Innovations	3,315	882	331	3,013	351	424
Total Programme 3	10,016	4,789	3,235	7,907	3,638	3,328
Programme 4 - General Administration						
SP4.1 - General Administration & Human Resource Management	6,893	3,572	3,399	6,928	3,234	3,344
SP4.2 - Finance & Planning	1,958	1,039	160	1,425	545	160
SP4.3 - Social Protection in Health	21,156	18,738	18,770	20,467	14,965	18,595
Total Programme 4	30,007	23,349	22,329	28,820	18,744	22,099
Total Health Vote	111,185	105,324	102,723	97,001	85,179	94,101

State Department for Public Health and Professional Standards

During the review period, the State Department was allocated KSh. 5,212.8 million in FY 2022/23, KSh. 29,113.8 million in 2023/24, and KSh. 32,466.5 million in 2024/25, against which it spent KSh. 1,981.0 million (38%), KSh. 25,245.2 million (87%), and KSh. 27,752.6 million (85%).

Over the review period, the bulk of allocations went to Programme 2 (Health Resource Development and Innovation), which received 42% of the budget in FY 2022/23, 62% in 2023/24, and 48% in 2024/25. Programme 1 (Preventive and Promotive Health Services) received 48%, 21%, and 30% of the allocations over the same period. Programme 3 (Health Policy, Standards and Regulations) took up 1%, 14%, and 13% while Programme 4 (General Administration and HR Management) received 9%, 3%, and 8% in the same period.

Table 2.4b: SDPHPS Analysis of Programme Expenditure (KSh. Million)

Programme	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Programme:1 Preventive and Promotive Health Services						
SP1.1 - Communicable diseases control	1,350.00	3,605.10	4,086.37	52.00	3,106.21	2,932.30
SP1.2 - Disease surveillance and response	100.00	153.90	585.52	-	126.74	553.73
SP1.3 - Public Health Services	-	1,212.16	1,488.81	-	657.49	1,219.72

Programme	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
SP1.4 - Radiation safety and nuclear security	64.00	339.00	283.81	36.00	174.00	233.81
SP1.5 - Primary Health Care	-	826.02	3,346.50	-	662.40	3,338.46
SP1.1 - Non-communicable Disease Prevention & Control	1.00	-	-	0.60	-	-
SP2.1 - Reproductive Maternal Neonatal Child & Adolescent Health- RMNCAH	975.00	-	-	26.00	-	-
SP6.1 - Environmental Health	32.00	-	-	11.40	-	-
Total Programme 1	2,522.00	6,136.18	9,791.01	126.00	4,726.84	8,278.02
Programme 2: Health Resource Development and Innovation						
SP2.1 - Capacity building and training (Preservice and In-service training)	2,154.00	11,619.00	9,462.44	1,361.00	10,379.00	7,435.17
SP2.2 - Research and Innovation on health	25.00	598.14	787.93	25.00	598.14	779.59
SP2.3 - Health Profession Services	-	5,955.44	5,471.50	-	5,560.14	5,461.22
Total Programme 2	2,179.00	18,172.58	15,721.87	1,386.00	16,537.28	13,675.98
Programme 3: Health Policy, Standards and Regulations						
SP3.1 - Health Standard Quality Assurance	-	3,961.92	4,147.32	-	3,261.60	3,242.09
SP3.2 - Healthy Policy and Regulations	-	98.54	94.10	-	94.86	93.69
SP4.1 - Health Policy, Standards and Regulations	21.00	-	-	17.00	-	-
SP4.2 - Health Policy, Planning & Financing	10.00	-	-	11.00	-	-
Total Programme 3	31.00	4,060.46	4,241.42	28.00	3,356.46	3,335.78
Programme 4: General Administration and Human Resource Management						
SP4.1 - General administration Human resource management and development	-	696.73	2,676.38	-	597.76	2,432.43
SP4.2 - Finance and Planning	-	47.84	35.85	-	26.89	31.63
SP3.1 - Health Standards, Quality Assurance & Standards	365.00	-	-	336.00	-	-
SP3.2 - Human Resource Management and Development	65.00	-	-	60.00	-	-
SP3.3 - Health Administration	50.00	-	-	45.00	-	-

Programme	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Total Programme 4	480.00	744.57	2,712.23	441.00	624.65	2,464.06
GRAND TOTAL	5,212.00	29,113.79	32,466.53	1,981.00	25,245.23	27,753.84

2.3.4. Analysis by Category of Expenditure: Economic Classification

This section shows the breakdown of approved budget against actual expenditures in the period under review disaggregated by economic classifications. Economic classification distinguishes between various categories of current and capital expenditures. The main categories in the economic classification of recurrent and development expenditures include:

- **Compensation to employees** - (salaries and personnel emoluments);
- **Use of goods and services** - including general administrative expenses and purchases of other goods and services which are not of a capital nature including drugs and medical consumables.
- **Grants, Transfers and Subsidies** – these encompasses all funds transferred to SAGAs and other levels of government.
- **Acquisition of Non-financial Assets** – this comprises expenditures on construction, purchase of equipment and other physical assets.
- **Social benefits** - Current transfers received by households intended to provide for the needs that arise from certain events or circumstances, for example, sickness, unemployment, retirement, housing, education or family circumstances.

An analysis of expenditures by Economic classification shows grants and transfers to government agencies formed the largest share of the State Department Expenditure, followed by use of goods and services (See table 2.5 below).

State Department for Medical Services

Table 2.5a: SDMS Analysis by Category of Expenditure: Economic Classification (KSh. Million)

Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Programme 1: Curative and Reproductive Maternal & Newborn Child Adolescent Health						
Current Expenditure	2,001	1,398	1,722	1,854	1,316	1,702
Compensation to Employees	712	98	114	690	43	111
Use of Goods and Services	242	133	484	232	107	448
Current Govt Agencies	1,047	1,167	1,122	932	1,166	1,122
Social Benefits	0	0	0	0	0	0
Other Recurrent	0	0	2	0	0	21
Capital Expenditure	18,339	15,455	18,361	10,294	6,832	13,263
Compensation to Employees	0	0	0	0	0	0
Use of Goods and Services	1,690	3,387	0	1,180	635	0
Capital Govt Agencies	15,615	11,565	15,043	8,452	5,739	11,637

Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Other Development (Non-financial)	1,034	503	3,318	662	458	1,626
Total Programme 1	20,340	16,853	20,083	12,148	8,148	14,965
Programme 2: National Referral and specialized Services						
Current Expenditure	41,471	49,532	51,337	41,011	48,289	48,168
Compensation to Employees	1,117	1,120	619	1,049	872	593
Use of Goods and Services	826	1491	215	693	847	234
Current Govt Agencies	39,186	46,798	50,315	39,012	46,447	47,251
Social Benefits	100	49	0	100	49	0
Other Recurrent- Non-financial	242	74	188	157	74	90
Capital Expenditure	9,351	10,801	5,738	7,115	6,360	5,541
Compensation to Employees	0	0	0	0	0	0
Use of Goods and Services	4,618	2,431	0	4,367	1,851	0
Capital Govt Agencies	2,751	6,186	3,478	1,792	3,937	3,495
Other Development (Non-financial)	1,982	2,184	2,260	956	572	2,046
Total Programme 2	50,822	60,333	57,075	48,126	54,649	53,709
Programme 3: Health Research and Innovations						
Current Expenditure	8,688	3,457	3,126	6,679	3,237	3,125
Compensation to Employees	0	0	0	0	0	0
Use of Goods and Services	0	0	0	0	0	0
Current Govt Agencies	8,688	3,457	3,126	6,679	3,237	3,125
Other Recurrent-						
Capital Expenditure	1,328	1,332	110	1,228	401	203
Compensation to Employees	0	0	0	0	0	0
Use of Goods and Services	0	0	0	0	0	0
Capital Govt Agencies	1,096	600	110	1,026	200	203
Other Development	232	732	0	202	201	0
Total Programme 3	10,016	4,789	3,236	7,907	3,638	3,328
Programme 4: General Administration						
Current Expenditure	17,035	11,832	20,280	16,076	11,305	20,050
Compensation to Employees	12,525	7,498	7,066	12,398	7,497	7,013
Use of Goods and Services	1,190	1,551	529	979	1,030	529
Current Govt Agencies	2989	2723	12,471	2,488	2723	12,298
Other Recurrent-	331	60	214	211	55	210
Capital Expenditure	12,972	11,517	2,049	12744	7438	2049
Compensation to Employees	0	0	0	0	0	0
Use of Goods and Services	306	803	0	299	676	0
Total Programme 4	30,007	23,349	22,329	28,820	18,743	22,099

State Department for Public Health and Professional Standards

In the period under review, Programme 1 (Preventive and Promotive Health Services), In FY 2022/23, KSh. 52 million was spent on compensation of employees and KSh. 74 million on transfers, reflecting absorption rates of 4% and 5% respectively. Spending improved significantly in FY 2023/24, with KSh. 3,106 million (85%) on compensation, KSh. 127 million (83%) on goods and services, and KSh. 1,494 million (65%) on transfers. In FY 2024/25, absorption remained strong, with KSh. 2,932 million (72%) on compensation, KSh. 554 million (95%) on goods, and KSh. 4,792 million (83%) on transfers.

For Programme 2 (Health Resource Development and Innovation), spending was dominated by employee compensation and transfers. In FY 2022/23, compensation accounted for KSh. 1,361 million (63%) and transfers KSh. 25 million (100%). By FY 2023/24, absorption rose sharply, with KSh. 10,379 million (89%) on compensation and KSh. 6,158 million (93%) on transfers. A similar trend was maintained in FY 2024/25, with KSh. 7,435 million (79%) absorbed under compensation and KSh. 2,241 million (91%) under transfers.

In Programme 3 (Health Policy, Standards and Regulations), the bulk of resources went to employee compensation. In FY 2022/23, KSh. 17 million (81%) was spent on compensation and KSh. 11 million (slightly above target) on transfers. In FY 2023/24, compensation absorbed KSh. 3,262 million (82%) and goods KSh. 95 million (96%). In FY 2024/25, compensation stood at KSh. 3,241 million (78%) and goods at KSh. 94 million (100%).

Finally, Programme 4 (General Administration and Human Resource Management) consistently focused on compensation of employees, complemented by modest allocations to goods and services. In FY 2022/23, compensation absorbed KSh. 441 million (91%). In FY 2023/24, KSh. 598 million (86%) was spent on compensation and KSh. 27 million (56%) on goods. By FY 2024/25, absorption rose further, with KSh. 2,432 million (91%) on compensation and KSh. 32 million (89%) on goods.

Table 2.5b: Analysis by Category of Expenditure: Economic Classification (KSh. Million)

Economic classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Programme 1: Preventive and Promotive Health Services						
Current Expenditure	374.00	2,564.83	5,759.95	126.00	1,670.10	5,415.45
Compensation of Employees	-	245.54	784.12	-	228.36	782.90
Use of Goods	44.00	703.29	518.37	36.00	549.02	446.01
Transfers	309.00	1,616.00	4,450.87	69.00	892.72	4,186.31
Other Recurrent	21.00	-	6.59	21.00	-	0.23
Capital Expenditure	2,148.00	3,571.35	4,031.06	-	3,056.74	2,862.57
Acquisition of Non-Financial Assets	-	40.00	-	-	15.47	-
Capital Transfers Govt. Agencies	2,148.00	3,531.35	4,031.06	-	3,041.27	2,862.57
Other Development	-	-	-	-	-	-
Total Programme 1	2,522.00	6,136.18	9,791.01	126.00	4,726.84	8,278.02
Programme 2: Health Resource Development and Innovation						
Current Expenditure	1,990.00	15,492.24	15,113.62	1,386.00	13,856.94	13,067.73
Compensation of Employees	-	5,786.42	5,211.30	-	5,381.37	5,249.53
Use of goods	-	167.47	203.87	-	177.22	155.36
Currents and other Transfers Govt. Agencies	1,990.00	9,536.80	9,696.90	1,386.00	8,296.80	7,661.29
Other Recurrent	-	1.55	1.55	-	1.55	1.55
Capital Expenditure	189.00	2,680.34	608.25	-	2,680.34	608.25

Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	189.00	2,680.34	608.25	-	2,680.34	608.25
Other Development	-	-	-	-	-	-
Total Programme 2	2,179.00	18,172.58	15,721.87	1,386.00	16,537.28	13,675.98
Programme 3: Health Policy, Standards and Regulations						
Current Expenditure	31.00	3,810.46	4,191.42	28.00	3,106.46	3,285.78
Compensation of Employees	-	227.03	354.07	-	211.14	354.07
Use of Goods	14.00	73.61	38.15	11.00	18.16	3.94
Currents and other Transfers Govt. Agencies	12.00	3,501.82	3,789.07	12.00	2,869.16	2,926.54
Other Recurrent	5.00	8.00	10.13	5.00	8.00	1.23
Capital Expenditure	-	250.00	50.00	-	250.00	50.00
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	-	250.00	50.00	-	250.00	50.00
Other Development	-	-	-	-	-	-
Total Programme 3	31.00	4,060.46	4,241.42	28.00	3,356.46	3,335.78
Programme 4: General Administration and Human Resource Management						
Current Expenditure	480.00	744.57	2,712.23	441.00	624.65	2,464.06
Compensation of Employees	-	320.15	686.05	-	297.74	340.79
Use of goods	132.00	363.83	241.73	102.00	274.31	354.27
Currents and other Transfers Govt. Agencies	329.00	-	1,750.00	329.00	-	1,744.43
Other Recurrent	19.00	60.59	34.45	10.00	52.60	24.57
Capital Expenditure	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	-	-	-	-	-	-
Other Development	-	-	-	-	-	-
Total Programme 4	480.00	744.57	2,712.23	441.00	624.65	2,464.06
TOTAL VOTE	5,212.00	29,113.79	32,466.53	1,981.00	25,245.23	27,753.84

2.3.5. Analysis of SAGAs Recurrent Budget Vs Actual Expenditure

State Department for Medical Services

The Table 2.6 below provides a summary of actual expenditure against the approved budget for the Semi-Autonomous Government Agencies per economic classification.

Table 2.6a: SDMS Analysis of SAGAs Recurrent Budget Vs Actual Expenditure (KSh Million)-

Sector: Health

Vote: 1082 (SAGA) KENYA MEDICAL SUPPLIES AUTHORITY (KEMSA)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/2023	2023/2024	2024/2025	2022/2023	2023/2024	2024/2025
Gross	3,931	4,452	6,707	6,731	5,157	5,223
AIA	3,811	4,032	4,948	4,671	4,767	3,492
NET	120	420	1,759	2,060	390	1,731
Compensation to Employees	1,276	1,218	1,250	1,209	1,018	1,095
Transfers						
Other Recurrent	2,656	3,234	5,457	5,523	4,139	4,128
of which						
Utilities	25	36	40	23	32	40
Rent	15	14	30	15	11	20
Insurance	179	231	270	179	222	237
Subsidies	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-
Contracted Guards and Cleaners Services	163	344	386	161	330	386
Others specify	2,274	2,609	4,732	5,144	3,544	3,444

Sector: Health						
Vote: 1082 (SAGA) KENYA BIOVAX INSTITUTE LTD (KBI)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	100	150	346	70	198	344
AIA	-	-	65	12	48	62
Net	100	150	282	58	150	282
Compensation to Employees	20	83	159	12	99	93
Transfer	-	-	-	-	-	-
Other Recurrent	80	67	187	50	114	241
of which for others						
Utilities	-	1	0	-	0	1
Rent	-	5	13	-	10	14
Insurance	-	-	20	-	-	10
Subsidies	-	-	-	-	-	-
Gratuity	-	-	32	-	10	19
Contracted Guards and Cleaning Services	-	2	8	-	-	7
others Specify;	80	61	114	50	94	191

The over absorption in receipts in FY2022/23 and FY2023/24 was brought about by Gross Bank Interest income that the Institute received arising from negotiations with its Bankers to invest surplus funds in its bank accounts not immediately in use. The over expenditure was as a result of acceleration of absorption on activities (drawn from revenue reserves) arising from carry overs in the two previous Financial Years (2022/23 and 2023/24) in regard to top-up allowances for staff under Secondment, depreciation and gratuity provision. For the FY 2024/25, the over expenditure was majorly as a result of acceleration of international engagements with Vaccine manufacturers and increase in depreciation.

Sector: Health						
Vote: 1082 (SAGA) KENYATTA NATIONAL HOSPITAL (KNH)						
Economic classification	Approved budget			Actual expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	18,092	22,374	21,153	18,385	21,225	20,882
AIA - Internally Generated Revenue	7,651	9,853	10,897	7,944	8,756	10,626
NET - Exchequer	10,441	12,521	10,256	10,441	12,469	10,256
Compensation to Employees	12,415	13,927	14,384	12,766	13,866	14,915
Transfers						
Other Recurrent	5,677	8,446	6,769	7,882	9,054	7,498
Of which						
Utilities	395	398	361	574	386	361
Rent	-			-		
Insurance	97	12	12	105	12	12
Subsidies						
Gratuity						
Contracted Guards & Cleaning Services	131	194	165	155	194	165
Others specify	5,054	7,842	6,231	7,048	8,462	6,960

Staff Cost was exceeded budgeted amount by KSh.531 million occasioned by 1) alignment of staff according to SRC approvals; 2) staff replacement done with The National Treasury Concurrence; 3) Variation of term of service for doctors as agreed during the return-to-work formula (KMPDU and GoK).

Under Other recurrent budget items, the actual expenditure exceeded budget by KSh.729 million caused by Medical Contract Losses recognized whereby the contract between KNH and NHIF and/or SHA provides for a lower rebate rate than the actual cost the Hospital incurred while treating a Contributor to the Fund.

Sector: Health						
Vote: 1082 (SAGA) MOI TEACHING AND REFERRAL HOSPITAL (MTRH)						
Economic classification	Approved budget			Actual expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	11,653	12,774	12,436	11,803	13,256	13,004
AIA	3,605	3,785	4,274	3,755	4,267	4,842
Net Exchequer	8,048	8,989	8,162	8,048	8,989	8,162
Compensation of Employees	8,018	8,989	9,259	8,792	9,058	9,348
Transfers						
Other Recurrent	3,605	4,267	4,274	3,755	4,267	4,253
of which						
Utilities	167	197	204	166	197	204
Rent	2	2	2	2	2	2
Insurance	361	367	432	361	367	414
Subsidies						

Gratuity		17	30		17	29
Contracted Guards & Cleaners Services						
Others Specify	3,075	3,684	3,606	3,226	3,684	3,604

Explanation on over-expenditure on Personnel Emoluments

MTRH was underfunded for Personnel Emoluments by **KSh. 1.2 Billion** in the FY 2024/25. Although MTRH rationalized its operations budget in order to support part of PE using AIA, it could not fully support hence budget shortfalls of **KSh. 597 million** indicated as over-expenditure.

Sector: Health						
Vote: 1082 (SAGA) National Cancer Institute (NCI)						
Economic classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	140.00	200.00	270.00	140.00	200.00	270.00
AIA						
Net	140.00	200.00	270.00	140.00	200.00	270.00
Compensation to Employees	-	10.00	51.00	-	2.83	50.93
Transfers						
Other Recurrent						
of which						
Utilities						
Rent	12.00	12.00	14.00	11.78	11.78	13.90
Insurance						
Subsidies						
Gratuity						
Contracted Guards & Cleaners Services						
Others specify	128.00	178.00	205.00	126.22	177.39	195.17

Sector: Health						
Vote: 1082 (SAGA) Kenyatta University Teaching Referral & Research Hospital (KUTRRH)						
Economic classification	Approved budget			Actual expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
GROSS	5,429	6,138	7,556	5,511	6,634	7,303
AIA	2,836	3,152	4,540	2,918	3,648	4,286
Net Exchequer	2,593	2,986	3,017	2,593	2,986	3,017
Compensation of Employees	3,020	3,339	3,921	3,215	3,538	3,998
Transfers						
Other Recurrent	2,409	2,799	3,635	2,296	3,096	3,305
of which						
Utilities	154	314	367	216	364	234
Rent	0		0			
Insurance	216	312	363	250	307	310

Subsidies						
Gratuity	194	192	239	194	286	324
Contracted Professional	258	198	203	265	212	243
Others specify	1,588	1,782	2,470	1,371	1,927	2,197

The personnel emolument requirement for FY 2024/25 was KSh. 3.998 billion, excluding a gratuity provision of KSh. 343.6 million. Including gratuity, the total requirement amounted to KSh. 4.341 billion, against a recurrent budget allocation of KSh. 3.017 billion, resulting in a funding deficit of KSh. 1.324 billion.

To bridge this gap for specifically PE of KSh. 981 million, the hospital utilized internally generated revenue (AIA). Included here is an outstanding statutory (PAYE) remittance totaling KSh. 261 million cumulative as at the end of the financial year which we are yet to clear. However, this approach also led to the accumulation of supplier pending bills amounting to KSh. 1.2 billion during the period under review. This affected service delivery during the period under review with cancellation of procedures, low drug fill rate, lab cancellations among other challenges.

Sector: Health						
Vote: 1082 (SAGA) KENYA MEDICAL RESEARCH INSTITUTE (KEMRI)						
Economic Classification	Approved budget			Actual expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	2,966	3,307	2,843	3,047	3307	2,843
AIA -	184	220	220	240	220	220
NET	2,782	3,087	2,623	2,807	3087	2,623
Compensation to Employees	2,342	2,713	2,769	2,768	2,769	2,927
Transfers						
Other Recurrent	511.5	594	74	637	594	67
of which						
Utilities	110	101	74	120	123	84
Rent	2	2	0	3	5	5
Insurance	16	16	0	15	14	14
Subsidies						
Gratuity						
Contracted Professional (Guards & Cleaners)	64	52	0	59	59	45
Others specify	431.5	423		440	521	8

The over-expenditure in FY 2024/25 was due to budget cuts during the year. However, PE expenditure, contracted services including security and cleaning services and utilities were incurred. During FY 2024/25 KEMRI requested P. E shortfall through supplementary budget but was unsuccessful. KEMRI is under IPSAS accrual, and the over expenditure has been accrued and forms part of the payables.

Sector: Health	
Vote: 1082 (SAGA) DIGITAL HEALTH AGENCY (DHA)	

Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross			100			96
AIA			-			-
NET			100			96
Compensation to Employees			-			-
Transfers						
Others Recurrent			100			96
of which						
Utilities			1			1
Rent			5			5
Insurance						
Subsidies						
Gratuity						
Contracted Guards and Cleaners services						
Others specify			94			90

Sector: Health						
Economic classification	Approved Budget			Actual Budget		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	951	967	1,172	691	967	1,138
AIA	-	-	-	-	-	-
NET	951	967	1,172	691	967	1,138
Compensation to Employees	517	494	517	438	435	498
Transfers	-	-	-	0	0	-
Other recurrent	434	473	655	253	532	640
Of which	-	-	-	-	-	-
Utilities	63	60	69	47	60	70
Rent	73	77	65	72	57	50
Insurance	45	54	60	5	54	58
Subsidies	-	-	-	-	-	-
Gratuity	74	99	99	74	68	100
Contracted Professionals (Guards and Cleaners)	25	27	28	25	28	30
Others specify	154	156	334	29	266	332

In FY204/25 an allocation of KSh. 517 million was provided under the Personnel Emoluments (PE). Actual expenditure amounted to KSh. 498 million. The variance is attributed to the ongoing government restructuring process, which imposed a moratorium on recruitment. The NSDCC has sought guidance from the relevant authorities on the moratorium in anticipation of the lifting of the freeze. The institution plans to fill its approved establishment to effectively deliver its expanded mandate. The NSDCC previously operated from privately leased premises, which attracted higher rental charges. During the reporting period, the institution transitioned to a government-owned

facility, resulting in significantly reduced rental obligations. KSh 332 million under others supports implementation of NSDCC programs which are recurrent in nature.

Sector: Health						
Vote: 1082 (SAGA) MWAI KIBAKI TEACHING AND REFERRAL HOSPITAL (MKTRH)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	1,012	1,381	1,379	1,265	1,227	1,333
AIA	217	593	599	470	439	553
NET	795	788	780	795	788	780
Compensation to Employees	618	798	906	876	887	924
Transfers						
Other Recurrent	394	583	473	867	876	731
Of Which						
Utilities	35	44	44	38	38	41
Rent						
Insurance						
Subsidies						
Gratuity						
Contracted Guards & Cleaners Services	17	23	23	22	20	20
Others Specify.	342	516	401	405	409	333

The over expenditure in compensation to employees in FY2024/25 was brought about due to budget estimates alignment. The approved budget was less than what had been requested which has been a trend over the years as demonstrated in the previous financial year trend analysis. For utilities the trend is affected by price fluctuations including the use of borehole water which has greatly reduced the water bills.

Sector: Health						
Vote: 1082 (SAGA) SOCIAL HEALTH AUTHORITY (SHA)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	93,072	94,914	191,728	82,165	72,949	102,145
AIA	93,072	94,914	191,728	82,165	72,949	102,145
NET	-	-	-	-	-	-
Compensation to Employees	6,044	5,610	5,473	5,289	5,311	5,208
Transfers	-	-				
Other recurrent	87,028	89,304	188,184	76,876	67,789	123,552
Of which:		-				
Utilities	15	15	15	13	14	11
Rent & Rates	294	467	298	262	441	287
Insurance	417	594	577	347	549	392
Subsidies	-	-	-	-	-	-
Gratuity	19	19	19	2	10	13
Contracted Guards & Cleaners	135	132	123	100	91	89

Others (Member Benefits & other expenses)	86,148	88,078	187,152	76,152	66,683	122,760
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State Department for Public Health and Professional Standards

Table 2.6b: SDPHPS Analysis of SAGAS Recurrent Budget vs. Actual Expenditure (KSh. Million)

Sector: Health						
Vote: 1083 (SAGA) NURSING COUNCIL OF KENYA (NCK)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	440.54	723.48	655.00	528.28	763.48	640.29
AIA	390.54	538.48	650.00	496.07	581.07	635.29
NET	50.00	185.00	5.00	32.20	182.40	5.00
Compensation to Employees	103.06	116.82	109.29	103.07	112.56	108.71
Transfers	-	-	-	-	-	-
Other Recurrent	337.48	606.66	545.71	425.21	650.92	531.58
Of Which						
Utilities	27.00	42.50	24.17	26.99	45.77	15.59
Rent	-	-	-	-	-	-
Insurance	19.20	21.60	27.60	19.00	21.43	21.50
Subsidies	-	-	-	-	-	-
Gratuity	13.67	15.06	19.18	13.13	13.16	12.75
Contracted Guards & Cleaners Services	3.00	4.08	5.00	3.08	3.71	3.78
Others Specify	274.61	523.42	469.76	363.00	566.84	477.96

Sector: Health						
Vote: 1083 (SAGA) KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL (KMPDC)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	810.46	899.33	705.00	792.94	898.66	705.00
AIA	350.46	389.00	365.00	332.94	388.21	365.00
NET	460.00	510.33	340.00	460.00	510.45	340.00
Compensation to Employees	180.43	205.00	203.00	172.56	202.84	203.00
Transfers	-	-	-	-	-	-
Other Recurrent	630.03	694.33	502.00	620.37	695.82	502.00
Of Which	-	-	-	-	-	-
Utilities	3.50	2.98	3.50	3.18	2.97	3.50
Rent	5.00	8.90	8.90	3.97	8.86	8.90
Insurance	21.00	27.50	35.00	18.71	27.43	35.00
Subsidies	-	-	-	-	-	-
Gratuity	25.00	-	-	23.35	-	-
Contracted Guards &	2.35	3.96	3.90	2.33	3.95	3.90

Cleaners Services						
Others Specify	573.18	651.00	450.70	568.84	652.60	450.70

Sector: Health						
Vote: 1083 (SAGA) KENYA MEDICAL TRAINING COLLEGE (KMTC)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	7,859.00	9,263.00	9,061.00	7,862.00	9,073.00	9,034.00
AIA	3,640.00	4,240.00	4,040.00	4,348.00	4,050.00	4,013.00
NET	4,219.00	5,023.00	5,021.00	3,514.00	5,023.00	5,021.00
Compensation to Employees	4,315.00	4,719.00	5,245.00	4,303.00	4,636.00	5,237.00
Transfers	-	-	-	-	-	-
Other Recurrent	3,544.00	4,544.00	3,816.00	3,559.00	4,437.00	3,797.00
Of Which						
Utilities	160.00	150.00	162.00	156.00	138.00	161.00
Rent	4.00	4.00	4.00	4.00	3.00	3.00
Insurance	650.00	660.00	450.00	605.00	600.00	445.00
Subsidies	-	-	-	-	-	-
Gratuity	120.00	80.00	11.00	114.00	75.00	9.00
Contracted Guards & Cleaners Services	350.00	367.00	445.00	345.00	355.00	443.00
Others Specify	2,260.00	3,283.00	2,744.00	2,335.00	3,266.00	2,736.00

Sector: Health						
Vote: 1083 (SAGA) KENYA NUCLEAR REGULATORY AUTHORITY (KNRA)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	245.00	274.00	208.81	285.00	265.00	197.50
AIA	100.00	100.00	110.00	140.00	91.00	98.69
NET	145.00	174.00	98.81	145.00	174.00	98.81
Compensation to Employees	22.00	60.00	92.70	30.00	62.70	92.68
Transfers	-	-	-	-	-	-
Other Recurrent	223.00	214.00	116.11	255.00	202.30	104.82
Of Which						
Utilities	7.00	6.00	3.00	6.00	4.00	2.90
Rent	22.00	18.50	17.50	16.00	17.50	17.40

Insurance	3.00	4.30	2.60	2.00	2.20	2.56
Subsidies	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-
Contracted Guards & Cleaners Services	22.00	7.00	6.52	10.00	9.10	6.52
Others Specify	169.00	178.20	86.49	221.00	169.50	75.44

Sector: Health						
Vote: 1083 (SAGA) CLINICAL OFFICERS COUNCIL – COC						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	111.31	132.28	202.28	118.41	140.79	200.72
AIA	111.31	132.28	132.28	118.41	140.79	159.61
NET	0.00	0.00	70.00	0.00	0.00	70.00
Compensation to Employees	15.58	19.80	21.04	8.39	8.92	20.10
Transfers	-	-	-	-	-	-
Other Recurrent	95.73	112.48	181.24	110.03	131.87	180.62
Of Which						
Utilities	53.08	58.66	0.86	53.08	58.66	0.41
Rent	-	-	-	-	-	-
Insurance	0.60	0.80	0.56	0.50	0.57	0.56
Subsidies	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-
Contracted Guards & Cleaners Services	-	-	-	-	-	-
Others Specify	42.05	53.02	179.82	56.44	72.65	179.65

Sector: Health						
Vote: 1083 (SAGA) KENYA HEALTH PROFESSIONS OVERSIGHT AUTHORITY (KHPOA)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	0.00	65.56	220.03	0.00	65.56	212.84
AIA		15.00	20.00	0.00	15.00	12.81
NET	0.00	50.56	200.03	0.00	50.56	200.03
Compensation to Employees		3.63	30.87	0.00	3.63	27.39
Transfers						

Other Recurrent	0.00	61.93	189.16	0.00	61.93	185.45
Of Which						
Utilities		0.76	0.83	0.00	0.76	0.83
Rent		2.70	6.62	-	2.70	6.62
Insurance		0.00	2.98	0.00	0.00	2.98
Subsidies		-	-	-	-	-
Gratuity		-	3.29	-	-	3.29
Contracted Guards & Cleaners Services		1.08	0.13	-	1.08	0.13
Others Specify		57.40	175.31	0.00	57.40	171.60

Sector: Health						
Vote: 1083 (SAGA) PHARMACY AND POISONS BOARD (PPB)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	1,371.50	1,609.70	1,614.22	1,692.49	1352.87	1,018.00
AIA	1,371.50	1,609.70	1,614.22	1,692.49	1352.87	1,018.00
NET	-	-	-	0.00	0.00	-
Compensation to Employees	120.00	140.00	163.30	94.95	104.73	163.20
Transfers	-	-	-	-	-	-
Other Recurrent	1,251.50	1,469.70	1,450.92	1,597.54	1248.14	854.80
Of Which	-	-		0.00	0.00	
Utilities	12.00	8.00	7.00	6.61	7.64	6.70
Rent	10.00	10.00	4.00	15.56	4.11	3.90
Insurance	57.00	55.00	54.50	45.72	47.63	54.40
Subsidies	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-
Contracted Guards & Cleaners Services	44.00	64.00	30.00	47.25	24.49	28.80
Others Specify	1129	1333	1,355.42	1482.39	1164.26	761.00

Sector: Health						
Vote: 1083 (SAGA) KENYA INSTITUTE OF PRIMATE RESEARCH (KIPRE)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	117.80	273.80	580.42	117.80	273.80	580.42
AIA	2.50	-	8.33	0.00	0.00	8.33

NET	115.30	273.80	572.09	117.80	273.80	572.09
Compensation to Employees	-	-	180.90	0.00	0.00	180.90
Transfers	-	-	-	-	-	-
Other Recurrent	117.80	273.80	399.52	117.80	273.80	399.52
Of Which						
Utilities	7.00	7.90	12.54	7.00	7.90	12.54
Rent	-	-	-	-	-	-
Insurance	-	-	40.46	0.00	0.00	40.46
Subsidies	-	-	-	-	-	-
Gratuity	-	-	8.00	-	-	8.00
Contracted Guards & Cleaners Services	15.00	12.00	12.00	15.00	12.00	12.00
Others Specify	95.80	253.90	326.52	95.80	253.90	326.52

Sector: Health

Vote: 1083 (SAGA) COUNSELLORS AND PSYCHOLOGISTS BOARD (CPB)

Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	0.00	0.00	36.00	0.00	0.00	36.00
AIA	0	0.00	16.00	0.00	0.00	16.00
NET	0.00	0.00	20.00	0.00	0.00	20.00
Compensation to Employees	-	-	7.14	0.00	0.00	7.14
Transfers	0.00	0.00		-	-	
Other Recurrent	0.00	0.00	28.86	0.00	0.00	28.86
Of Which						
Utilities	-	-	2.00	-	-	2.00
Rent	-	-	-	-	-	-
Insurance	-	-	-	-	-	-
Subsidies	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-
Contracted Guards & Cleaners Services	-	-	-	-	-	-
Others Specify	-	-	26.86	-	-	26.86

Sector: Health

Vote: 1083 (SAGA) PUBLIC HEALTH OFFICERS AND TECHNICIANS' COUNCIL (PHOTC)

Economic Classification	Approved Budget	Actual Expenditure
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	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	0.00	0.00	50.00	0.00	0.00	50.00
AIA	0	0.00	30.00	0.00	0.00	30.00
NET	0.00	0.00	20.00	0.00	0.00	20.00
Compensation to Employees	-	-	5.20	0.00	0.00	5.20
Transfers	0.00	0.00		-	-	
Other Recurrent	0.00	0.00	44.80	0.00	0.00	44.80
Of Which						
Utilities	-	-	29.77	-	-	29.77
Rent	-	-	-	-	-	-
Insurance	-	-	-	-	-	-
Subsidies	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-
Contracted Guards & Cleaners Services	-	-	-	-	-	-
Others Specify	-	-	15.03	-	-	15.03

Sector: Health						
Vote: 1083 (SAGA) KENYA MEDICAL LABORATORY TECHNICIANS & TECHNOLOGIST BOARD (KMLTTB)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	0.00	0.00	150.00	0.00	0.00	150.00
AIA	0	0.00	150.00	0.00	0.00	150.00
NET	0.00	0.00	-	0.00	0.00	-
Compensation to Employees	-	-	31.56	0.00	0.00	31.56
Transfers	0.00	0.00		-	-	
Other Recurrent	0.00	0.00	118.44	0.00	0.00	118.44
Of Which						
Utilities	-	-	46.14	-	-	46.14
Rent	-	-	-	-	-	-
Insurance	-	-	-	-	-	-
Subsidies	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-
Contracted Guards & Cleaners Services	-	-	-	-	-	-
Others Specify	-	-	72.30	-	-	72.30

Sector: Health						
Vote: 1083 (SAGA) OCCUPATION THERAPY COUNCIL OF KENYA (OTCK)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	0.00	0.00	18.00	0.00	0.00	14.94
AIA	0	0.00	8.00	0.00	0.00	4.94
NET	0.00	0.00	10.00	0.00	0.00	10.00
Compensation to Employees	-	-	-	0.00	0.00	-
Transfers	0.00	0.00		-	-	
Other Recurrent	0.00	0.00	18.00	0.00	0.00	14.94
Of Which						
Utilities	-	-	0.55	-	-	0.35
Rent	-	-	-	-	-	-
Insurance	-	-	-	-	-	-
Subsidies	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-
Contracted Guards & Cleaners Services	-	-	-	-	-	-
Others Specify	-	-	17.45	-	-	14.59

Sector: Health						
Vote: 1083 (SAGA) KENYA NATIONAL PUBLIC HEALTH INSTITUTE						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	0.00	0.00	33.64	0.00	0.00	30.43
AIA	0	0.00	0.00	0.00	0.00	0.00
NET	0.00	0.00	33.64	0.00	0.00	30.43
Compensation to Employees	-	-	-	0.00	0.00	-
Transfers	0.00	0.00		-	-	
Other Recurrent	0.00	0.00	33.64	0.00	0.00	30.43
Of Which						
Utilities	-	-	-	-	-	-
Rent	-	-	-	-	-	-
Insurance	-	-	-	-	-	-
Subsidies	-	-	-	-	-	-

Gratuity	-	-	-	-	-	-
Contracted Guards & Cleaners Services	-	-	-	-	-	-
Others Specify	-	-	33.64	-	-	30.43

Sector: Health						
Vote: 1083 (SAGA) PHYSIOTHERAPY COUNCIL OF KENYA						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	0.00	0.00	58.00	0.00	0.00	58.00
AIA	0	0.00	18.00	0.00	0.00	18.00
NET	0.00	0.00	40.00	0.00	0.00	40.00
Compensation to Employees	-	-	12.73	0.00	0.00	12.73
Transfers	0.00	0.00	-	-	-	-
Other Recurrent	0.00	0.00	45.27	0.00	0.00	45.27
Of Which						
Utilities	-	-	0.55	-	-	0.55
Rent	-	-	-	-	-	-
Insurance	-	-	-	-	-	-
Subsidies	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-
Contracted Guards & Cleaners Services	-	-	-	-	-	-
Others Specify	-	-	44.72	-	-	44.72

Sector: Health						
Vote: 1083 (SAGA) TOBACCO CONTROL FUND						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	0.00	0.00	831.00	0.00	0.00	636.09
AIA	0	0.00	831.00	0.00	0.00	636.09
NET	0.00	0.00	-	0.00	0.00	-
Compensation to Employees	-	-	-	0.00	0.00	-
Transfers	0.00	0.00	83.10	-	-	83.10
Other Recurrent	0.00	0.00	747.90	0.00	0.00	552.99
Of Which						

Utilities	-	-	3.48	-	-	3.48
Rent	-	-	-	-	-	-
Insurance	-	-	-	-	-	-
Subsidies	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-
Contracted Guards & Cleaners Services	-	-	-	-	-	-
Others Specify	-	-	744.42	-	-	549.51

Sector: Health						
Vote: 1083 (SAGA) TOBACCO CONTROL BOARD						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	0.00	0.00	30.00	0.00	0.00	30.00
AIA	0	0.00	0.00	0.00	0.00	0.00
NET	0.00	0.00	30.00	0.00	0.00	30.00
Compensation to Employees	-	-	2.54	0.00	0.00	2.54
Transfers	0.00	0.00	-	-	-	-
Other Recurrent	0.00	0.00	27.46	0.00	0.00	27.46
Of Which						
Utilities	-	-	-	-	-	-
Rent	-	-	-	-	-	-
Insurance	-	-	-	-	-	-
Subsidies	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-
Contracted Guards & Cleaners Services	-	-	-	-	-	-
Others Specify	-	-	27.46	-	-	27.46

Sector: Health						
Vote: 1083 (SAGA) HEALTH RECORDS & INFORMATION MANAGERS BOARD – (HRIMB)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	0.00	0.00	25.00	0.00	0.00	25.00
AIA	0	0.00	25.00	0.00	0.00	25.00
NET	0.00	0.00	-	0.00	0.00	-

Compensation to Employees	-	-	0.57	0.00	0.00	0.57
Transfers	0.00	0.00		-	-	
Other Recurrent	0.00	0.00	24.43	0.00	0.00	24.43
Of Which						
Utilities	-	-	-	-	-	-
Rent	-	-	-	-	-	-
Insurance	-	-	-	-	-	-
Subsidies	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-
Contracted Guards & Cleaners Services	-	-	-	-	-	-
Others Specify	-	-	24.43	-	-	24.43

Sector: Health						
Vote: 1083 (SAGA) KENYA HEALTH HUMAN RESOURCE ADVISORY COUNCIL - HQ (KHHRAC)						
Economic Classification	Approved Budget			Actual Expenditure		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Gross	0.00	0.00	54.78	0.00	0.00	34.10
AIA	0	0.00	0.00	0.00	0.00	0.00
NET	0.00	0.00	54.78	0.00	0.00	34.10
Compensation to Employees	-	-	-	0.00	0.00	-
Transfers	0.00	0.00		-	-	
Other Recurrent	0.00	0.00	54.78	0.00	0.00	34.10
Of Which						
Utilities	-	-	19.30	-	-	2.90
Rent	-	-	-	-	-	-
Insurance	-	-	-	-	-	-
Subsidies	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-
Contracted Guards & Cleaners Services	-	-	-	-	-	-
Others Specify	-	-	35.48	-	-	31.20

2.3.6. Capital Project Performance Analysis – Status and Outcomes of Capital Projects

State Department for Medical Services- Vote 1082

The State Department of medical services has been implementing 67 projects in the period under review. The projects are being implemented in different parts of the country under the various programmes with the aim of achieving the objectives. **ANNEX 4(C) a** below presents a performance analysis of Capital Projects for the period FY2022/23-2024/25.

ANNEX 4(C) a: PERFORMANCE ANALYSIS OF CAPITAL PROJECTS FY 2022/23 - 2024/25 (KSH. MILLION)

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2022/23				FY 2023/24				FY 2024/25				Remarks	
	Total Est. Cost of Project or Contract Value (a)	GO K	Foreign Financed	Start Date	Exp. Completion Date	Go K	Foreign	Actual Cumulative Exp up to 30th June 2023	Completion stage as at 30th June 2023 (%)	Go K	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	Go K	Foreign	Actual Cumulative Exp up to 30th June 2025	Outstanding Balance as at 30th June 2025	Completion Stage as at 30th June 2025	
1082100100 KNH Burns and Pediatrics Centre	5,459.00	3,482.00	1,977.00	03/03/2018	20/08/2026	540	502	1,829.20	34	701	1242	2218	41	163.12	105	2486.12	2,972.88	45.5	Delayed payment from the donor resulting to withdrawal of the contractor from the site. KNH has engaged the National Treasury to device a mechanism to unlock the stalemate.
1082100200 National Commodities Warehousing Center (KEMSA)	9,572	8,599	973	26/01/2018	30/12/2027	310.00	0.00	4967.00	650.00	155.00	208.00	5422.02		650.00	0.00	6145.02	3,426.98	64.20	The new supply chain center will ensure that medical Commodities are handled effectively and efficiently. This will improve access to essential medicines by ensuring regular, shorter supply chains (order turnaround time) and continuous

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2022/23			FY 2023/24			FY 2024/25			Remarks			
	Total Est. Cost of Project or Contract Value (a)	GO K	Foreign Finance	Start Date	Exp Completion Date	Go K	Foreign	Actual Cumulative Exp up to 30th June 2023	Completion stage as at 30th June 2023 (%)	Go K	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	Go K	Foreign	Actual Cumulative Exp up to 30th June 2025	Outstanding Balance as at 30th June 2025	completion Stage as at 30th June 2025
																		availability of medicines in the public health facilities. There will be improved responsiveness during diseases outbreaks and disasters or emergencies. Savings of warehouse leasing costs will be realized and this will translate to value for money in total cost. Proper equipping and automation will lead to availability of accurate & timely data for decision making in the area of forecasting, quantification and supply planning. There will be improved delivery of essential health

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2022/23				FY 2023/24				FY 2024/25				Remarks	
	Total Est. Cost of Project or Contract Value (a)	GO K	Foreign Finance	Start Date	Exp Completion Date	Go K	Foreign	Actual Cumulative Exp up to 30th June 2023	Completion stage as at 30th June 2023 (%)	Go K	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	Go K	Foreign	Actual Cumulative Exp up to 30th June 2025	Outstanding Balance as at 30th June 2025	completion Stage as at 30th June 2025	
																		services for Kenyans and increased customer satisfaction i.e. public health facilities, National health facilities and development partners.	
1082100300 East Africa's Centre of Excellence for Skills & Tertiary Education	3,674.00	334	3,340.00	18/02/2016	18/02/2024	118	1,082.00	2,075.40	56	105	520	2,485	68	201	400	3086	588.00	98.0	The project is on establishment of a regional (EA) center of excellence in Urology and Nephrology
1082100500 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital	79,502.00	79,502.00		07/10/2013	07/10/2026	3,375.00	-	56,047.60	70	1,000	-	57,048	72	1113		58161	21,341.00	73.2	Under the MES project, 5 contractors were contracted to provide specialized services for theatre, renal and radiology. The contracts are expiring on varied dates ranging from December

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2022/23				FY 2023/24				FY 2024/25				Remarks	
	Total Est. Cost of Project or Contract Value (a)	GO K	Foreign Financed	Start Date	Exp Completion Date	Go K	Foreign	Actual Cumulative Exp up to 30th June 2023	Completion stage as at 30th June 2023 (%)	Go K	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	Go K	Foreign	Actual Cumulative Exp up to 30th June 2025	Outstanding Balance as at 30th June 2025		
																		2022 and May 2023. The survey of equipment conducted between May-June 2022 recommended for a 3 year extension of the MES contract.	
1082100600 Free Maternity Program (Strategic Intervention)	70,088.00	70,088.00		07/10/2013	07/10/2026	4,098.00		42,635.30	61	4,098	-	44,635	64	2049		46684	23,404.00	66.6	Funds disbursed to NHIF to facilitate Linda mama Programme as strategic intervention.
1082100700 Modernize Wards & Staff house- Mathari Teaching & Referral Hospital	1,650.00	1,650.00		30/07/2013	30/06/2025	110		317.9	19	550	-	486	29	41		527	1,123.00	31.9	The project has renovated 4 wards, equipped the kitchen, created a new ablution block, pathways and loading and offloading bays
1082100800 Construct a Wall, renovation &	791.30	791.30		30/07/2014	30/06/2026	53		125.5	16	103	-	212	27	50		262	529.30	33.1	The project is ongoing for procurement of Medical

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2022/23				FY 2023/24				FY 2024/25				Remarks	
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Finance	Start Date	Expiry Completion Date	Go K	Foreign	Actual Cumulative Exp up to 30th June 2023	Completion stage as at 30th June 2023 (%)	Go K	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	Go K	Foreign	Actual Cumulative Exp up to 30th June 2025	Outstanding Balance as at 30th June 2025		
Procure Equipment at National Spinal Injury Hospital																		Equipment to support spine services by reducing the waiting time for the patients to access spine surgeries and reduce the average length of stay in the hospital. Spine rehabilitation process includes reintegrating the patient back to the community of which the procurement of the van will be done to enhance this.	
1082100900 Procurement of Equipment at the National Blood Transfusion Services	8,396.30	8,396.30		02/07/2015	02/07/2026	619		2,140.90	25	920		2,981	36	300		3281	5,115.30	39.1	The program continues to provide access to safe blood and blood components across the country in the year 2022/23. The

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2022/23				FY 2023/24				FY 2024/25				Remarks	
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																		program had a financial gap of 1.4B.	
1082101000 Establishing of Regional Cancer Centers	8,000.00	8,000.00		01/07/2016	30/06/2026	383		1,377.40	17	155	-	1,527	19	25		1552	6,448.00	19.4	The project for procurement of chemotherapy drugs distributed to regional cancer treatment centers; Garissa, Mombasa and Nakuru, which were completed in June 2021. Cu
1082101100 Cancer & Chronic Disease Management Centre – MTRH	1,843.00	1,393.00	450	01/07/2013	06/07/2026	93		1,267.50	69	102	0	1319	72	51		1370	473.00	74.3	To procure two Radiotherapy Machines (2 Linear Accelerators with 3D Conformational Treatment Unit, CT Simulator, Treatment Plan and all other accessories)
1082101200 Construction and Equipping	1,080.00	830	250	01/01/2014	30/06/2026	93		498.3	46	75	0	573	53			573	507.00	53.1	To equip the children hospital with medical equipment for the

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2022/23				FY 2023/24				FY 2024/25				Remarks	
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Children Hospital- MTRH																		Pediatric Burns Unit, ICU, HDU and Theatre	
1082101300 Equipping Maternity Unit(Mother & Baby Unit)	350.00	350		01/10/2019	30/06/2026	45.8		80.5	23	139	0	150	43			150	200.00	42.9	To equip the maternity unit with equipment for the delivery rooms, maternity theatre, Maternity ICU & HDU and Equipment for the neonatal unit (Nursery).
1082101400 Expansion and Equipping of ICU-MTRH	484.00	484		07/01/2015	06/06/2025	52.3		249	51	70	-	284	59			284	200.00	58.7	To equip the unit with ICU & HDU beds complete with cardiac monitors, defibrillators, suction machines and syringe pumps
1082101500 Construction and upgrading of KEMRI Laboratories (Nairobi,	635.00	635		07/01/2016	07/01/2026	57		232.4	37	200	0	282	44	60		342	293.00	53.9	Funds for upgrading research laboratories out of which thirty (30) labs are accredited. Forty-seven (47) labs

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2022/23				FY 2023/24				FY 2024/25				Remarks	
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Kwale, Busia Kirinyaga)																		require upgrading to international standards in order to provide reliable quality data and enhance biosecurity levels.	
1082101600 Rollout of Universal Health Coverage	100,000.00	100,000.00		07/10/2018	07/10/2026	6,412.80		33,292.50	33	10,100	-	38,730	39			38730	61,270.00	38.7	Funds geared for universal healthcare indexing, and improving accessibility and affordability of healthcare in the country
1082101700 Construction of a Cancer Center at Kisii Level 5 Hospital	2,280.00	280	2,000	08/10/2016	08/10/2024	100	195	288.7	13	50	400	634	28	50	190	874	1,406.00	38.3	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. Currently designs have been completed and approved and

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2022/23			FY 2023/24			FY 2024/25			Remarks				
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																		construction has been initiated	
1082101800 Strengthening of Cancer Management at KNH	2,000.00	2,000.00		23/8/2018	06/09/2025	100		471.2	24	300	0	521	261	141.5		662.5	1,337.50	33.1	Phase one of the project is completed, equipping and operationalization of phase 1 ongoing
1082101900 Research and Development - KEMRI	6,400.00	6,400.00		07/01/2014	07/01/2025	292		1,410.80	22	400	0	1,561	24			1561	4,839.00	24.4	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
1082102000 Integrated Molecular	2,332.00	2,332.00		01/07/2020	01/06/2024	250	-	2,132.00	91	150	0	2132	91			2132	200.00	100	Funds were utilized to construct and

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Imaging Centre																		equip the Integrated Molecular Imaging Center to offer specialized diagnostic and treatment services to Cancer Patients. Project completed.	
1082102100 renovation & Improvement for Gatundu Level 5 Hospital	770.00	770		01/07/2020	30/06/2026	276		376	49	74	0	400	52			400	370.00	51.9	Renovation and Improvement of facilities was completed. Construction of the second tower comprising an Accident & Emergency Center, Outpatient Clinics, Pharmacy, Radiology, Plaster Room, Laboratory and wards is in progress. Project completed.
1082102200 Infrastructure Support to	400.00	400		01/07/2020	30/06/2026	100	-	150	38	103	0	222	56	50		272	128.00	68.0	Funds for upgrading Kigumo Hospital

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Kigumo Hospital																			
1082102300 Procurement of Cyberknife Radiotherapy Equipment for KUTRRH	685.00	685		01/07/2021	30/06/2024	300		650	95	150	0	400	58			400	285.00	58.4	Funds to procure a stereotactic radiosurgery treatment technology for patients with inoperable/tumors in the Kenya. Project completed.
1082102400- Refurbishment/Renovation of Infrastructure -KNH	8,059.00	8,059.00		01/01/2022	30/06/2027	-	-	150	2	1,100	-	1,200	15	249		1449	6,610.00	18.0	Funds for renovation and rehabilitation of Tower Block; civil, electrical, replacement of plumping system and installation of the solar system, fresh piping for medical gases, mechanical ventilation, structured cabling, power backup, and power protection system, replacement of

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																		old and obsolete service lifts and replacement of obsolete equipment and working tools.	
1082102500- Expansion of Comprehensive Cancer Centre - KUTRRH	300.00	300		01/01/2022	30/06/2022	100		100	33	100		150	50	25		175	125.00	58.3	The oncology extension building will have additional beds, doctors and nurses' offices and patient consultation rooms to meet the demand for oncology services in the hospital. Construction of the Center is complete awaiting equipping.
1082102700 Emergency Medical Treatment Fund	3,000.00	3,000.00		07/01/2023	30/06/2026	50	-	-	0	100	0	0	0			0	3,000.00	0.0	Seed money to support the Social Health Authority
1082103000 Digital	10,000.00	10,000.00		07/01/2023	30/06/2026	-	-	-	0	180	0	51	1	50		101	9,899.00	20.0	Funds for DHP for purchase of ICT

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2022/23				FY 2023/24				FY 2024/25				Remarks	
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Health Platform																		and software to program UHC.	
1082103100 Procurement of Family Planning & Reproductive Health Commodities	12,215.00	12,215.00		13/08/2014	13/08/2026	428		1,916.00	16	500	-	1,916	16	500		2416	9,799.00	19.8	The programme aims to ensure the availability of family planning commodities of reproductive age using a modern contraception for prevention of unplanned pregnancies. In the FY 2021/22, 50% of the funds were disbursed.
1082103400 Transforming Health Systems for Universal care Project	25,290.00	0	25,290.00	15/09/2016	30/06/2024	-	500	24,491.80	97	0						0.00	100.0	The project ended, it supported all counties in the health systems strengthening, procurement of family planning commodities and capacity building having an absorption of 81%	
1082103600 Kenya COVID-19	15,240.00	3,000.00	12,240.00	02/01/2020	30/06/2024	200	2,501.00	4,764.40	31	0	2444	6444	42		3739.89	10183.89	5,056.11	100.0	Project Complete

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Emergency Response Project																			
1082103800 (Vaccines and Immunizations)	61,487.00	61,487.00		07/02/2016	07/02/2028	1,708.00	1,800.00	7,690.80	13	2,000	2,600	8,941	15	2930	2627	14498	46,989.00	23.6	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. In FY 2021/21, all the funds were fully utilized
1082103900 Supply of Medical Equipment and Associated Services	4,197.00		4,197.00	01/01/2021	30/06/2025		1,000.00	3,920.30	95		400	4,095	99		100	4195	2.00	100.0	Funds towards rehabilitation of the maternal and baby care units at MTRH and to support COVID-19 Emergency Response having consumed 71% of the allocated

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																		funds. Project complete.	
108210400 GESDeK COVID 19 Response Project	3,860.00	3,860.00	01/01/2021	30/06/2025	-	1,414.00	1,722.70	45		45	1768	46			1768	2,092.00	100.0	Funds geared towards control and prevention of COVID-19- 19 in the country having consumed 28.3% of the funds. Project complete.	
1082104100 Special Global Fund HIV Grant NFM3- (GLOBAL FUND)	38,120.00	25,000.00	13,120.00	01/01/2018	30/06/2027	-	-	12,945.70	34	3100	675	13,709	36	2873	88.8	16670	21,449.20	43.7	The programme aims to increase access of ARVs and awareness creation to prevent spread of HIV/AIDS. The Main grant activities ended in June, 2021 with closure processes by DEC 2021
1082104300 Primary Health Care in the Devolved Context	2,193.00	458	1,735.00	07/01/2021	30/06/2026	495	1,102.60	1,233.10	71		767	1705	98		488	2193	0.00	100.0	Funds to cater for level II and III public hospitals and National Level activities having consumed

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																		75% of the allocated funds	
1082104400 Human Vaccine Production (KBVI)	6,400 .00	6,400 .00		01/01 /2021	30/06 /2026	-	-	400	6	15 0		550	9			550	5,850. 00	8.6	Funds for refurbishment and operationalization of the BIOVAX warehouse in Embakasi
1082104500 Upgrading of Maternal & New Born Units Project Vamed	3,185 .00	0	3,18 5.00	07/07 /2022	30/06 /2025		-	-	0		120 0	1,147	36		127 0	2417	768.0 0	75.9	Ongoing Project to support, maternal and new born units across the country
1082104600 Support for Health Sector to Combat COVID -19 pandemic- BADEA	88.00	8.5	79.5	07/01 /2023	30/06 /2024	-	-	-		0	80	68	85		20	88	0.00	100.0	The project ended.
1082104700 EA's Centers of Excellence for Skills and tertiary education in Biosciences II	3,200 .00	0	3,20 0.00	01/07 /2023	30/06 /2025		-				10	2	0		40	42	3,158. 00	1.3	The project is for equipping the EAKI complex

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1082104800 GoK/ UNFPA County Programmes	3,500.00		3,500.00	01/07/2021	30/06/2027	-	800	1,100.00	31		10	1,104	32		10	1114	2,386.00	31.8	Funds to support procurement of family planning commodities in the country
1082104900 Integrated Reproductive Health Programme	3,550.00	0	3,550.00	07/01/2023	30/06/2026	-	-	-	0	0	10	0	0		410	410	3,140.00	11.5	Ongoing project to support family planning
1082105000 Upgrading of Children Ward - Kibugua level 3	500.00	500	0	01/07/2023	30/06/2026	-	-	-	0	150		26	5	80		106	394.00	21.2	Funds to upgrade the children hospital at Kibugua
1082105100 Upgrading and Equipping of Maternal and New born Ward Endebess Hospital	500.00	500	0	01/07/2023	30/06/2026	-	-	-	0	100	0	38	8	100		138	362.00	27.6	Funds to support maternal and newborn ward in Endebess
1082105200 Construction of Private Wing Inpatient	500.00	500	0	01/07/2023	30/6/2027					100		25	5			25	475.00	5.0	Ongoing project

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Complex-MTRH																			
1082105300 Procurement of Specialized Medical equipment- MTRH	500.00	500	0	01/07/2023	30/6/2028					75		25	5			25	475.00	5.0	Ongoing project
1080105500 Supply of Medical Supplies and Commodities	500.00	500	0	07/02/2023	30/06/2027					500		500	100			500	0.00	100.0	Project ended
1082105600 upgrading and Equipping of Lusigetti Hospital Kikuyu	100.00	100	0	07/01/2023	30/06/2024					28		0	0	64		64	36.00	64.0	Project ongoing.
1080105700 Construction of Ugenya Hospital	150.00	60		07/01/2023	30/06/2025					60		60	100	30		90	60.00	60.0	Project Complete awaiting payment of contract sum.
1082105800 Construction of Uriri Hospital	40.00	40		07/01/2023	30/06/2025					40		24	60			24	16.00	60.0	Ongoing project

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2022/23				FY 2023/24				FY 2024/25				Remarks	
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1082105200 Customized Ambulances For COVID - 19 Response	60.00	0	60	01/07 /2020	30/06 /2024		100	28.2	47		40	52	87			52	8.00	86.7	Funds were to procure ten Customized Ambulances for COVID-19 Response. Project complete.
1081110200 Support to Universal Health Care in the Devolved system in Kenya	3,192.00		3,192.00	01/02 /2017	30/06 /2021	-	-	0								0	3,192.00	100.0	The project was completed
1082111900 PHG-Case Study on Integrated Delivery of Selected NCD-MTRH	250.00		250	10/01 /2019	30/06 /2022		57.9	250	100							0	250.00	100.0	The project carried out research on 4 NCDs (diabetes, cervical cancer, breast cancer and hypertension) in two counties (Busia & Trans Nzoia). Project is complete.
1081120100 Monitoring and Evaluation of	10.00	10		01/01 /2021	30/6/2021	-	-	0								0	10.00	100.0	The project was completed

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KIDDP Projects																		
108119301 Special Global Fund HIV Grant NFM3- NASCOP	28,441.00	25,906.00	2,535.00	01/07/2021	30/06/2024	2,315.30	1,015.00	2,916.50	10						0	28,441.00	100.0	The programme aims to increase access of ARVs and awareness creation to prevent spread of HIV/AIDS having an absorption of 41.9%. The GoK component was not disbursed partially due to exchequer issues
1081119400 Special Global Fund Malaria Grant NFM3 - DOMC	12,021.00	6,400.00	5,621.00	01/07/2021	30/06/2025	675	1,025.00	2,778.00	23						0	12,021.00	100.0	Programme seeks interventions towards control of Malaria scourge by enhancing availability of diagnosis and treatment services, and investment in prevention at 84.6% absorption level. The GoK allocation for contracted

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																		preventive services through KEMSA and they are ongoing
1081119800 9TH GoK/ UNFPA County Programmes	3,500 .00	3,50 0.00	01/07 /2021	30/06 /2024	-	800	1,100. 00	31						0	3,500. 00	0.0	Funds to support procurement of family planning commodities in the country	
10811200 Supply of Medical Equipment for Covid - 19	1,000 .00	1,00 0.00	01/01 /2022	30/06 /2022	-	1,00 0.00	1,000. 00	100						0	1,000. 00	100.0	Funds to support COVID 19 interventions that were transferred to Crown Agents	
1081120200 Infrastructure Support to Diff Hospital in Wajir	20.00	20		01/07 /2021	30/6/ 2022	19		19	38					0	20.00	100.0	Funds for infrastructural support at Diff Hospital in Wajir. These funds were not disbursed in the FY 2021.22 due to exchequer issues	
1081120400 Neuropsychia tric National Teaching & Referral Hospital	10,00 0.00	10,00 0.00		01/01 /2021	30/06 /2025	79.2	-	400	4					0	10,00 0.00	0.0	Construction of a new mental health hospital to offer specialized psychiatry services and	

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2022/23			FY 2023/24			FY 2024/25			Remarks			
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																		training for mental health
1081205000-Construction of New Level III Hospitals	3,100.00	3,100.00		01/01/2021	30/06/2025	-	500	16						0	3,100.00	0.0	Funds to undertake the Presidential Directive of constructing 50 new level III hospitals in line with third financial stimulus programme targeting strategic interventions	
1081120600 Infrastructure Support to Narok Hospital	200.00	200		01/01/2022	30/06/2022		200	100						0	200.00	0.0	Funds to improve infrastructural support at Narok Hospital	
1081120900-Construction and equipping of children Hospital at KUTRRH	220.00	220	0	07/01/2022	30/06/2023	120		100	45					0	220.00	50.0		
1081121100-Infrastructure Support to Khwisero	50.00	50	0	07/01/2022	30/06/2023	50		50	100					0	50.00	100	Project complete.	

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2022/23				FY 2023/24				FY 2024/25				Remarks
	Total Est. Cost of Project or Contract Value (a)	GO K	Foreign Finance	Start Date	Exp Completion Date	Go K	Foreign	Actual Cumulative Expenditure up to 30th June 2023	Completion stage as at 30th June 2023 (%)	Go K	Foreign	Actual Cumulative Expenditure up to 30th June 2024	Completion stage as at 30th June 2024 (%)	Go K	Foreign	Actual Cumulative Expenditure up to 30th June 2025	Outstanding Balance as at 30th June 2025	
Level 4 Hospital - Khwiser																		
1081121400- Health Infrastructure services	500.00	500		07/01/2022	30/06/2023	500		150.2	30						0	500.00	100	Project complete.

State Department for Public Health and Professional Standards - 1083

ANNEX 4(C) b: PERFORMANCE ANALYSIS OF CAPITAL PROJECTS FY 2022/23 - 2024/25 (KSH. MILLION)

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June, 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June, 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June, 2025 %	
1083100 100 Dietetics Services Improvement.	6,174	6,174	-	7/11/2011	6/30/2028	20.00	-	26.70	0.43	100.00	-	500.00	8.10	-	-	500	8	The project is ongoing but is experiencing low GoK funding. This will affect achievement the

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
																		outcomes which are critical for prevention and management of the malnutrition epidemic in-line with BETA and global guidance.
1083100 400 Procurement of Anti TB Drugs Not covered under Global fund TB Program	10,678	10,678	-	8/13/14	6/30/30	51.50	-	878.00	8.22	300.00	-	1,478.00	13.84	70.0	-	2,098	20	The project is ongoing but has experienced low GoK releases and this has impacted implementation. This is a critical component as it provides for the availability of medication for TB prevention and treatment.
1083101 600 Special Global Fund Malaria Grant NFM3 - DOMC	12,021	6,400	5,621	7/1/2021	6/30/24	-	225.00	1,386.00	11.53	542.00	1,500.00	4,522.00	37.62	730.3	700.0	5,828	48	The performance is due to low Gok releases. Additionally, the foreign includes funds for commodities which are domiciled at the TNT (3.0 bn), while the

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
																		approved amounts are programmatic activities within the MoH (2.6bn). Adjusting for this the performance is much higher than stated. The next cycle of the projects began in FY 2024, in addition, reprioritization was undertaken in year III, to provide for additional LLINs.
1083101 701 Special Global Fund TB Grant NFM3.	2,998	-	2,998	7/1/2021	6/30/2024	-	-	847.00	28.25	-	889.10	1,650.00	55.04	-	284.1	2,292	76	The performance is reflective of good programmatic absorption. During implementation of the last year reprioritization was done and the funds were shifted to commodities which are procured undertaken by the

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
																		TNT cycle began in FY 2024.
1083101 702 Department of Health Systems Strengthening	1,500	-	1,500	7/1/2021	6/30/2024				-	-	200.00	547.00	36.47	-	-	547	36	RSSH supports the treatment and prevention of HIV, TB, malaria, and the country to respond to these diseases, while also improving overall health systems by boosting the quality of care, data tracking, accountability and governance, and service delivery. By reducing the burden of HIV, TB and malaria, we free up health systems' capacity for other health priorities.
1083100 200 Clinical Waste Disposal System	1,256	60	1,196	7/1/2021	6/30/2028	-		200.00	15.92	20.00	10.00	801.00	63.77	20.0	-	1,130	90	Lack of funding for construction of housing units has hampered the completion of the project

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
1083100 300 Clinical Laboratory and Radiology Services Improvement	1,052	-	1,052	7/1/2016	6/30/24	-	-	552.80	52.55	-	10.00	552.00	52.47	-	-	552	52	The CRWPF will provide safe management, secure temporary storage and physical protection of radioactive waste generated within the country, disused radioactive sources, as well radioactive and nuclear materials intercepted in illicit trade. The facility also safeguards the environment against radiation contamination, especially from radioactive waste and disused radioactive sources.
1083100 700 Construction of Tuition	2,380	2,380	-	9/21/17	6/30/2029	33.00	-	696.50	29.26	682.00	-	1,526.00	84.78	81.0	-	1,541	65	The project being in its first phase has successful enabled completion of

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
Blocks and Laboratories at KMTC																		tuition blocks and at 10% construction of laboratories for the mapped campuses which has enabled increase of students and introduction of new programs. The project needs further funding to finalize the completion of the laboratories as the same is critical in teaching and learning for practical purposes.
1083100 800 Equipping of Laboratories and Classrooms at KMTC	6,019	6,019	-	3/4/2018	9/18/2028	126.00	-	1,819.00	30.22	1,614.00	-	3,211.00	66.91	123.8	-	3,376	56	The project has so far enabled purchase of modernized equipment in 50% of the mapped campuses. There is need for additional allocation to complete purchase in the remaining campuses and also

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
																		in the newly operationalized campuses.
1083102 400 Construction of an Examination Centre - KMPDC	960	960	-	1/1/2024	30/06/2026	-	-	-	-	250.00		350.00	36.46	50.0	-	400	42	The project was not funded in 2022/23. The subsequent years the project has been slowly funded. Thus the low completion rate.
1083102 100 Public Participation	500	500		7/1/2023	06/30/2028	-	-	-	-	60.00		30.00	6.00	-	-	30	6	
1083102 200 Infrastructure upgrade at Kenya Institute of Primate Research	1,800	1,730	70	3/1/2011	6/30/2029				-	24.30	-	172.60	68.63	7.5	-	253	14	KIPRE, situated in Oloolua forest, performs research on various high risk pathogens and preclinical research animals carrying high-risk pathogens. The requested funds will be used to support the ongoing construction of the fence/perimeter

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
																	wall to secure the working environment to enhance biosecurity of these pathogens; prevent high-risk research animals from escape; provide physical security for research staff and; finally secure the infrastructural investment (i.e. archives, resource centre, ablution block, animal cages) that has already been developed by the previous funding under this project. Finally, the fence will prevent encroachment by the surrounding communities and additionally support conservation of Oloolua forest	

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
1083102 601 Research and commercialization of Snake Antivenom to support Universal Health Care	4,900	4,900	-	1/1/2024	31/12/2029	-	-	-	-	300.00	-	300.00	15.86	200.0	-	500	10	Snakebite is a Neglected Tropical Disease (NTD) with a significant public health impact in Kenya. Kenya records 15,000 to 20,000 snake bites cases and 1,000 deaths annually. Snake bites are prevalent in 40 counties and mainly affects school going children, agricultural workers and nomadic pastoralist. This project will contribute to UHC treating snakebite victims, health care financing due to commercialization of snakebite antivenom leading to increased income generation, food

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
																		security; there's a considerate loss in livestock due to snakebite.
1083102700 Central Radioactive waste processing facilities	1,082	1,082	-	1/7/2023	30/06/2030	-	-	-	-	-	-	-	-	75.0	-	700	65	
1083100501 Procurement of Family Planning & Reproductive Health Commodities	12,215	12,215	-	8/13/2014	8/13/2026	297.50	-	1,916.00	15.69	-	-	-	-	-	-	-	0	Moved to State Department for Medical Services
1083100601 Vaccines and Immunizations	61,487	61,487	-	7/2/2016	7/2/2025	650.00	-	7,690.80	-	-	-	-	-	-	-	-	0	Moved to State Department for Medical Services

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
1083100 602 Acquisition of COVID-19 Vaccine s	16,963	16,963	-	1/1/2021	7/6/2025	-	-	2,310.70	-	-	-	-	-	-	-	-	0	Moved to State Department for Medical Services
1083100 901 Situation Room for Real Time Data & Information on HIV & AIDS - NSDCC	891	891	-	17/09/2016	6/30/2026	13.00	-	302.88	-	-	-	-	-	-	-	-	0	Project Activities moved into the core mandate of NSDCC and moved to the Recurrent Vote.
1083101 101 Beyond Zero Campaign- NSDCC	566	566	-	1/6/2016	30/06/2023	19.50	-	218.70	-	-	-	-	-	-	-	-	0	Project Activities moved into the core mandate of NSDCC and moved to the Recurrent Vote.
1083101 201 Kenya COVID-	-					100.00	-		-	-	-	-	-	-	-	-	0	Moved to State Department for Medical Services

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
19 Emergency Response Project																		
1083101 501 Special Global Fund HIV Grant NFM3	15,240	3,000	12,240	2/1/2020	6/30/2024	771.75	4,764.35	-	-	-	-	-	-	-	-	0	Moved to State Department for Medical Services	
1082104 103- Global Fund Grant:KEN-H-TNT NFM3	1230	-	1230		1/07/2022	-	200	462	38%	-	750	1212	99%	-	-	-	99%	The Global fund grant cycle 6 (NFM3) ended within the reporting period . Atleast 99% of all activities funded by global fund were implemented successfully contributing to a 24% reduction in new HIV infections from 22,154 in 2022 compared to 16,752 in 2023. The Global Fund emphasizes the

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
																	need for the health sector to develop sustainable domestic financing mechanisms for sustained HIV response amidst the dwindling donor resources.	
1082104 103- Global Fund Grant:K EN-H- TNT - NSDCC GC7 (NFM4)	763	-	763		01/7/2024	-	-	-	-	-	-	-	-	450	264	35%	The GC7 Grant reprioritization process has been ongoing since April 2025. This necessitated pausing implementation of some key activities and further affecting disbursement from TNT. Approval of the new grant by Global fund is expected by end of September 2025 hence, the NSDCC awaits further guidance from TNT.	

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
1083103 200 Department of Health Systems Strengthening NFM4	1,500	-	1,500	7/1/2021	6/30/2027	-	-	-	-	-	-	-	-	726.0	680	45	RSSH supports the treatment and prevention of HIV, TB, malaria, and the country to respond to these diseases, while also improving overall health systems by boosting the quality of care, data tracking, accountability and governance, and service delivery. By reducing the burden of HIV, TB and malaria, we free up health systems' capacity for other health priorities.	
1083103 000 Special Global Fund Malaria KEN-M-TNT-	25,448	23,345	2,103	7/1/2024	6/30/2027	-	-	-	-	-	-	-	-	800.0	800	3	This is the first year of the three-year project, the performance indicates foreign component is on track while there was low GoK releases.	

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
4149 NFM4																		
1083102 500 Construction of Health Centres	1,295	1,295	-	12/1/ 2024	6/30/ 2028	-	-	-	-	-	-	-	-	-	-	-	0	Construction of dispensaries, laboratories, maternity wards to boost Universal Health Care as one of the main thematic areas in the Bottom Up Transformative Agenda.
1083102 900 Building Resilience and Responsive Health System Project	27,735	-	27,735	1/7/2024	30/6/ 2029	-	-	-	-	-	-	-	-	10.0	10	0	The initial phase of planning, sensitization, Quality of care bill which forms part of component 1 sub component 1.2 and baseline assessment (Mental Health Survey) have been undertaken. The BREHS project main objective is improve utilization and quality of primary healthcare services and	

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
																	strengthen institutional capacity for service delivery.	
1083103 100 Special Global Fund TB Grant NFM4.	2,998	-	2,998	1/7/2024	30/6/2027	-	-	-	-	-	-	-	-	578.2	384	13	The project is in the first year and the performance is on track with the approved amounts in year I reflective of the budgeted amounts.	
1083102 800 Public Participa tion - Constru ction of Primary Health Care Facilitie s dispensa ries, clinics, wards and Health centres	1,295	1,295	-	12/1/2024	6/30/2028	-	-	-	-	-	-	-	-	233.3	454	35	Construction of dispensaries, laboratories, maternity wards to boost Universal Health Care as one of the main thematic areas in the Bottom Up Transformative Agenda.	

Project Code & Project Title	Total Estimated Cost of Project	GOK	Foreign	Start Date	Estimated Completion Date	FY 2022/23 Approved Budget				FY 2023/24 Approved Budget				FY 2024/25 Approved Budget				Remarks
						GOK	Foreign	Cumulative Expenditure as at 30th June, 2023	Completion Status as at 30th June 2023 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2024	Completion Status as at 30th June 2024 %	GOK	Foreign	Cumulative Expenditure as at 30th June, 2025	Completion Status as at 30th June 2025 %	
	220,953	161,940	59,013			1,310.50	996.75	23,609.43	192.08	3,892.30	2,609.10	15,639.60	545.94	1,590.75	3,098.31	22,074.53		Construction of dispensaries, laboratories, maternity wards to boot Universal Health Care as one of the main thematic areas in the Bottom Up Transformative Agenda.

2.3.7. Pending Bills analysis – Outstanding liabilities over FY 2022/23-2024/25

The Tables below present a summary of pending bills by nature and type during the period under review. In the FY 2024/25, the Medical Services Sub-sector had total pending bills amounting to **KSh 82,085 Million** comprising **KSh 36,680 Million** due to lack of Exchequer and **KSh 45,405 Million** due to lack of budgetary provision.

State Department for Medical Services

ANNEX 4(D) a: Analysis of Pending Bills

a) Summary of Pending Bills by Type/Nature

Type/Nature	Due to lack of Exchequer (KSh Million)			Due to lack of provision (KSh Million)		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
1. Recurrent	1,985.70	1,860.70	35,896.00	21,592.73	26,648.87	31,427.33
Compensation of employees	1,897.00	1,572.50	2,799.40	16.24	860.00	1,390.00
Use of goods and services	88.70	288.20	33,096.6	8,526.49	8,153.17	9,277.33
Social benefits e.g. NHIF, NSSF	-	-	-	12,907	17,398	20,746
Other expense	-	-	-	143.00	237.70	14.00
2. Development	1,105.20	4,223.93	784.00	906.83	885.83	13,977.37
Acquisition of non-financial assets	1,099.00	1,300.00	784.00	819.47	819.47	1,504.00
Use of goods and services	6.20	2,923.93	-	16.37	16.37	12,423.36
Others specify	-	-	-	71.00	50.00	50.00
Total Pending Bills	3,090.90	6,084.63	36,680.00	22,499.56	27,534.71	45,404.70

b) Summary by Incurring Entity

Type/ nature	Due to lack of Exchequer (KSh Million)			Due to lack of provision (KSh Million)		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
SDMS HQ	94.9	3,167.6	-	-	-	12,423.0
NCI-K	-	-	-	-	-	-
MTRH	1,456.0	1,452.0	2,439.0	1,262.0	1,483.0	1,515.0
KEMSA	-	-	-	4,928.9	4,607.7	3,411.8
KEMRI	456.0	300.0	300.0	2,756.0	2,735.0	2,735.0
SHA	-	-	33,000.0	2,059.7	2,059.7	2,059.8
NSDCC	-	-	-	-	-	-
Mwai Kibaki Hospital Othaya	-	49.0	98.0	-	-	-
KUTRRH	-	-	-	-	860.0	2,626.0
JOOTRH	-	-	-	-	32.6	255.1
KNH	1,084.0	1,116.0	843.0	11,493.0	15,756.7	20,379.0
TOTAL	3,090.9	6,084.6	36,680.0	22,499.6	27,534.7	45,404.7

c) Detailed Summary of Pending Bills by Nature and Agency

1. Moi National Teaching and Referral Hospital

Type/ nature	Due to lack of Exchequer (KSh Million)			Due to lack of provision (KSh Million)		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
1. Recurrent	1,456	1,452	2,439	1,262	1,483	1,515
Compensation of employees	1,456	1,452	2439	-	-	-
Use of goods and services	-	-	-	1,262	1,483	1,515
Social Benefits e.g. NHIF, NSSF	-	-	-	-	-	-
Other expense	-	-	-	-	-	-
2. Development	-	-	-	-	-	-
Acquisition of non-financial assets	-	-	-	-	-	-
Use of goods and services	-	-	-	-	-	-
Others -specify	-	-	-	-	-	-
Total Pending Bills	1,456	1,452	2,439	1,262	1,483	1,515

2. Kenya Medical Supplies Authority

Type/ nature	Due to Lack of Exchequer (KSh Million)			Due to Lack of provision (KSh Million)		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
1. Recurrent	-	-	-	4,928.9	4,607.7	3,086.0
Compensation of Employees	-	-	-	16.2	-	-
Use of goods and services	-	-	-	4,912.6	4,607.7	3,086.0
Social benefits e.g. NHIF, NSSF	-	-	-	-	-	-
Other expense	-	-	-	-	-	-
2. Development	-	-	-	-	-	325.8
Acquisition of Non-financial assets	-	-	-	-	-	325.8
Use of goods and services	-	-	-	-	-	-
Other Specify	-	-	-	-	-	-
Total Pending bills	-	-	-	4,928.9	4,607.7	3,411.8

3. Kenya Medical Research Institute

Type/Nature	Due to lack of Exchequer (KSh Million)			Due to lack of Provision (KSh Million)		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
1. Recurrent	317			2,685	2,685	2,685
Compensation of Employee	317					
Use of goods and services	-	-	-	-	-	-
Social benefits-pension				2,685	2,685	2,685
Other expenses	-	-	-			
2. Development	139	300	300	71	50	50
Acquisition of non-financial assets	139	300	300			
Use of goods and services	0	0	0			
Others specify (CDC vendors and debts)				71	50	50
Total Pending Bills	456	300	300	2,756	2,735	2,735

Under recurrent, the pending bill was due to capitation for two months not remitted to KEMRI in the Financial year 2017/18 (KSh 139M), 2018/19 (KSh 153M) and (KSh 25M) in the FY 2022/23.

KEMRI has Retirement Benefits scheme (DB) which was established in 1983 with actuarial valuation deficit of KSh 2.685M as at 30th June 2024. The Institute has not been able to settle outstanding benefits amounting to KSh. 597 Million. As a result, retirees have taken the Institute to court demanding payment of their benefits.

Under development, the pending bill refers to development grant of KSh. 20M not remitted to KEMRI in the FY 2017/18, 27 Million in the FY 2021/22 and KSh 92M in the year 2022/23. In the year 2023/24 the institute did not receive KSh 300M for research and development.

The Institute committed to pay vendor debts and the interest that accrued over the years following the collapse of the CDC/Kisumu CoAg in 2015.

4. Social Health Authority

TYPE/NATURE	Due to Lack of exchequer (KSh Million)			Due to lack of provision (KSh Million)		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
1. Recurrent	-	-	33,000.00	1,223.88	1,223.88	1,224.00
Compensation of employees	-	-	-	-	-	-
Use of goods and services	-	-	33,000.00	1,224	1,224	1,224
Social Benefits/ Pension Deficit - NSSF	-	-	-	-	-	-
Other expenses (Tax Liability)	-	-	-	-	-	-
2. Development	-	-	-	835.83	835.83	835.83
Acquisition of non-financial assets	-	-	-	819	819	819
Use of Goods and services	-	-	-	16	16	16
Others specify	-	-	-	-	-	-
TOTAL PENDING BILLS	-	-	33,000.00	2,059.71	2,059.71	2,059.83

The FY2024/25 pending bills for Use of Goods and services (recurrent) includes pending NHIF claims amounting to KSh 33.0 billion and KSh 1.2 billion of admin expenses which lacked budgetary provision. The pending bill for Use of Goods and services (development) arose from non-completion of works. The pending bill for acquisition of non-financial assets is for ICT infrastructure which is awaiting a court's decision on eligibility of payment.

5. Mwai Kibaki Teaching and Referral Hospital

Type/ Nature	Due to Lack of Exchequer (KSh Million)			Due to Lack of Provision (KSh Million)		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
1. Recurrent	0.0	49.0	98.0	0.0	0.0	0.0
Compensation to Employees	-	4.5	1.4	-	-	-
Use of Goods and Services	-	44.5	96.6	-	-	-
Social Benefits e.g. NSSF, NHIF	-	-	-	-	-	-

Other Expenses	-	-	-	-	-	-
2. Development	0.0	0.0	0.0	0.0	0.0	0.0
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-
Others Specify.	-	-	-	-	-	-
Total	0.0	49.0	98.0	0.0	0.0	0.0

6. Kenyatta University Teaching, Research and Referral Hospital

Type/Nature	Due to lack of Exchequer (KSh Million)			Due to lack of provision (KSh Million)		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
1. Recurrent	-	-	-	-	860.00	2,576.00
Compensation of employees	-	-	-	-	860	1,390.00
Use of goods and services	-	-	-	-	-	1,186.00
Social benefits e.g. NHIF, NSSF	-	-	-	-	-	-
Other expense	-	-	-	-	-	-
2. Development	-	-	-	-	-	50.00
Acquisition of non-financial assets	-	-	-	-	-	50
Use of goods and services	-	-	-	-	-	-
Others specify	-	-	-	-	-	-
Total Pending Bills	-	-	-	-	860.00	2,626.00

7. Jaramogi Oginga Odinga Teaching and Referral Hospital

Type/nature	Due to Lack of Exchequer (KSh Million)			Due to Lack of provision (KSh Million)		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
1. Recurrent	-	-	-	-	32.60	246.33
Compensation of employees	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	32.60	246.33
Social benefits e.g. NHIF, NSSF	-	-	-	-	-	-
Other expense	-	-	-	-	-	-
2. Development	-	-	-	-	-	8.76
Acquisition of non-financial assets	-	-	-	-	-	8.76
Use of goods and services	-	-	-	-	-	-
Others-Specify	-	-	-	-	-	-
Total Pending Bills	-	-	-	-	32.60	255.09

8. Kenyatta National Hospital

Type/Nature	Due to Lack of Liquidity (KSh Million)			Due to lack of provision (KSh Million)		
	2022/2023	2023/2024	2024/2025	2022/2023	2023/2024	2024/2025
1. Recurrent	124.00	116.00	359.00	11,493.00	15,756.70	20,079.00
Compensation of employees	124.00	116.00	359.00	-	-	-
Use of goods and services	-	-	-	1,128.00	806.00	2,004.00

Social/Pension Benefits -NSSF	-	-	-	10,222.00	14,713.00	18,061.00
Other expenses (Tax Liability)	-	-	-	143.00	237.70	14.00
2. Development	960.00	1,000.00	484.00	-	-	300.00
Acquisition of non-financial assets	960.00	1,000.00	484.00			300.00
Use of goods and services	-	-	-	-	-	-
Others specify	-	-	-	-	-	-
Total Pending Bills	1,084.00	1,116.00	843.00	11,493.00	15,756.70	20,379.00

Use of goods and services pending bills are as a result of unsettled invoices that are delayed by the resultant non-collection debt owed to the hospital by indigent's patients. The NSSF contribution pending bills is a result of arrears for the period July 1991 to November 2009 when the Minister had not given express authority for exemption in contribution. The hospital has been including this amount in the budget for funding and to date it has remained unfunded.

The Defined Benefits (DB) scheme for KNH has a deficit of KSh 9.526B as at 30th June 2023, arising from the actuarial valuation for the closed-to-new-member scheme.

The tax liability of KSh 696M comprises of two components: Tax Liability of KSh 81M is Interest payable to Kenya Revenue Authority (KRA) arising from tax penalty and interest following an in-depth audit in 2014 and tax demand by KRA for Corporation tax KSh 615M, arising for rental income and interest earned, for which the hospital had treated as tax exempt as per Income Tax Act.

Acquisition of non-financial assets of KSh 960M relates to pending bills for capital projects which includes: Expansion of specialized services funded through sports, Arts & Social development funds (KSh 667M); Renovation of tower block level 8 which was allocated but not disbursed (KSh 150M); Oxygen plant (KSh 143M).

State Department for Public Health and Professional Standards

Annex 4(D) b: Analysis of Pending Bills

Type/nature	Due to lack of exchequer			Due to lack of provision		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Headquarters						
1. Recurrent	54.00	70.76	-	-	-	-
Compensation of employees	-	-	-	-	-	-
Use of Goods and Services e.g. utilities, domestic or foreign travel etc.	54.00	70.76	-	-	-	-

Type/nature	Due to lack of exchequer			Due to lack of provision		
	2022/23	2023/24	2024/25	2022/23	2023/24	2024/25
Social benefits e.g. NHIF, NSSF	-	-	-	-	-	-
Other expense	-	-	-	-	-	-
1. Development	257.40	15.47	-	-	-	-
Acquisition of non-financial assets	-	15.47	-	-	-	-
Use of goods and services	257.40	-	-	-	-	-
Others-Specify	-	-	-	-	-	-
Total Pending Bills	311.40	86.23	-	-	-	-
Kenya Medical Training College						
1. Recurrent	705	-	-	2,318	2,858	2,858
Compensation of employees	-	-	-	-	-	-
Use of Goods and Services e.g. utilities, domestic or foreign travel etc.	705	-	-	-	-	-
Social benefits e.g. NHIF, NSSF	-	-	-	736	732	732
Other expense	-	-	-	1,582	2,126	2,126
Development	189	1,202	-	-	-	-
Acquisition of non-financial assets	189	1,202	-	-	-	-
Use of goods and services	-	-	-	-	-	-
Others-Specify	-	-	-	-	-	-
Total Pending Bills	894	1,202	-	2,318	2,858	2,858

2.3.8. Court Awards Analysis – Financial impact of court awards

The section below gives a summary of court awards.

State Department for Medical Services

ANNEX 4(E) a: SUMMARY OF COURT AWARDS

	<u>Details of the Award</u>	<u>Date of Award</u>	<u>Amount</u>	<u>Payment to Date</u>
KENYA MEDICAL RESEARCH INSTITUTE (KEMRI)				
1	ELRC Cause No. 37(N) of 2010. Agnes Muthoni & 34 Others vs KEMRI	18th October 2021	257,360,642	Nil
2	Civil Application NO. 046 OF 2022 KEMRI vs James Maringa Mwangi	28 th October 2021	12,384,383	Nil
3	ELRC Cause no. 080 or 2023 Benjamin Mangoka vs KEMRI	7 th March 2024	4,219,292	Nil

	<u>Details of the Award</u>	<u>Date of Award</u>	<u>Amount</u>	<u>Payment to Date</u>
	Total		273,964,317	
KENYATTA NATIONAL HOSPITAL				
	<u>Details of the Award</u>	<u>Date of Award</u>	<u>Amount</u>	<u>Payment to Date</u>
1	Patrick Kigotho Maina, VS knh PIC Case No. 60 of 2020	22/7/2025	50,000,000	None
2	Philip Kiprono Maritime -vs- KNH, Civil Case No. E6557 of 2020	17/7/2025	1,000,000	None
3	Job Nyasimi Momanyi T/A Nchogu Omwanza & Nyasimi Advocates -vs- KNH, ELRC Misc. Appl No. 21 of 2019	10/5/2021	24,000,000	None
4	Stephen Kaburia Ruteere -vs- KNH, Cause No. 181 of 2016	9/4/2020	10,000,000	None
5	KNH vs James Muthee Miano civil appeal no E164	29/10/2024	3,500,000	None
6	Ibrahim Juma vs KNH ELRC cause no. 082 of 2024	20/3/2024	3,000,000	None
	Total		91,500,000	
KENYATTA UNIVERSITY TEACHING, RESEARCH AND REFERRAL HOSPITAL				
	<u>Details of the Award</u>	<u>Date of Award</u>	<u>Amount</u>	<u>Payment to Date</u>
1	MC. COMMSU NO.E509 OF 2023 SIMBALINE GENERAL SERVICES LIMITED VS KUTRRH	6/2/2025	11,747,458	5,873,729
	Total		11,747,458	
STATE DEPARTMENT FOR MEDICAL SERVICES				
	<u>Details of the Award</u>	<u>Date of Award</u>	<u>Amount</u>	<u>Payment to Date</u>
1.	DR. SAMUEL KABERERE NJENGA –VS- AG& PS FILE NO. 450/2011	2011	2,434,406.11	None
2.	VULCAN LTD VS. AG FILE NO. NRBI HCCC 1361/2000	2000	140,0000,000	860,000,000
3.	ABEDNEGO OCHOLA V AG FILE NO.KSM H/C , MISC CIV APP NO' 86/2013	2013	612,032	None
4.	FARAM E.A. LTD VS THE AG & 2 OTHERS FILE NO.HCC AT NAIROBI NO. 245 OF 2013	2013	8,835,615.91	None
5.	SIMON KAMAU NJOROGE VS. PRINCIPAL SECRETARY FILE NO.411/2014	2014	169,999	None
6.	ELDORET CHILDRENS CASE, EUNIFER JEROTICH VS. DAVID KIBIWOTT FILE NO.44/2004 DR. LAWRENCE NJOGU CHEGE VS THE ATTORNEY, GENERAL FILE NO.372/2016	2004 2016	144,000 219,748	None None
7.	SUSAN WAMAITHA KAMAU VS PRINCIPAL SECRETARY MINISTRY OF HEALTH FILE NO. NRBI HC JR NO. 173 OF 2016 CAROLINE WAMAITHA (SUING THROUGH NEXT OF FRIENDS) ESTHER NJOKI WANJIRU V MURIGI CHEGE, MOH MARAGWA DISTRICT HOSPITAL & AG FILE NO. PMC AT KANDARA CIVIL CASE NO 188 OF 2015	2016 2015	63,702.40 1,363,118	None None
8.	EQUIP AGENCIES LTD VS. AG FILE NO. MILIMANI HCCC 55 /2017 FORMERLY (1459/1999)	1999	15,250,000,00 0	None

	Details of the Award	Date of Award	Amount	Payment to Date
9.	NAIROBI HCCC NO. 159 OF 2006, EQUIP AGENCIES VS THE HON. ATTORNEY GENERAL	2011	KES 58,000,000,000	None
10.	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	None
11.	IN THE MATTERS OF ARBITRATION BETWEEN MELLECH ENGINEERING & COOSTUCTION LTD AND HENRY M. JACKSON FOUNDATION & ANOTHER	2017	1,032,500.00	None
12.	UNITED MEDICAL SUPPLIES VS THE AG FILE NO. HIGH COURT SUIT AT NAIROBI NO. 2332 OF 1995	1995	17,839,728,834	None
13.	PETER BUTALIU SABWAMI VS ARCHDIOCESE OF NAIROBI KENYA, DR. LILIAN WANGU & DR MUCHAI GACHOGO, FILE NO. HCC NO 399 OF 2010	2010	5,045,879	None
14.	UASIN GISHU MEMORIAL HOSPITAL VS MOI TEACHING& REFERAL HOSPITAL BOARD, MOH AND THE AG, FILE NO. CIVIL APPEAL AT NRB NO 184 OF 2012	2012	1,738,630,267	None
15.	ELIZABETH AWINO ONYANGO VS CABINET SECRETARY, MIN OF HEALTH & 2 OTHERS FILE NO. MISC CIV SUIT NO 391 OF 2013	2013	244,839	None
16.	KEVIN MUZINDI WAMBUGU VS THE HON. ATTORNEY GENERAL, FILE NO. NAIROBI CMCC NO. 11160 OF 2004	2004	244,730.00	None
17.	ROCKY AFRICAN LIMITED FILE NO. HCCC 1361 OF 2000 EMMANUEL MUNENE –VS- THE ATTORNEY GENERAL & HYLINE MEMBA FILE NO. CMCC NO. 1558 OF 2013	2000 2013	3,347,971,666.67 12,204,618	None None
18.	EUROTECH INTERNATIONAL – V- THE ATTORNEY GENERAL FILE NO. HCCC NO. 1460 OF 1999	1999	2,250,000,000	None
19.	ROSE MUMBI MUTURI VS. DIRECTOR NATIONAL YOUTH SERVICE, ATTORNEY GENERAL & ANOTHER FILE NO. THIKA CMCC NO. 820 OF 2012	2012	615,788	None
20.	YUNITA AKUNGU VS TEDDY OKUKU OPIYO & HON. ATTORNEY GENERAL FILE NO. MBITA PMCC NO. 14 OF 2015	2015	832,188	None
21.	ANTHONY SAA MWATEBWE VS FRANKLIN MWAMBENI & THE HON. ATTORNEY GENERAL FILE NO. KILIFI SPMCC 349 OF 2018	2018	687,548.44	None
22.	EUGENE REEKSTING VS THE HON. ATTORNEY GENERAL FILE NO. NAIVASHA HCCC NO.8 OF 2019(FORMERLY NAKURU HCCC NO. 25 OF 2013)	2013	3,893,309	None
23.	EMMANUEL ODUMO VS THE HON. ATTORNEY FILE NO. BUSIA CMCC NO. 9 OF 2018 GENERAL	2018	427,314	None

	Details of the Award	Date of Award	Amount	Payment to Date
24.	KENYA NATIONAL UNION OF NURSES VS THE PERMANENT SECRETARY MINISTRY OF HEALTH & 2 OTHERS FILE NO. NAIROBI ELRC CAUSE NO. 1116 OF 2012	2012	385,164.00	None
25.	REPUBLIC VS PRINCIPAL SECRETARY MINISTRY OF HEALTH & THE HONOURABLE ATTORNEY GENERAL EX PARTE GEOFFREY GATWAI MWANGI	2017	127,995	None
26.	EMMANUEL MUNENE (A MINOR SUING THROUGH MOTHER AND NEXT FRIEND CHRISTINE NTHOKI MUANGE) VS THE HON. ATTORNEY GENERAL & 2 OTHERS FILE NO. MOMBASA CMCC 1558 OF 2013	2013	17,046,364	None
27.	FARAM E.A LIMITED VS HON. ATTORNEY GENERAL AND ANOTHER	2018	33,555,476	None
28.	BENARD WASONGA VS AG FILE NO. SRMCC NO. 250/08	2008	225,072.00	None
29.	MICHAEL N. SIMIYU V A.G FILE NO. NAIROBI 3/16	2016	212,500	None
30.	ELIZABETH GATHONI MITEY FILE NO. NAIROBI 98/15	2015	727,750	None
31.	JAPHET MURIUKI V AG FILE NO. MERU CMCC NO. 232A/011	2011	738,210	None
32.	KIMEU MUSYOKI V AG AND OTHERS FILE NO.13/16	2016	926,856	None
33.	SIMON MUTHUMA NGANGA V AG AND OTHERS FILE NO.421/18	2018	1,255,189	None
34.	ELISHA OKINYO OGOLA VS AG AND OTHERS FILE NO.17/11	2011	1,976,770	None
35.	SEKUNDU MURIIRA IBAYA VS DR. NGATIA & 3 OTHERS FILE NO. MERU CMCC 190/2016	2016	7,158,000	None
36.	ELRC CAUSE NO. 37(N) OF 2010. AGNES MUTHONI & 34 OTHERS VS KEMRI	18th October 2021	214,833,044	None
37.	SIMON MUTHUMA NGANGA File No.421/18	2018	1,255,189	None
38.	CIVIL SUIT NO 2473 OF 1998 BETWEEN GERRISHON KAMAU KIRIMA V/S ATTORNEY GENERAL OF THE REPUBLIC OF KENYA	25th September 2007	53,363,161	None
39.	SUSAN WAMAITHA KAMAU VS PS HEALTH	2021	63,702.40	None
40.	EUGENE REEKSTING VS THE HON. ATTORNEY GENERAL EMMANUEL ODUMO VS THE HON. ATTORNEY GENERAL	2021 2021	3,893,309.00 427,314.00	None None
41.	KENYA NATIONAL UNION OF NURSES VS THE PERMANENT SECRETARY MINISTRY OF HEALTH & 2 OTHERS	2021	385,164.00	None
42.	MICHAEL N. SIMIYU V A.G	2021	462,500.00	None
43.	HARRIET MUTHONI VS THE MEDICAL SUPERINTENDENT MATHARI PSYCHIATRIC HOSPITAL AND AG.	2021	6,386,028.00	None
44.	JULIUS MIGWI VS THE HON. ATTORNEY GENERAL AND ANOTHER	2021	2,582,874.00	None

	Details of the Award	Date of Award	Amount	Payment to Date
45.	CHRISTINE KUBAI VS MINISTRY OF HEALTH AND THE ATTORNEY GENERAL AND NATIONAL LAND COMMISSION	2021	20,000,000.00	None
46.	DR.DAVID KAMAU NDEGE VS PRINCIPAL SECRETARY MINISTRY OF HEALTH	2021	49,012,317.00	None
47.	SAMUEL NJOROGE MWANGI VS ATTORNEY GENERAL	2021	342,090.00	None
48.	MASENO SRMCC NO. 250 OF 2008, BERNARD WASONGA (MINOR SUING THROUGH HIS FATHER AND NEXT FRIEND ERNEST OGADA OYIER) VS ATTORNEY GENERAL,	2012	225,072.00	None
49.	MICHAEL NYONGESA SIMIYU VS KITALE COUNTY HOSPITAL & THE HON. ATTORNEY GENERAL	2016	212,500	None
50.	MERU CMCC NO. 239 OF 2012 HARRIET MUTHONI KAUGI (SUING AS LEGAL REPRESENTATIVE OF THE ESTATE OF JUSTUS KAUGI RAGWA) VS THE MEDICAL SUPERINTENDENT MATHARI PSYCHIATRIC HOSPITAL AND THE ATTORNEY GENERAL	2018	6,887,879.22	None
51.	MILIMANI HCCC E479 OF 2020 & IN THE MATTER OF AND ARBITRATION BETWEEN SEVEN SEAS TECHNOLOGIES LIMITED AND THE MINISTRY OF HEALTH	2022	USD 13,288,829.98 and KES 52,566,432.75	None
52.	NAIROBI ELRC CAUSE NO. 450 OF 2011 DR. SAMUEL KABERERE NJENGA VS THE ATTORNEY GENERAL AND THE PERMANENT SECRETARY, MINISTRY OF MEDICAL SERVICES (FORMERLY MINISTRY OF HEALTH)	2014	2,434,406.11	None
53.	GARISSA CMCC NO. E033 OF 2022, KELVIN MWENDWA MUNYOKI VS ATTORNEY GENERAL & MINISTRY OF HEALTH	2024	1,542,585.60	None
54.	HOMABAY SPMCC 17/2011 ELISHA OKINYI OGOLA -VS- MEDICAL SUPERINTENDENT SUBA DISTRICT HOSPITAL & ATTORNEY GENERAL	2011	1,043,900.50	None
55.	EXCESSIOL MIHASO LIMITED VS THE PERMANENT SECRETARY, MINISTRY OF HEALTH AND ATTORNEY GENERAL	2020	16,030,405	None
56.	TOTAL COURT AWARDS AGAINST SDMS		KSH.100,527, 192,829.50	KSH.860,00 0,000

State Department for Public Health and Professional Standards

In the period under review, the State Department had three (3) court awards of **KSh. 869,666,856.76** and no payment has been made so far.

Annex 4 (E) b: Summary of Court Awards

Detail of the Award	Date of Award	Amount (KSh.)	Payment to date
Case No 504 of 2018: Payment of nutritionist and dietician's internship allowances for the year 2017 and accrued interest	25 th February 2025	323,428,193.15	0
NRB ELRC petition No 32 of 2020: Payment of accrued salary and interest to David Kaman Ndege	23 rd May 2023	46,238,663.61	0
NRB ELRC cause No. E6464 of 2020: Medical Practitioners, Pharmacists and Dentists and Medical Interns Allowances and accrued interest	28 th February 2025	500,000,000.00	0
Total		869,666,856.76	0

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

Overview

This Chapter discusses the programmes and sub-programmes prioritized for the Financial Year 2026/27 to 2028/29 and the Medium-Term Budget as guided by the Fourth Medium-Term Plan, Bottom-up Economic Transformation Agenda, the Kenya Health Sector Strategic Plan (KHSSP), the Universal Health Coverage (UHC) agenda, regional and global commitments.

3.1. Prioritization of Programmes and Sub-Programmes

The Sector is committed to translating the government priorities to realize the constitutional right to health by ensuring Universal Health Coverage (UHC) through.

1. Universal seamless health insurance system comprising Social Health Insurance cover (SHI).
2. Fully publicly financed primary healthcare (Curative, outpatient and basic diagnostic services), that gives patients choice between public, faith based and private providers, based on a regulated tariff.
3. National fund for chronic and catastrophic illness and injury costs not covered (or with very restrictive cover) by insurance (cancer, diabetes, strokes & accident rehabilitation, pandemics) to be funded by a combination of insurance levy and Government.
4. Enhanced prevention and promotion of health through community involvement and ownership to reduce disease burden due to preventable causes.
5. Strategic recruitment, management, and retention of Human Resources for Health for enhanced quality health care.
6. Strengthened regulation of health professions and professionals for provision of quality and ethical care; and
7. Strengthened governance and administration of public health services.

These pillars are aimed at primarily preventing disease and promoting good health for general wellness and wellbeing. They also ensure that any Citizen who otherwise, falls ill, will have access to quality affordable healthcare without the risk of getting into financial hardship with a special focus on the poor and vulnerable. Strengthened governance, emphasis of standards and quality of care have been identified as core to the delivery of healthcare. The sector has also prioritized human resources for health that impact quality of care as well as digitization of Health services. Digitization will increase efficiency, transparency and ensure seamless service delivery between providers across all levels of the health system. It will also enhance claims management at health facilities for reimbursable services and commodity management through provision of end-to-end supply chain management.

Sector financing will be strengthened, and the sector will collaborate with the county government to ensure retention of funds collected at health facility level for improvement of the facility operations. Most importantly, the Sector, County governments, and the National Treasury will also engage in considering ring-fencing of funds for Health Products and Technologies (HPT). Primary Care Networks will be established and operationalized in the counties to offer effective services to the community through proper referrals and engagement of multidisciplinary teams right from the community level.

Overall, these programmes aim at achieving improved accessibility, affordability of quality health services, reduction of health inequalities and optimal utilization of health services and promotion of health. The following are the programmes and respective sub-programmes to be implemented during the period, FY 2026/27-2028/29.

3.1.1. Programmes and their Objectives

The Health Sector will implement the following 8 programmes and sub programmes, 4 in each State Department, in the Financial Years FY 2026/27-2028/29 which are in line with the priorities:

Programmes and their Strategic Objectives

Table 3.0.1: Programmes and their Strategic Objectives

Programme	Outcomes	Programme objectives
State Department for Medical Services		
Programme 1: National Referral and Specialized Services	Increased access and range of quality specialized healthcare services	To increase access and range of quality specialized healthcare services
Programme 2: Curative and Reproductive Maternal Neonatal Child & Adolescent Health (RMNCAH) Services	Increased access to quality curative and reproductive healthcare services	To increase access to quality curative and reproductive healthcare services
Programme 3: Health Innovations and Research	Increased capacity and provide evidence for policy formulation and practice	To increase capacity and provide evidence for policy formulation and practice
Programme 4: General Administration and Support Services.	Effective governance and administration services strengthened.	To offer Governance and enabling services for service delivery.
State Department for Public Health and Professional Standards		
Programme 1: Preventive & Promotive Health Services	To reduce disease burden due to preventable causes	Enhances access to equitable, affordable, responsive, preventive and promotive healthcare services towards Universal Health Coverage

State Department for Public Health and Professional Standards		
Programme 2: Health Resource Development & Innovation	To enhance health human resources for quality health care	Improves efficiency; ensures quality of healthcare services; improves overall health outcomes and strengthens evidence-based policy and decision making
Programme 3: Health Policy Standards & Regulations	To strengthen quality health standards & regulations	Ensures quality assurance; safeguards public safety; promotes accountability of healthcare workers
Programme 4: General Administration, Planning and Support Services	To strengthen governance and administration of health services	Improves governance, coordination and accountability for efficient and effective use of public resources

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

The sector will implement the following eight (8) programmes and twenty-six (26) sub-programmes in the Financial Years 2026/27-2028/29 which are in line with the priorities of the sector. The planned outputs, Key Performance Indicators and targets are presented in the table 3.1.2 below.

3.1.2: Summary of Programmes, Key Outputs, Performance Indicators and targets for FY 2026/27 - 2028/29

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
Vote 1082: State Department for Medical Services								
Programme 1: National Referral Facilities and Specialized Services	S.P 1.1 National Referral & Specialized Health Services	Increased access and range of quality specialized health care services	Health care services specialized	No. of Heart surgeries done	710	765	815	863
				No. of other cardiothoracic surgeries conducted	1,250	1,256	1,261	1,266
				No. of Kidney Transplants conducted.	25	27	29	31
				No. of minimally invasive surgeries done	10,078	10,784	11,539	11,986
				No. of patients undergoing specialized Burns treatment (OBD)	587	591	595	598
				No. of oncology sessions on (Chemotherapy and radiotherapy)	40,574	40,590	40,600	40,637
				No. of new research projects undertaken	6	7	8	9
				Average Length of Stay (ALOS) for trauma patients (days)	35.5	34.2	33.5	33.2
				Average waiting time (days) for radiotherapy	17	16.5	16	15.5
				Average waiting time (days) for chemotherapy	2	2	2	1.5
				No. of Multi-disciplinary Outreaches with Counties	409	421	428	431
				No. of operational specialty units established	20	22	24	26

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				No. of specialized surgical procedures done	1,715	1,886	2,075	2,283
				No. of Dialysis sessions Conducted	4,500	4,950	5,445	5,990
				No. of Chemotherapy sessions conducted	1,641	1,805	1,986	2,184
				No. of specialized imaging investigations conducted (CT/MRI)	3,510	7,020	7,722	8,494
				No. of patients on follow-up for NCDs (Hypertension, diabetes, stroke, heart & Kidney conditions)	3,088	3,396	3,736	4,110
				No. of Researches completed and disseminated	4	6	8	10
				% Renovation of the Existing Infrastructure	N/A	60	40	N/A
				% Construction of Mwai Kibaki Tower	N/A	N/A	20	50
				No. of minimally invasive surgical procedures performed	1,300	1,690	2,197	2,856
				No. of oral and maxillofacial surgeries performed	402	522	679	883
				No. of orthopedic surgical procedures performed	753	979	1,272	1,654
				No. of Neurosurgical procedures performed	515	669	870	1,131
				No. of oncology patients receiving chemotherapy treatment	9,308	12,100	15,731	20,450
				No. of outpatient consultations	213,994	278,193	361,650	470,145
				No. of patients undergoing dialysis	6,287	8,173	10,625	13,812
				No. of Red blood cell exchange done on sickle cell disease patients	100	130	169	220

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				No. of patients undergoing cardiology treatment	800	1,040	1,352	1,758
				Average length of stay (days)	8	7	6	5
				Nurse–patient ratio	1:21	1:14	1:10	1:06
				No. of public health campaigns conducted	12	15	18	21
				% completion rate of Cath Lab Centre established)	5	95	N/A	N/A
				% completion rate of Theatre (Phase I and II)	0	50	50	N/A
				Average Length of Stay for Orthopedic Surgery (Trauma Patients) Days	12	11	10	9
				Average Length of Stay for Pediatric Burns Patients(days)	30	30	29	27
				Average waiting time (days) for Radiotherapy	44	50	40	40
				No. of Kidney Transplants undertaken	18	30	35	40
				No. of Minimally Invasive Surgeries	3,100	3,000	3,100	3,100
				No. of Chemotherapy sessions done	16,900	17,000	17,100	17,100
				No. of Open-Heart Surgeries conducted	30	98	100	110
				No. of External Beam Radiotherapy Sessions.	10,200	11,000	11,200	11,200
				No. of Brachytherapy Sessions	141	145	150	150
				No. of Corneal Transplants conducted	15	18	20	20
				No. of Research Papers Published	29	35	40	40
				No. of Briefs to inform National Policy	6	6	7	7

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				No. of Multi-disciplinary Outreaches with Counties	60	70	75	80
				No. of Open-Heart Surgeries Conducted	70	80	90	100
				No. of Kidney Transplants conducted	15	20	25	25
				No. of minimally invasive surgeries conducted	1,350	1,400	1,500	1,600
				No. of patients on Hemodialysis	12,000	12,500	12,800	13,000
				No. of patients receiving chemotherapy & radiotherapy treatment	23,000	24,000	25,000	25,300
				No. of specialized Gynecology procedures conducted	500	550	650	700
				Average waiting time (days) for radiotherapy	55	45	30	20
				Average waiting time (days) for Chemotherapy	12	10	7	7
				ALOS for orthopedic patients (days)	8	7	7	7
				ALOS (days) for surgery patients (days)	5	5	5	5
				No. of research conducted & completed	5	6	8	8
			Cancer Diagnosis & Treatment Services Provided	No. of PET Scan examinations conducted	4500	5000	5500	5700
				No. of SPECT CT-Scan examinations conducted	600	650	680	700
				No. of Stereotactic Radiosurgery conducted	250	350	400	450
				No. of Brachytherapy sessions conducted	380	420	450	480
		Mental health services enhanced		No. of Patients receiving inpatient mental health care services	240,135	252,142	264,749	277,986

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				No. of Electroconvulsive Therapy (ECT) sessions done	1,016	1,066	1,098	1,131
				No. of patients accessing child and adolescent services	3,390	3,559	3,737	3,924
				No. of patients with drug/substance and alcohol addiction receiving rehabilitative mental health care services	1,330	1,397	1,467	1,540
				No. of patients receiving outpatient mental healthcare services	190,273	199,786	209,776	220,264
				Average Length of Stay for civil psychiatric inpatients (Days)	46	45	44	43
				Re-admission Rate (proportion of patients readmitted in a year)	32	32	32	32
				% of patients in need of forensic services attended to	100	100	100	100
				% of psychiatric medical drugs acquired	80%	85%	90%	95%
				% of patients reintegrated into the community	80%	85%	90%	100%
				No. of MNTRH Health Practitioners trained in sub-specialty	3	4	5	5
				No. of new research conducted on mental health and disseminated	4	4	4	4
				No. of mental health outreaches conducted	59	65	71	79
				% of completion of the Renovation/Equipping Buildings-Mathari Teaching & Referral Hospital	60%	70%	80%	90%

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				No. of patients accessing integrated outpatient, rehabilitative, and diagnostic services	66,214	69,525	73,001	76,651
				No. of counties supported to develop mental health action plans	3	4	4	5
				No. of mental health units inspected against WHO Quality Rights standards	6	6	7	7
				Spine services Specialized	Out-patient spine services utilization rate	1.5	1.5	1.5
				ALOS for spine patients (days)	83	83	83	83
				Average waiting time for spine services(days)	100	90	85	80
				Proportion of patients re-integrated into community	80	90	100	100
			Health Infrastructural enhanced	No. of Public facilities supported with Health infrastructure	33	33	N/A	N/A
				% of identified Maternal and new born units upgraded in 20 sites	100	100	N/A	N/A
				% Completion and equipping of East Africa center of excellence in biomedical and tertiary education	75	100	N/A	N/A
				Completion of Kisii cancer center in Kisii county	15	75	100	N/A
	SP 1.3 Health Products & Technologies		Health Products and Technologies Policies and Guidelines	% Completion of development of the National Health Products and Technologies Policy	50	80	100	N/A
				% Completion of HPT Supply Chain Strategy	60	90	100	N/A
				% Review of essential HPT lists	N/A	70	100	N/A

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				% Completion of Pharmacy benefit package	100	N/A	N/A	N/A
				% of government health procuring agents/entities adopting the preferential procurement list on locally manufactured HPT	N/A	50	100	100
				No. of Bilateral engagement meetings on market shaping	5	10	10	10
				% Completion of the Traditional & Alternative Medicine Policy guideline	100	N/A	N/A	N/A
				% Completion of the Traditional and alternative medicine Bill	N/A	100	N/A	N/A
			Technical and capacity building services to counties	No. of functional County Health Products and Technologies Units	47	47	47	47
				No. of staff capacity built on HPT supply chain management	200	200	200	200
				No. of functional County Medicines Therapeutics Committees	20	22	25	30
				No. of counties Quantification and forecasting of HPT	23	24	N/A	N/A
				% of health facilities with essential tracer medicines	55	55	55	60
				% of health facilities with essential tracer diagnostics	55	55	55	60
				% of health facilities with essential tracer medical supplies	55	55	55	60
			HPT Medical Supplies	% Order refill rate for HPTs	90	90	95	95
				Order turnaround time(days) Primary Health Facilities	10	10	7	7

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
	SP 1.4 National Blood Transfusion Service, Tissue and Human Organ Transplant		Services enhanced	Order turnaround time(days) Hospitals	7	7	7	7
				% of last mile orders deliveries made to health facilities	100	100	100	100
				% Completion rate of National Commodities Storage (supply chain) center (Initial Contract)	100	100	N/A	N/A
				% Age of completion rate in equipping, Warehouse Layout, Automation & Operationalization of the New Supply Chain Centre	50	75	100	N/A
				% Age of completion rate in Expansion and Operationalization of Mombasa Regional Distribution Centre	50	100	N/A	N/A
		Blood and blood components services		No. of whole blood units collected	550,000	560,000	572,000	584,000
				% of whole blood converted to blood components.	85	85	85	85
				% of donations screened for HIV, Hepatitis B, C and Syphilis (As per annual target)	100	100	100	100
				No. of new additional Regional Blood Transfusion Centres established	6	8	10	12
				No. of new Regional Blood transfusion centres equipped.	N/A	2	2	2
				No. of blood banking equipment and accessories for 42 satellite blood centers acquired.	21	7	7	7

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				Maintain KBTTS quality management accreditation status.	1	1	1	1
				No. of blood establishments and transfusing facilities using the Damu-KE Blood Banking Management system	250	350	400	450
				Tissue and Organ Transplant Services	% Development of transplant policies, standards and guidelines	90	100	100
				% Completion of the National Transplant Registry	100	100	N/A	N/A
				No. of Transplant Facilities mapped.	100	100	N/A	N/A
Programme 2: Curative and RMNCAH	SP 2.1 Communicable disease control	Increased access to quality curative health care services	HIV and AIDS prevented and controlled	Proportion of new HIV infections among adolescents and young people(10-24years)	26	21	17	14
				No. of condoms distributed in non-health settings	11,591,560	12,055,222	12,537,431	13,038,929
				Rate of Mother to Child Transmission (MTCT) of HIV	<5	<5	<5	<5
				No. of Counties Visualizing real time HIV and Health Dashboards through Situation Room	47	47	47	47
				% of implementing Partners reporting on HIV Prevention and Management Interventions	73	77	81	85
				Proportion of People Who Inject Drugs (PWID) reached with HIV prevention information	59	65	73	80
				HIV Prevention and	Proportion of Adolescents and Young People (AYP) living with HIV identified	22.40	22.40	22.40

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
	SP 2.2 Non-Communicable diseases prevention and control		Management Services	No. of individuals from all high-risk populations who received any PrEP product	104,012	104,012	104,012	104,012
				Proportion of HIV-positive pregnant women on ART	80.4	80.4	80.4	80.4
				Proportion of HIV-exposed infants (HEI) who received their first HIV test \leq 2 months of age	57	57	57	57
				Proportion of HIV-exposed infants who are HIV-positive at 18 months (<5% target)	7.3	7.3	7.3	7.3
				Proportion of PLHIV (People Living with HIV) currently on ART (all ages)	98.5	98.5	98.5	98.5
				Proportion of HIV-positive children <15 years currently on ART	66	66	66	66
				Proportion of PLHIV on ART with viral load <200 copies/ml	95	95	95	95
				Proportion of HIV-positive children <15 years with viral load <200 copies/ml	64	64	64	64
			Cancer Prevention and Control Services	No. of public Awareness Campaigns Conducted on Cancers, modifiable risk factors, HPV vaccination	35	50	70	100
				No. of cancer research conducted (intramural and Extramural)	20	30	50	70
				No. of cancer policy briefs from Cancer data and Research Generated.	5	8	10	12
				No. of periodic trainings of healthcare workers on cancer care conducted (screening and early Detection)	12	24	36	48

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				No. of multi-sectoral response and coordination in cancer prevention	30	40	50	60
				No. of Regional cancers centers established	1	3	3	3
				No. of cancer registry hubs established	12	13	14	16
				No. of people reached with cancer Prevention & Control messages (Millions)	25	27	29	31
				No. of MDAs trained to implement workplace cancer prevention and control programs	34	59	87	117
				No. of counties with county specific cancer control frameworks	47	47	47	47
				Proportion of cancer treatment facilities that have met the minimum standards of care	100	100	100	100
				No. of officers recruited to support cancer prevention and control operations and operationalize the regional offices	20	45	90	135
			Diabetes and hypertension curative services	No. of diabetes patients receiving treatment	295,000	324,500	357,000	393,000
				Trauma registry established	50	75	100	N/A
SP 2.3 Reproductive Maternal Neonatal Child			Family Planning Services	Proportion of Women of reproductive age receiving FP commodities	50	55	60	65
			Maternal Neonatal and	Proportion of pregnant women attending at least 4 ANC visits	65	68	70	75

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
National Health Sector Strategic Plan 2025/26 – 2028/29	and Adolescent Health		Child Health Services	Proportion of women receiving post-natal care within 2-3 days of delivery	70	73	74	75
				Proportion of mothers delivered by Skilled Birth Attendant	80	83	85	88
				Facility based maternal mortality rate per 100,000 deliveries	90	80	75	70
				Under five mortality rates per 1,000 live births	35	30	28	25
				Proportion of children under age 5 developmental milestones on track in health, learning, and psychosocial wellbeing.	80	80	85	90
	SP 2.4 Immunization Management		Vaccines and Immunization Services	Proportion of fully immunized children under 1 year (Proxy Penta 3)	82	84	86	90
				Proportion of Health Facilities with Functional Cold Chain Equipment	94	95	95	96
				Proportion of fully immunized adults with Covid19 vaccine	50	60	80	100
	SP 2.5 Curative Services		Forensic and pathology services	Proportion of Clinical and forensic autopsies performed	100	100	100	100
				Proportion of Expert opinions given	100	100	100	100
				Proportion of exhumations performed for medical forensics	100	100	100	100
				Proportion of Criminal related death scenes viewed.	100	100	100	100
				Proportion of Histo-cytopathology examination for cancer diagnosis carried out	80	80	80	80

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				% of interpreted pathology results for clinical decisions	20	20	30	20
				Orthopedic and Trauma services	National orthopedic & trauma career progression guidelines developed	1	1	N/A
				No. of counties Disseminated and sensitized on orthopedic & trauma Guidelines	0	47	N/A	N/A
			Clinical Services	Proportion of Afya House staff clinic service areas equipped and functional	80	100	N/A	N/A
				National Clinical Guidelines on management and testing of Allergic conditions developed	1	1	N/A	N/A
				Safe Surgical Guidelines developed	1	1	N/A	N/A
				National Surgical Strategic Plan developed	1	1	N/A	N/A
				National Health Personnel Radiation Monitoring and imaging Policy developed	1	1	N/A	N/A
			Rehabilitative services	No. of counties sensitized on the Disability Medical Assessment and Categorization Guidelines (DMACG).	11	18	18	N/A
				Rehabilitative services policy developed	1	1	N/A	N/A
				Rehabilitative services strategy developed	1	1	N/A	N/A
				Rehabilitation Services Strategy 2022-2026 reviewed	N/A	N/A	1	N/A
			Oral health services	National plan for amalgam phase down developed	1	1	N/A	N/A
				No. of targeted facilities surveyed in Baseline	N/A	25	N/A	N/A

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				assessment for amalgam phase down				
				National fluorosis mitigation and prevention strategy developed	N/A	1	N/A	N/A
				Proportion of Country water fluoride level mapped	N/A	60	20	20
				Oral health clinical guidelines developed	N/A	1	N/A	N/A
			Ophthalmic services	No. of New Diabetic eye care centers established in 10 facilities	9	5	5	N/A
				No. of Centers offering Refractive Low Vision Services operationalized	9	9	12	15
				No. of high-volume eye Health Facilities Rehabilitated	0	3	2	N/A
			Nursing and midwifery services	No. of nurses sponsored for critical care services training	150	150	200	250
				National referral services policy developed	1	1	N/A	N/A
			National referral services	National referral strategy developed	1	1	N/A	N/A
				Medical tourism policy developed	1	1	N/A	N/A
			Palliative care and healthy aging services	Healthy aging strategy 2021-2025 reviewed	1	1	N/A	N/A
				Healthy aging Strategy developed	1	1	N/A	N/A
				Palliative care strategic plan developed	1	1	N/A	N/A
Programme 3: Health Research and Innovations	SP:3.1 Health Innovations	Increased Health Research and Innovations	Digital Health Services	No. of national health registries	3	1	1	1
				Proportion of level 4,5, &6 public health facilities	20	40	60	100

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				implementing the digital health platform (TiBerbu, Afya-Ke and KenyaEMR)				
				Proportion of level 2 & 3 public health facilities implementing the digital health platform (TiBerbu, Afya-Ke and KenyaEMR)	20	40	60	100
			Integrated Health Information System Management Services	No. of Data Quality Assessments conducted	1	2	2	2
				No. of Data Protection Impact Assessments on Integrated Health Information Systems conducted	1	1	1	1
				No. of Integrated Health Information Systems' Maturity Assessments conducted	1	1	1	1
			Digital Health Innovations Services	No. of end user devices dispatched to health facilities for digital health transformation	40,000	60,000	72,000	N/A
				% of surveyed Level 4,5, and 6 health facilities where LAN has been deployed	25	75	100	N/A
				No. of Dashboards and Analytics to Promote Data Use	3	3	3	3
				No. of end-users reached through capacity building & technical assistance initiatives on digital health transformation undertaken	10,000	10,000	10,000	10,000
				No. of digital health solutions certified	10	20	30	40
				% completion rate of human vaccine fill-and-finish facility	100	N/A	N/A	N/A

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
	SP 3.2Medical Research		Human vaccines and biologics Service	Phase 1A (Engineering and Enabling works)				
				% completion rate of human vaccine fill-and-finish facility Phase 1B (GMP consultancy, civil works, clean rooms, production lines & QC Labs	40	100	N/A	N/A
				% completion rate of the Aseptic “Fill and Finish” vaccines manufacturing facility. Phase 1C-Equipment qualification & GMP certification	N/A	20	100	N/A
				No. of signed Advance Purchasing Agreements	1	1	1	1
				No. of technology transfers agreements	2	1	1	1
				No. of personnel trained in bio-manufacturing processes	44	62	87	117
			Medical Research Services	No. of partnerships and collaborations	2	2	2	2
				No. of research Papers published	550	600	650	700
				No. of Evidence/Policy briefs developed	6	8	14	21
				No. of new trademarks/patents/copyrights filed	N/A	4	4	4
				No. of Natural Products developed	4	4	4	4
				No. of research projects completed	N/A	70	77	87
				No. of commercializable Innovations Advanced to Prototype	1	3	3	3
				No. of specialized laboratory tests undertaken	1,100,000	1,320,000	1,540,000	1,760,000

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				No. of Scientific & Health Conferences Organized	2	2	2	2
				No. of PhD's Students graduated	9	11	18	25
				No. of Masters Students graduated	13	15	30	50
				No. of research Abstracts presented in Scientific Conferences	200	N/A	N/A	N/A
				No. of New research proposals approved	198	N/A	N/A	N/A
				No. of ongoing Research Projects	500	N/A	N/A	N/A
				No. of products/Diagnostic kits produced	145,500	N/A	N/A	N/A
				No of partnerships and collaborations	86	N/A	N/A	N/A
				No. of New MOUs signed	3	N/A	N/A	N/A
				Completion rate	100	N/A	N/A	N/A
Programme 4: General Administration, Planning and Support Services	4.1 General Administration	Strengthen Governance and Leadership in the State Department	Coordination of support services	No. of workplace policies developed and implemented	5	5	5	5
				Proportion of complaints addressed within 21 days from lodge	100	100	100	100
				Client satisfaction index	80	80	90	95
			ICT networking and equipment provided	Ratio of staff to functional computers/laptops	2:1	1:1	1:1	1:1
				Proportion of offices with functional LAN and WAN	50	75	100	100
			Capacity building of health care workers	No. of health care workers recruited	146	34	54	60
				% of in-post employees trained	15	22	33	55
			Kenya Health Sector directors	Proportion recommendations implemented	100	100	100	100

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
	SP4.2: Financing, planning, Monitoring and Evaluation		caucus operationalized					
			Regional and International health governance fora facilitated	Proportion of Resolution implemented	100	100	100	100
			Health statistics published	No. of publications on Medically Certified Cause of Death (MCCoD) statistics	2	2	2	2
				Publish annual health statistics	1	1	1	1
			Financial services improved	PPR, PBB & Sub-Sector Report prepared and submitted	1	1	1	1
				No. of Quarterly Budget Reports prepared and submitted	4	4	4	4
			Coordination of national development	No. of policy briefs prepared	4	6	6	6
				No. of reports for capital projects monitored for progress	4	4	4	4
				No. of Counties trained on planning, budgeting and M&E	47	47	47	47
				No. of SAGAs and regulatory bodies sensitized on planning, budgeting and M & E	15	15	15	15
	SP4.3 Social Protection in Health		Facility Improvement Fund (FIF) Guideline	No. of Counties sensitized on FIF guideline.	47	47	47	47
				No. of Counties implementing FIF fully.	47	47	47	47
			National resource mapped, tracked, and transition readiness from external aid, and DRM	Proportion of Transition and Sustainability Plans progressively financed through domestic resources by directorates, programs and SAGAs	10	15	25	50

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
			sustainability strategies					
			Health care workers Capacity built	No. of health care providers trained in health care financing and strategic purchasing for health care services	100	200	340	400
			Healthcare services for Level 1 - 6 Costed	Proportion Costing of Healthcare services done for Levels 1 - 6	25	25	50	100
			Health Technology Assessment in Kenya Operationalized and Institutionalized	Proportion of assessments conducted of topics selected by the selection working group towards the updating of the Essential Benefits Package	100	100	100	100
			Kenya Household and Health Expenditure and Utilization Survey	Kenya Household and Health Expenditure and Utilization Survey conducted	1	N/A	N/A	N/A
			Essential Benefits Package (EBP) and Tariffs Reviewed and operationalized	The Essential Benefit Package reviewed and operationalized	1	1	1	1
			Financial barriers to access to healthcare Reduced	No. of indigent households accessing healthcare through HISP.	67,377	354,760	496,664	670,178
				Households of elderly & Persons with severe disabilities covered.	14,205	82,320	115,248	149,822
				No. of indigent members covered under taifa care	1,510,000	2,000,000	3,000,000	3,500,000

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS								
Programme 1: Preventive and Promotive Health Services	Sub-Programme 1.1: Communicable disease control	Programme Outcome: Reduced disease burden due to preventable causes	TB, Leprosy and lung health control services.	No. of TB cases notified (All forms)	98,038	94,903	90,123	86,123
				No. of MDR-TB cases notified	1068	1041	1001	974
				Proportion of successfully treated TB cases (all forms of TB)	95	100	100	100
				Proportion of Multi drug resistant TB successfully treated	95	100	100	100
				No. of people in contact with TB patients who began preventive therapy treatment	116,613	136,276	148,858	160,858
				No. of Facilities offering integrated TB and lung diseases services	500	1495	996	998
				Proportion of successfully treated Leprosy cases (all forms)	100	100	100	100
		Malaria promotive, preventive and curative services.		No. of Artemisinin Combination Therapy (ACTs) doses distributed to public health facilities (millions)	5	5.0	4.9	4.9
				Malaria incidence per thousand population	73	58	42	31
				Proportion of suspected cases tested	100	100	100	100

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
Sub-Programme 1.2: Disease Surveillance and Epidemic Response				Proportion of Confirmed Malaria Cases treated	100	100	100	100
				No. of Routine Long Lasting Insecticidal Nets distributed (in millions)	1.9	2.0	2.1	2.2
				Disease surveillance and response services	Non-Polio Acute Flaccid Paralysis Detection rate (NPAFP) per 100,000	2.5	3	3
				No. of counties supported to establish functional Community Events-Based Surveillance systems (CEBS)	11	10	7	N/A
				No. of hospitals supported to establish Functional Events Based Reporting System	50	50	50	50
				Proportion of public health events outbreaks detected, investigated and responded to	100	100	100	100
				Public Health Emergency services	No. of County PHEOC staff trained on Rapid Response Teams	125	125	125
					No. of national and county Public Health Emergency Responders trained in Public Health Emergencies Management	50	50	50
					No. of Counties supported to establish	29	33	37
								41

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				Functional Public Health Emergency Operation Centre				
				Proportion of Public Health Emergencies responded to.	100	100	100	100
			Health Care workers trained on epidemiology services.	No. of Health care trained on Field Epidemiology	50	70	85	100
			Vector Borne & neglected tropical diseases treatment services	No. of trachoma endemic counties supported to treat trachoma	5	5	N/A	N/A
				Proportion of the targeted counties supported on Bilharzia control	100	100	100	100
				Proportion of the targeted counties supported on intestinal worms' control	100	100	100	100
				No. of a Lymphatic Filariasis endemic counties supported to conduct post mass drug administration assessment III	6	5	5	3
			Zoonotic diseases surveillance services of diseases	No. of additional Counties supported to establish One Health Units (COHU)	4	4	4	4
			Food safety services	No. of County Public Health officers capacity-built on Kenya School meals, Food Safety and Quality	N/A	120	200	200

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
			National laboratory services	No. of certified laboratories in the Laboratory Continuous Quality Improvement (LCQI) program	6	16	16	16
				No. of Medical Laboratories supported to participate in AMR surveillance	5	5	5	10
				No. of Medical Laboratories supported to conduct Molecular Testing for Priority Diseases	1	2	6	6
				No. of medical laboratories supported to successfully exchange standardized health data	5	16	16	16
				Proportion of sequencing conducted on outbreak and referral specimens	100	100	100	100
			Health emergency and disaster preparedness and response services	No. of counties supported to establish functional emergency and disaster committees	40	43	45	47
				No. of health workers trained on joint emergency services and structured approach to major incidents	104	208	400	600
				Functional Emergency response and ambulance coordination center established	N/A	1	N/A	N/A

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
	Sub-Programme 1.3: Public Health Services			No. of Health workers trained on nuclear, biological and chemical incidents	104	235	400	600
				Standards for ambulance accreditation developed	N/A	1	1	N/A
				No. of health workers trained on post-crash response	N/A	5,000	8,000	10,000
				No. of motorcycle riders trained on post-crash response	N/A	20,000	40,000	60,000
			Sanitation and hygiene services	Proportion of Villages certified as open defecation free	15	20	25	30
				Proportion of population accessing safely managed sanitation facilities	25	30	35	40
			Waste management and climate change mitigation services	No. of health facilities with installed and compliant waste treatment equipment	6	8	10	12
				No. of Centers of excellence for research evidence translation established	2	3	4	5
				No. of health workers capacity built on climate change and health	30	40	50	60
				No. of counties implementing Epuka Uchafu, Afya Nyumbani initiative	8	9	10	12

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
			Occupational Health and Safety standards	No. of healthcare workers capacity on occupational health and safety standards	200	350	350	350
			Vector and vermin infestations control services	No. of POEs capacity built to undertake vector and vermin control services	3	5	7	10
			Tobacco control and enforcement services.	No. of Enforcement officers trained on tobacco control and enforcement	100	100	100	100
				No. of Tobacco Control Advisories issued	10	12	14	18
			Drugs and substance abuse control services.	No. of the county Tobacco control Focal points Capacity built	15	15	15	15
				No. of multisectoral POEs staff capacity built	50	50	50	50
			Malnutrition prevention & Nutrition promotion services.	No. of awareness campaigns conducted	56	60	65	70
				No. of stakeholders' engagement events conducted	22	25	25	25
			Malnutrition prevention & Nutrition promotion services.	Number of new treatment and rehabilitation centers established	2	2	3	3
				Proportion of children 6-59 months who received 2 doses of Vitamin A Supplementation (VAS)	80	82	84	86
				No. of children 6-23 months receiving	10,000	10,000	10,000	10,000

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				Micronutrient Powders (MNPS)				
				No. of healthcare workers trained on high impact nutrition interventions	2500	2500	2500	2500
				Treatment cure rate of acutely malnourished children 6-59 months	83%	84%	85%	85%
				Treatment cure rate of moderate acute malnourished children 6-59 months	85	85	85	85
				Treatment cure rate of acutely malnourished pregnant and lactating women	90	92	93	94
				% of eligible patients who received specialized feeds (parenteral and enteral)	100	100	100	100
				No. of guidelines developed	3	3	3	3
				Mental health and Mental Wellness services	No. of TOTs in counties trained on Mental health and Mental Wellness services	35	70	105
				Port health services.	Proportion of travellers screened for notifiable diseases	100	100	100
					Proportion of travellers issued with vaccination certificates as per travel requirements	100	100	100
					Proportion of consignments processed	100	100	100

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29	
	Sub-Programme 1.4: Radiation Safety and Nuclear Security		Nuclear and radiation safety, and security services.	as per health requirements at POEs					
				Proportion of conveyances inspected and issued with disinfection certificates	100	100	100	100	
				No. of radiation protection, nuclear safety, nuclear security and nuclear safe guards regulations developed	8	7	7	7	
				Proportion of category I and II radiation facilities complying with physical protection measures	100	100	100	100	
				% of compliant radiation facilities	100	100	100	100	
	Sub-Programme 1.5: Primary Health Care		Primary health services	% of environmental radiological mapping and characterization of High Background Radiation Areas	100	100	100	100	
				Cumulative % of construction of radiation and associated laboratories	N/A	40	70	100	
				Cumulative No. of functional primary care networks (PCNs)	268	315	-	-	
				No. of MDTs Trained on PHC implementation	50	90	90	85	
				No. of PCNs offered TA on integrated implementation of PHC	50	100	100	65	
				PHC Strategic Plan developed	1	-	-	-	

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
	Sub-Programme 1.6: Health Promotion and Education			No. of CHPs facilitated with stipend	107,831	107,831	107,831	107,831
				No. of CHP Kits distributed	107,831	100,000	N/A	7,831
				No of Mobile Phones to support CHIS distributed	7831	100,000	N/A	7,831
				No of Household supported by CHPs (in Millions)	8.9	10.8	12.5	12.6
			Ante-natal, post-natal and early-childhood health services	% of women receiving postnatal care within 48 hours.	78	80	82	85
				No. of children immunized with three doses of pentavalent vaccine.	0	3,400,000	4,400,000	5,400,000
				% of pregnant women attending 4 or more ANC visits.	54	58	62	66
				Proportion of children under 5 with diarrhea treated with zinc/Oral Rehydration Salts (ORS) Co-pack.	57.7	62	66	70
			Health promotion and education services.	No. of health promotion and advocacy policies, strategies and guidelines developed	2	1	1	1
				% of MOH 719 Call Centre operationalized	70	100	N/A	N/A
				No. of IEC materials disseminated	60	60	60	60
				No. of counties supported to establish Health Promotion	8	12	14	14

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
Programme 2: Health resource development and innovation	Sub-Programme 2.1: Capacity Building and Training	Programme Outcome: Enhanced health human resources for quality healthcare	School health services.	Advisory Committees (HPACs)				
				No. of county staff capacity built on health promotion	124	60	60	60
				Kenya School Health Policy 2025-2030 Developed	1	0	0	0
				No. of School health Modules completed	5	10	15	25
				No. of CHMT's technically supported to implement school health initiatives	10	20	32	47
			Capacity development and training services - KMTC	National School Health Activity Register developed	1	N/A	N/A	N/A
				No of students enrolled	30,000	31,000	32,000	33,000
				Proportion of admitted students who graduate	85.7	100	100	100
				No of staff recruited	900	200	200	200
				No. of evidence based policies developed	9	10	10	10
			KHATF operationalized	No of Skills Labs Equipped	N/A	10	10	10
				No. of frameworks developed	N/A	3	2	-
				No. of healthcare workers supported to undertake further studies	N/A	N/A	5	10
	Sub-Programme 2.2: Research and	Primate research and innovation services		No. of peer reviewed scientific publications produced	20	20	20	25

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
Programme 2.3: Innovation on Health	innovation on Health			No. of people trained on biomedical knowledge and skills	100	110	110	120
				No. of candidate drugs and vaccines tested	6	6	6	6
				No. of bacteriophages (phages) isolated for treatment of multidrug resistant bacteria	3	3	3	3
				No. of samples tested at wildlife, human and livestock interface for zoonosis tested	300	300	300	350
			Snakebite rescue & intervention services	No. of victims successfully rescued from snake bites	350	350	350	400
				No. of snake venom profiled for anti-venom development	4	4	4	4
				No. of anti-venom generated for preclinical testing	2	2	2	2
			Intergovernmental health relations and Research services.	No. of health sector intergovernmental forums held	4	4	4	4
				No. of Local partnerships memoranda and agreements signed	5	1	1	1
				Proportion of resolutions from IGF implemented	100	100	100	100
			International Health Relations Services	No. of treaties signed	1	2	3	4
				No. of International memoranda and agreements	6	8	10	12

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				Proportion of travel clearances processed	100	100	100	100
			Research Development co-ordination services	No. of Public Health Research completed	N/A	1	1	1
Programme 3: Health Policy Standards and Regulations	Sub-Programme 3.1: Health Standards and Quality	Programme Outcome: Strengthened quality health standards and regulations	Health Professionals regulatory services (KHPOA).	% of health facilities inspected for compliance to professional norms and standards	25	25	30	35
				No. of Health professional training institutions assessed for compliance to norms and standards of training	160	170	180	190
				No. of previous unregulated health professionals registered	2,000	2000	2000	2000
				No. of Scopes of Practice for previously unregulated health professional cadres developed	7	6	5	5
				% of complaints and disputes received and processed	100	100	100	100
				No. of health regulatory framework developed	N/A	N/A	1	N/A
			Health Professionals management and advisory services (KHHRAC)	No. of HRH data Guidelines Developed	N/A	1	1	1
				No. of health workers Capacity built on HRH data management and national health accounts (NHWA)	150	150	150	150

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				No. of Healthcare Providers' Frameworks Developed	2	2	3	2
				% of health workforce information system developed	25	50	75	100
			Health Professionals (medical practitioners, dentists, COHOs) Regulatory services.	No. of Medical and Dental Officer Interns placed	1,240	1,300	1,400	1,550
				No. of new Medical, Dental and Community Oral Health Officers practitioners registered.	566	1,000	1,100	1,200
				No. of Medical, Dental and Community Oral Health Officers practitioners licensed.	12,978	14,000	15,200	16,400
				No. of health facilities licensed.	14,860	15,000	15,600	16,100
				No. of compliance inspections carried out	7,156	8,000	8,700	9,400
				Proportion of medical, dental internship and specialist training centers inspected.	100	100	100	100
				No. of new Continuous Professional Development (CPD) providers accredited.	19	21	24	28
			Health Professionals (Nurses) regulatory services	No. of nurses and midwives newly registered	6,600	6,800	7,000	9,400
				No. of eligible candidates examined	12,500	13,000	13,500	14,000
				No. of eligible candidates Indexed	13,000	14,000	15,000	15,500

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				% of nurses and midwives licensed	60	65	70	75
			Compliance audits on Nurses training institutions	Proportion of nurses training institutions audited for compliance	100	100	100	100
				Proportion of health facilities audited for compliance	100	100	100	100
			Health Professionals (Clinical Officers) regulatory services	No. of Clinical Officers trainees Indexed	3500	3600	3700	3800
				No. of Clinical Officers Registered	3100	3200	3300	3400
				No. of Clinical Officers Licensed	21000	22000	23000	24000
			Public Health Professionals regulatory services	No. of Public Health Professionals licensed	3900	4000	4100	4100
				No. of Health facilities inspected	50	70	100	120
				No. of Training institutions inspected	7	8	9	10
				No. of new Continuous Professional Development (CPD) providers accredited.	2	5	7	10
			Health Professionals (Counselors and Psychologists) regulatory services for	No. of counselors and psychologists indexed	2000	2500	3000	3500
				No. of counselors and psychologists Registered	7000	8000	8500	10000
				No. of counselors and psychologists licensed	4,000	5,500	6,500	8,500
				No. of clinical facilities licensed to offer counselling and psychological services	20	90	100	100

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				No. of counsellors and psychologists training institutions inspected	25	20	100	100
				No. of training Institutions Accredited	5	7	8	10
				Strategic Plan Developed	1	N/A	N/A	N/A
		Health Professionals (Occupational therapists) regulatory services for Occupational Therapy		No. of occupational therapy students indexed	50	65	90	110
				No. of clinical facilities licensed	5	20	30	40
				No. of training institutions offering occupational therapy services inspected	4	4	4	4
				No. of Occupational Therapists licensed	700	1000	1200	1500
				No. of new Continuous Professional Development (CPD) providers accredited	10	15	18	20
		Health Professionals (Physiotherapists) regulatory services.		No. of physiotherapy facilities inspected	230	340	450	600
				No. of physiotherapy practitioners licensed	2000	2250	2600	2850
				No. of policies developed	3	3	3	3
		HPTs Quality control and assurance services		Proportion of medical drugs tested for quality, safety of the citizens	100	100	100	100
				Proportion of medical devices tested for quality, safety of the citizens.	100	100	100	100
				% completion of laboratory construction	N/A	30	40	30

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				No. of research samples done	100	120	120	150
			Health Professionals (Health Records and information managers) regulatory services	No. of training institutions accredited	12	14	16	18
				No. of HRIM professionals licensed	3700	4000	4200	4400
				No. of policy documents developed	2	2	2	2
			Health professionals (Pharmacists) and HPTs regulatory services	No. of new products registered	7000	7500	8000	8500
				No. of Pharmacists and pharmaceutical technologists licensed	1000	1000	1000	100
				No. of Joint Market Surveillance and Regulatory inspections done	40	40	40	40
				No. of new clinical trials approved.	50	50	50	50
				No. of pharmaceuticals import and export permits approved.	10000	11000	11000	12000
			Health professionals' (Laboratory Technicians and Technologists) regulatory services	No. of medical laboratory science students indexed	1750	1800	1850	1900
				No. of eligible candidates examined for MLS licensure examination.	1050	2050	2100	2150
				No. of Medical Lab Technologists registered	1450	1500	1550	1600
				No. of MLS licenses issued	16100	16200	16300	16500
				No. of labs registered	5500	5600	5700	5800

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
	Sub-Programme 3.2: Health Policy and Regulations		Health policy, regulatory and quality assurance services.	No. of health norms and standards developed	2	2	2	2
				No. of counties trained on e-KQMH Standards	15	20	25	30
				No. of Public Health Policies developed.	2	2	2	2
				No. of public health legislations reviewed	2	3	3	3
			Strengthened community responses and systems	% development of Systems readiness index for CHPs	70	80	90	100
			Completeness of reporting in the KHIS	% of Health Facilities submitting reports in the KHIS	100	100	100	100
Programme 4: General Administration, Planning and Support Services	Sub-Programme 4.1: General Administration and Human Resource management and development	Programme Outcome: Effective governance and administration strengthened	General administration services	No of CCTV Cameras installed	50	50	50	N/A
				No. of staff sensitized on HIV Prevention, citizen service delivery charter/process; public complaints, gender mainstreaming, National values and principles governance, resolution corruption prevention	750	800	850	900
				No. of floors constructed to enhance office accommodation	1	1	N/A	N/A
				National Gender mainstreaming workplace policy Customized	1	N/A	N/A	N/A
				Gender mainstreaming Policy Implemented	N/A	100	100	100

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
			Records Management Services	No. of Records management Policies developed	1	-	-	-
				No. of Records Retention and Disposal schedule manual developed	1	-	-	-
				% Digitalization of Departmental records	20	20	20	20
			Disability Mainstreaming services	No. of Disability Mainstreaming Action Plans developed	1	N/A	N/A	N/A
				No. of Disability Mainstreaming guidelines developed.	1	2	2	2
				No. of dissemination forums for the Disability Mainstreaming Guidelines conducted	10	20	20	20
				No. of disability surveys conducted	2	2	2	2
				No. of staff at National and county capacity built on disability mainstreaming	100	230	300	400
				% improvement of Infrastructure for inclusion of PWDs at MOH Headquarters.	20	40	60	100
				No. Monitoring and Evaluation on disability initiatives done	2	2	2	2
			ICT Services	No. of Information Communication Technology (ICT) Systems deployed	1	2	2	2

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				Workplace Digitalization and Automation Strategy developed	1	1	N/A	N/A
				Human resources management services	No. of health care Professional interns engaged	6484	3566	3890
				No. of Health workers trained	55	60	65	
				No. of regular staff trained	65	70	80	
				Public Communication Services	No. of press releases, media briefings, media engagements, official statements and social media/ website posts issued	25	28	40
				No. of articles /photos/videos published	18	30	35	
				Supply chain management services	List of Registered Suppliers updated	1	1	1
					Annual Procurement Plan developed	1	1	1
					Asset register updated	1	1	1
					% of obsolete/surplus assets disposed	100	100	100
	Sub-Programme 4.2: Financing and planning		Financial management services	Absorption Rate determined	100	100	100	100
				No. of budget reports submitted	4	4	4	4
				Institutional Risk Management Policy Framework developed	1	1	1	1
				No. of tax exemption applications processed	530	532	535	537

PROGRAMME	SUB-PROGRAMME	EXPECTED OUTCOME	KEY OUTPUTS	KEY PERFORMANCE INDICATORS	TARGET (BASELINE) 2025/26	TARGET 2026/27	TARGET 2027/28	TARGET 2028/29
				No. of sensitization forum held	3	3	3	3
				Planning and M&E services.	No. of monitoring and evaluations on capital projects carried out.	3	4	5
				No. of officers trained on planning, budgeting and M&E	50	100	100	100
				No. of surveys conducted	1	1	1	1

3.1.3. Programmes by Order of Ranking

The eight programmes in the sector are prioritized according to the following criteria:

- i. Contribution to BETA and MTP IV priorities;
- ii. Completion of ongoing and stalled projects;
- iii. Job creation, poverty reduction and core mandate of the State Department and SAGAs under it.
- iv. Climate change mitigation and adaptation;
- v. Cost-effectiveness, efficiency and sustainability; and
- vi. Constitutional, Presidential and Cabinet directives.

a) State Department of Medical Services

- i. National Referral and Specialized Services
- ii. Curative and Reproductive, Maternal, Neo-natal, Child and Adolescent Health (RMNCAH) Services
- iii. Health Research and Innovation
- iv. General Administration

b) State Department of Public Health and Professional Standards

- i. Preventive and promotive Health services.
- ii. Health resource development and innovation.
- iii. Health Policy standards and regulations; and
- iv. General Administration.

Resource Allocation Criteria

The following will be considered during the allocation of resources to the various programmes:

a) Recurrent Expenditure

1. Provide personnel emoluments for staff as supported by IPPD and employer statutory contributions;
2. Recruitments with prior approval from The National Treasury and other relevant approvals;
3. Utilities and mandatory expenditures;
4. Provide for pending bills;
5. MTP IV and BETA priorities;
6. Presidential directives;

7. Use of good and services supported by service provision agreements, demand notes and documentary evidence of past trends;
8. Conditional and unconditional grants;
9. Court awards; and
10. Signed CBAs.

b) Development Expenditure- rank

1. Provide funding for the MTP IV and Bottom-Up Economic Transformation Agenda;
2. Strategic Interventions/Flagship/Legacy projects;
3. Counterpart funding;
4. On-going projects nearing completion
5. Stalled projects;
6. Pending Bills;
7. Constitutional provisions;
8. New projects with Treasury Approval and;
9. Align Intergovernmental Participatory Agreement for projects in the counties.
10. Presidential directives;

3.2 Analysis of Sector and Subsector Resource Requirements/Allocations (KSh. Million)

The analyses are provided in the tables below.

Table 3.1.3: Sector Recurrent Requirements/Allocations (KSh. Million)

Vote Details	Approved Estimates	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
Gross	110,608.28	461,509.60	488,981.09	541,993.26	133,888.79	156,938.51	164,145.22
AIA	35,829.98	147,150.38	159,046.52	171,959.21	53,527.62	55,291.83	57,079.42
NET	74,778.30	314,359.22	329,934.56	370,034.05	80,361.17	101,646.68	107,065.80
Compensation	15,388.20	25,302.87	26,358.34	27,841.15	20,180.17	23,332.31	23,489.00
Transfers	93,628.82	409,599.66	441,799.94	482,001.38	112,043.21	131,829.44	138,789.53
Other Recurrent	1,591.26	26,607.07	20,822.80	32,150.73	1,665.41	1,776.76	1,866.68
Of Which							
<i>Utilities</i>	128.79	163.55	179.91	197.90	128.79	129.01	129.24
<i>Rent</i>	6.97	7.67	8.43	9.28	6.97	6.97	6.97
<i>Insurance</i>	-	692.28	692.28	692.28	-	-	-
<i>Subsidies</i>	-	-	-	-	-	-	-

Vote Details	Approved Estimates	Requirement			Allocation			
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
<i>Gratuity</i>	-	-	-	-	-	-	-	-
<i>Contracted Guards & Cleaners Services</i>	63.18	69.50	76.45	84.09	63.18	63.18	63.18	63.18
<i>Others</i>	1,392.32	25,674.07	19,865.73	31,167.18	1,466.47	1,577.60	1,667.29	
TOTAL VOTE	110,608.28	461,509.60	488,981.09	541,993.26	133,888.79	156,938.51	164,145.22	

Table 3.1.3a: SDMS Recurrent Requirements/Allocations (KSh. Million)

Vote Details	Approved Estimates	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
1082 - SDMS	2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Gross	84,017.29	393,776.97	429,947.12	469,453.77	106,189.28	124,110.61	129,156.39
AIA	26,812.68	137,374.10	148,766.11	161,225.53	43,751.34	45,011.42	46,345.73
NET	57,204.61	256,402.87	281,181.00	308,228.25	62,437.94	79,099.19	82,810.66
Compensation	9,243.50	12,168.40	13,185.24	14,303.76	12,081.44	12,175.58	12,272.54
Transfers	73,876.95	377,264.15	412,047.22	450,241.12	93,201.27	110,984.74	115,914.65
Other Recurrent	896.84	4,344.42	4,714.65	4,908.90	906.57	950.29	969.20
Of Which							
<i>Utilities</i>	123.24	135.56	149.12	164.03	123.24	123.24	123.24
<i>Rent</i>	6.97	7.67	8.43	9.28	6.97	6.97	6.97
<i>Insurance</i>	-	-	-	-	-	-	-
<i>Subsidies</i>	-	-	-	-	-	-	-
<i>Gratuity</i>	-	-	-	-	-	-	-
<i>Contracted Guards & Cleaners Services</i>	63.18	69.50	76.45	84.09	63.18	63.18	63.18
<i>Others</i>	703.45	4,131.69	4,480.65	4,651.49	713.18	756.90	775.81
TOTAL VOTE	84,017.29	393,776.97	429,947.12	469,453.77	106,189.28	124,110.61	129,156.39

Table 3.1.3b: SDPHPS Recurrent Requirements/Allocations (KSh. Million)

Vote Details	Approved Estimates	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
1083 - SDPH&PS							
Gross	26,590.99	67,732.62	59,033.97	72,539.48	27,699.51	32,827.90	34,988.82

Vote Details	Approved Estimates	Requirement			Allocation			
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
1083 - SDPH&PS								
AIA	9,017.30	9,776.28	10,280.41	10,733.68	9,776.28	10,280.41	10,733.68	
NET	17,573.69	57,956.34	48,753.56	61,805.80	17,923.23	22,547.49	24,255.14	
Compensation	6,144.70	13,134.47	13,173.10	13,537.39	8,098.73	11,156.73	11,216.46	
Transfers	19,751.87	32,335.51	29,752.72	31,760.26	18,841.94	20,844.69	22,874.88	
Other Recurrent	694.42	22,262.65	16,108.15	27,241.83	758.84	826.47	897.48	
Of Which								
<i>Utilities</i>	5.55	27.99	30.79	33.87	5.55	5.77	6.00	
<i>Rent</i>	-	-	-	-	-	-	-	
<i>Insurance</i>	-	692.28	692.28	692.28	-	-	-	
<i>Subsidies</i>	-	-	-	-	-	-	-	
<i>Gratuity</i>	-	-	-	-	-	-	-	
<i>Contracted Guards & Cleaners Services</i>	-	-	-	-	-	-	-	
<i>Others</i>	688.87	21,542.38	15,385.08	26,515.69	753.29	820.70	891.48	
TOTAL VOTE	26,590.99	67,732.62	59,033.97	72,539.48	27,699.51	32,827.90	34,988.82	

Table 3.1.4: Sector & Sub-Sector Development Requirements/Allocations (KSh. Million)

Sector: Health Sector

Vote: 1082 & 1083

Table 3.1.4: Sector Development Requirements/Allocations (KSh. Million)

Description	Approved Budget Allocation	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
Gross	27,497.19	150,565.44	108,454.98	94,809.12	30,954.14	40,438.28	38,980.28
GOK	9,868.19	120,929.75	84,113.53	79,816.52	14,245.79	19,480.65	25,082.30
Loans	5,601.00	15,326.35	10,936.34	8,098.00	5,980.00	11,154.63	8,309.98
Grants	12,028.00	14,309.34	13,405.11	6,894.60	10,728.35	9,803.00	5,588.00
Local AIA	-	-	-	-	-	-	-
Other Recurrent	-	-	-	-	-	-	-
TOTAL DEVELOPMENT	27,497.19	150,565.44	108,454.98	94,809.12	30,954.14	40,438.28	38,980.28

Table 3.1.4a: SDMS Development Requirements/Allocations (KSh. Million)

Description	Approved Budget Allocation	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
Gross	21,936.00	106,132.88	63,699.54	51,952.59	26,349.03	27,427.65	24,681.30
GOK	6,895.00	91,256.68	52,812.20	46,457.99	11,473.03	16,540.65	19,187.30
Loans	5,601.00	4,880.00	2,178.34	700.00	4,880.00	2,178.00	700.00
Grants	9,440.00	9,996.20	8,709.00	4,794.60	9,996.00	8,709.00	4,794.00
Local AIA							
Other Recurrent							
TOTAL DEVELOPMENT	21,936.00	106,132.88	63,699.54	51,952.59	26,349.03	27,427.65	24,681.30

Table 3.1.4b: SDPHPS Development Requirements/Allocations (KSh. Million)

Description	Approved Budget Allocation	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
Gross	5,561.19	44,432.56	44,755.44	42,856.53	4,605.11	13,010.63	14,298.98
GOK	2,973.19	29,673.07	31,301.33	33,358.53	2,772.76	2,940.00	5,895.00
Loans	-	10,446.35	8,758.00	7,398.00	1,100.00	8,976.63	7,609.98
Grants	2,588.00	4,313.14	4,696.11	2,100.00	732.35	1,094.00	794.00

Description	Approved Budget Allocation	Requirement			Allocation			
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Local AIA								
Other Recurrent								
TOTAL DEVELOPMENT	5,561.19	44,432.56	44,755.44	42,856.53	4,605.11	13,010.63	14,298.98	

Table 3.1.5a: Analysis of Programmes and Sub-Programmes (Current and Capital) Resource Requirements (KSh. Million)

Sub-sector: State Department for Medical Services

Vote: 1082

Programmes	Approved Budget			Projection (Requirement)								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme:1 National Referral & Specialized Services												
Sub-Programme 1.1: National Referral Health Services	43,168.00	1,893.00	45,061.00	67,079.55	18,696.50	85,776.05	72,399.18	8,249.50	80,648.68	78,125.71	4,076.19	82,201.89
Sub-Programme 1.4: Health Infrastructure Equipment	-	3,156.00	3,156.00	-	47,275.00	47,275.00	-	13,413.00	13,413.00	-	10,000.00	10,000.00
Sub-Programme 1.5: National Blood Transfusion Services	253.00	300.00	553.00	2,998.60	1,000.00	3,998.60	3,298.46	1,000.00	4,298.46	3,628.31	1,000.00	4,628.31
Sub-Programme 1.6: Health Products & Technologies	5,248.00	1,100.00	6,348.00	21,388.59	1,100.00	22,488.59	21,542.23	1,100.00	22,642.23	21,899.80	700.00	22,599.80
Total Programme: 1 National Referral & Specialized Services	48,669.00	6,449.00	55,118.00	91,466.74	68,071.50	159,538.24	97,239.87	23,762.50	121,002.37	103,653.82	15,776.19	119,430.00

Programmes	Approved Budget			Projection (Requirement)								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme 2: Curative & Reproductive Maternal New Born Child Adolescent Health												
Sub-Programme 2.1: Communicable diseases control	1,226.00	3,190.00	4,416.00	1,665.40	4,542.20	6,207.60	1,811.94	5,115.00	6,926.94	1,965.73	5,715.00	7,680.73
Sub-Programme 2.2: Non-Communicable Disease & Prevention Control	303.00	1,000.00	1,303.00	2,011.38	2,600.00	4,611.38	2,665.65	4,678.34	7,343.99	3,457.89	2,800.00	6,257.89
Sub-Programme 2.3: Reproductive Maternal & New Born	39.00	6,250.00	6,289.00	312.60	12,061.50	12,374.10	405.26	11,730.70	12,135.96	271.99	7,840.40	8,112.39
Sub-Programme 2.4: Immunization Management	66.00	4,827.00	4,893.00	72.60	6,412.00	6,484.60	79.86	6,435.00	6,514.86	87.85	7,228.00	7,315.85
Total for Programme: 2 Curative & Reproductive Maternal New Born Child Adolescent Health	1,634.00	15,267.00	16,901.00	4,061.98	25,615.70	29,677.68	4,962.71	27,959.04	32,921.75	5,783.46	23,583.40	29,366.86
Programme 3: Health Research & Innovations												

Programmes	Approved Budget			Projection (Requirement)								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Sub- Programme 3.1: Medical Research	253.00	100.00	353.00	579.14	3,350.00	3,929.14	619.09	3,450.00	4,069.09	662.73	3,450.00	4,112.73
Sub- Programme 3.2: Health Innovations	2,689.00	120.00	2,809.00	4,573.00	5,095.68	9,668.68	4,919.73	4,528.00	9,447.73	5,286.73	5,143.00	10,429.73
Total for Programme: 3 Health Research & Innovations	2,942.00	220.00	3,162.00	5,152.14	8,445.68	13,597.82	5,538.82	7,978.00	13,516.82	5,949.46	8,593.00	14,542.46
Programme 4: General Administration												
Sub- Programme 4.1: General administration Human resource management and development	2,723.00	-	2,723.00	2,995.30	-	2,995.30	3,294.83	-	3,294.83	3,624.31	-	3,624.31
Sub- Programme 4.2: Finance and Planning	62.00	-	62.00	68.20	-	68.20	75.02	-	75.02	82.52	-	82.52
Sub- Programme 4.3: Social Protection in Health	27,987.00	-	27,987.00	290,032.61	4,000.00	294,032.61	318,835.87	4,000.00	322,835.87	350,360.20	4,000.00	354,360.20
Total for Programme: 4 General	30,772.00	-	30,772.00	293,096.11	4,000.00	297,096.11	322,205.72	4,000.00	326,205.72	354,067.04	4,000.00	358,067.04

Programmes	Approved Budget			Projection (Requirement)								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Administration and Human Resource Management												
TOTAL VOTE 1082	84,017.00	21,936.00	105,953.00	393,776.97	106,132.88	499,909.85	429,947.12	63,699.54	493,646.66	469,453.77	51,952.59	521,406.36

Table 3.1.5b: Analysis of Programmes and Sub-Programmes (Current and Capital) Resource Requirements (KSh. Million)

Sub-sector: State Department for Public Health and Professional Standards

Vote: 1083

Programmes	Approved Budget			Projection (Requirement)								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme:1 Preventive and Promotive Health Services												
Sub-Programme 1.1: Communicable diseases control	198.18	3,010.69	3,208.87	561.06	21,600.07	22,161.13	582.95	23,948.18	24,531.13	603.61	22,495.92	23,099.53
Sub-Programme 1.2: Disease surveillance and response	603.56	-	603.56	6,263.50	600.00	6,863.50	6,032.42	1,590.00	7,622.42	8,300.63	400.00	8,700.63
Sub-Programme 1.3: Public	1,376.09	-	1,376.09	3,393.57	3,383.14	6,776.71	3,822.32	4,670.63	8,492.95	4,896.36	2,660.63	7,556.99

Programmes	Approved Budget			Projection (Requirement)								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Health Services												
Sub-Programme 1.4: Radiation safety and nuclear security	199.18	-	199.18	328.00	370.00	698.00	343.00	100.00	443.00	366.00	1,850.00	2,216.00
Sub-Programme 1.5: Primary Health Care	3,425.95	1,335.50	4,761.45	16,391.40	10,916.35	27,307.75	9,734.52	9,253.63	18,988.15	17,629.77	7,893.98	25,523.75
Total Programme: 1 Preventive and Promotive Health Services	5,802.96	4,346.19	10,149.15	26,937.53	36,869.56	63,807.09	20,515.21	39,562.44	60,077.65	31,796.37	35,300.53	67,096.90
Programme 2: Health Resource Development and Innovation												
Sub-Programme 2.1: Capacity building and training (Preservice and In-service training)	8,855.72	865.00	9,720.72	17,009.00	3,148.00	20,157.00	14,984.00	1,768.00	16,752.00	15,782.00	1,868.00	17,650.00
Sub-Programme 2.2: Research and Innovation on health	580.40	300.00	880.40	1,355.64	900.00	2,255.64	1,355.64	1,200.00	2,555.64	1,423.42	3,477.50	4,900.92

Programmes	Approved Budget			Projection (Requirement)								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Sub- Programme 2.3: Health Profession Services	4,549.39	-	4,549.39	12,227.70	-	12,227.70	12,872.68	-	12,872.68	13,531.10	-	13,531.10
Total for Programme: 2 Health Resource Development and Innovation	13,985.51	1,165.00	15,150.51	30,592.33	4,048.00	34,640.33	29,212.31	2,968.00	32,180.31	30,736.52	5,345.50	36,082.02
Programme 3: Health Policy, Standards and Regulations												
Sub- Programme 3.1: Health Standard Quality Assurance	4,238.08	50.00	4,288.08	6,379.50	3,190.00	9,569.50	7,027.56	2,100.00	9,127.56	7,492.32	2,085.50	9,577.82
Sub- Programme 3.2: Healthy Policy and Regulations	89.44	-	89.44	305.75	-	305.75	329.35	-	329.35	355.29	-	355.29
Total for Programme: 3 Health Policy, Standards and Regulations	4,327.52	50.00	4,377.52	6,685.25	3,190.00	9,875.25	7,356.91	2,100.00	9,456.91	7,847.61	2,085.50	9,933.11
Programme 4: General Administration and Human Resource Management												
Sub- Programme 4.1: General administration	2,438.74	-	2,438.74	3,290.55	200.00	3,490.55	1,701.54	-	1,701.54	1,887.90	-	1,887.90

Programmes	Approved Budget			Projection (Requirement)								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Human resource management and development												
Sub-Programme 4.2: Finance and Planning	36.26	-	36.26	226.96	125.00	351.96	248.00	125.00	373.00	271.09	125.00	396.09
Total for Programme: 4 General Administration and Human Resource Management	2,475.00	-	2,475.00	3,517.51	325.00	3,842.51	1,949.54	125.00	2,074.54	2,158.99	125.00	2,283.99
TOTAL VOTE: 1083	26,590.9	5,561.1	32,152.1	67,732.6	44,432.5	112,165.1	59,033.9	44,755.4	103,789.4	72,539.4	42,856.5	115,396.0
	9	9	8	2	6	8	7	4	1	8	3	1

Table 3.1.6a: SDMS Analysis of Programmes and Sub-Programmes (Current and Capital) Resource Allocation (KSh. Million)

Programmes	Approved Budget			Allocation								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme:1 National Referral & Specialized Services												
Sub-Programme 1.1: National Referral Health Services	43,168.00	1,893.00	45,061.00	46,355.83	2,269.00	48,624.83	48,438.84	3,387.00	51,825.84	50,646.02	5,060.00	55,706.02

Programmes	Approved Budget			Allocation								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total									
Sub- Programme 1.4: Health Infrastructure Equipment	-	3,156.0 0	3,156.00	-	1,662.0 0	1,662.00	-	1,776.6 5	1,776.65	-	3,164.0 0	3,164.00
Sub- Programme 1.5: National Blood Transfusion Services	253.00	300.00	553.00	275.60	600.00	875.60	275.60	1,000.0 0	1,275.60	275.60	1,000.0 0	1,275.60
Sub- Programme 1.6: Health Products & Technologies	5,248.0 0	1,100.0 0	6,348.00	20,943.3 8	2,395.0 0	23,338.3 8	21,375.5 1	1,197.3 4	22,572.8 5	21,816.8 5	163.30	21,980.1 5
Total Programme: 1 National Referral & Specialized Services	48,669. 00	6,449.0 0	55,118.0 0	67,574.8 1	6,926.0 0	74,500.8 1	70,089.9 5	7,360.9 9	77,450.9 4	72,738.4 7	9,387.3 0	82,125.7 7
Programme 2: Curative & Reproductive Maternal New Born Child Adolescent Health												
Sub- Programme 2.1: Communicabl e diseases control	1,226.0 0	3,190.0 0	4,416.00	1,326.00	3,942.2 0	5,268.20	1,391.02	4,592.7 0	5,983.72	1,459.12	3,100.0 0	4,559.12
Sub- Programme 2.2: Non- Communicabl e Disease &	303.00	1,000.0 0	1,303.00	392.63	1,036.0 0	1,428.63	413.16	1,150.0 0	1,563.16	434.66	300.00	734.66

Programmes	Approved Budget			Allocation								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total									
Prevention Control												
Sub-Programme 2.3: Reproductive Maternal & New Born	39.00	6,250.00	6,289.00	39.00	6,858.00	6,897.00	39.00	5,427.00	5,466.00	39.00	3,744.00	3,783.00
Sub-Programme 2.4: Immunization Management	66.00	4,827.00	4,893.00	66.00	6,947.80	7,013.80	67.80	6,947.80	7,015.60	69.78	7,250.00	7,319.78
Total for Programme: 2 Curative & Reproductive Maternal New Born Child Adolescent Health	1,634.00	15,267.00	16,901.00	1,823.63	18,784.00	20,607.63	1,910.97	18,117.50	20,028.47	2,002.55	14,394.00	16,396.55
Programme 3: Health Research & Innovations												
Sub-Programme 3.1: Medical Research	253.00	100.00	353.00	517.18	244.03	3,733.49	3,664.58	1,250.00	4,914.58	3,848.41	400.00	4,248.41
Sub-Programme 3.2: Health Innovations	2,689.00	120.00	2,809.00	2,972.28	295.00	3,267.28	3,125.38	600.00	3,725.38	3,285.46	400.00	3,685.46
Total for Programme: 3 Health	2,942.00	220.00	3,162.00	3,489.46	539.03	7,000.76	6,789.96	1,850.00	8,639.96	7,133.87	800.00	7,933.87

Programmes	Approved Budget			Allocation								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Research & Innovations												
Programme 4: General Administration												
Sub-Programme 4.1: General administration Human resource management and development	2,723.00	-	2,723.00	2,792.36	-	2,792.36	3,030.50	-	3,030.50	3,292.45	-	3,292.45
Sub-Programme 4.2: Finance and Planning	62.00	-	62.00	73.15	-	73.15	121.20	-	121.20	144.86	-	144.86
Sub-Programme 4.3: Social Protection in Health	27,987.00	-	27,987.00	30,436.19	100.00	30,536.19	45,293.74	100.00	45,393.74	47,129.98	100.00	47,229.98
Total for Programme: 4 General Administration and Human Resource Management	30,772.00	-	30,772.00	33,301.70	100.00	33,401.70	48,445.43	100.00	48,545.43	50,567.29	100.00	50,667.29
TOTAL VOTE 1082	84,017.00	21,936.00	105,953.00	106,189.60	26,349.03	135,510.91	127,236.32	27,428.49	154,664.81	132,442.18	24,681.30	157,123.48

Table 3.1.6b: SDPHPS Analysis of Programmes and Sub-Programmes (Current and Capital) Resource Allocation (KSh. Million)

Programmes	Approved Budget			Allocation								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Programme:1 Preventive and Promotive Health Services												
Sub-Programme 1.1: Communicable diseases control	198.18	3,010.69	3,208.87	203.97	2,275.93	2,479.90	212.94	2,644.00	2,856.94	221.09	2,494.00	2,715.09
Sub-Programme 1.2: Disease surveillance and response	603.56	-	603.56	619.33	-	619.33	641.98	-	641.98	669.27	400.00	1,069.27
Sub-Programme 1.3: Public Health Services	1,376.09	-	1,376.09	1,384.42	160.81	1,545.23	1,450.44	393.00	1,843.44	1,517.28	1,751.00	3,268.28
Sub-Programme 1.4: Radiation safety and nuclear security	199.18	-	199.18	199.17	107.69	306.86	223.86	110.00	333.86	249.24	152.00	401.24
Sub-Programme 1.5: Primary Health Care	3,425.95	1,335.50	4,761.45	3,426.48	1,000.00	4,426.48	3,429.03	8,913.63	12,342.66	3,433.59	7,703.98	11,137.57
Total Programme: 1 Preventive and Promotive	5,802.96	4,346.19	10,149.15	5,833.37	3,544.43	9,377.80	5,958.25	12,060.63	18,018.88	6,090.47	12,500.98	18,591.45

Programmes	Approved Budget			Allocation								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Health Services												
Programme 2: Health Resource Development and Innovation												
Sub-Programme 2.1: Capacity building and training (Preservice and In-service training)	8,855.72	865.00	9,720.72	9,082.78	280.70	9,363.48	10,579.95	350.00	10,929.95	12,138.61	998.00	13,136.61
Sub-Programme 2.2: Research and Innovation on health	580.40	300.00	880.40	586.90	443.58	1,030.48	682.90	350.00	1,032.90	783.40	400.00	1,183.40
Sub-Programme 2.3: Health Profession Services	4,549.39	-	4,549.39	6,498.03	-	6,498.03	9,527.43	-	9,527.43	9,565.97	-	9,565.97
Total for Programme: 2 Health Resource Development and Innovation	13,985.51	1,165.00	15,150.51	16,167.71	724.28	16,891.99	20,790.28	700.00	21,490.28	22,487.98	1,398.00	23,885.98
Programme 3: Health Policy, Standards and Regulations												
Sub-Programme 3.1: Health Standard Quality Assurance	4,238.08	50.00	4,288.08	4,850.18	236.40	5,086.58	5,165.91	150.00	5,315.91	5,438.61	300.00	5,738.61

Programmes	Approved Budget			Allocation								
	2025/26			2026/27			2027/28			2028/29		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Sub-Programme 3.2: Healthy Policy and Regulations	89.44	-	89.44	90.47	-	90.47	101.91	-	101.91	114.80	-	114.80
Total for Programme: 3 Health Policy, Standards and Regulations	4,327.52	50.00	4,377.52	4,940.65	236.40	5,177.05	5,267.82	150.00	5,417.82	5,553.41	300.00	5,853.41
Programme 4: General Administration and Human Resource Management												
Sub-Programme 4.1: General administration Human resource management and development	2,438.74	-	2,438.74	720.94	-	720.94	758.51	-	758.51	800.91	-	800.91
Sub-Programme 4.2: Finance and Planning	36.26	-	36.26	36.84	100.00	136.84	53.03	100.00	153.03	56.04	100.00	156.04
Total for Programme: 4 General Administration and Human Resource Management	2,475.00	-	2,475.00	757.78	100.00	857.78	811.54	100.00	911.54	856.95	100.00	956.95
TOTAL VOTE	26,590.99	5,561.19	32,152.18	27,699.51	4,605.11	32,304.62	32,827.90	13,010.63	45,838.53	34,988.82	14,298.98	49,287.80

Table 3.1.7a: SDMS Programmes and Sub-Programmes by Economic Classification (KSh. Million)

Economic Classification	Resource Requirement			Allocation		
	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Programme 1: National Referral and Specialized Services						
Current Expenditure	91,466.74	97,239.87	103,653.82	67,574.81	70,089.95	72,738.47
Compensation of Employees	690.80	759.88	835.87	651.98	667.40	683.61
Use of Goods	2,502.62	2,642.27	2,818.08	281.00	281.00	281.00
Transfers	87,318.32	92,802.21	98,875.82	66,586.83	69,086.55	71,718.86
Other Recurrent	955.00	1,035.50	1,124.05	55.00	55.00	55.00
Capital Expenditure	68,071.50	23,762.50	15,776.19	6,926.00	7,360.99	9,387.30
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	64,443.50	22,762.50	14,776.19	4,873.00	6,310.99	8,337.30
Other Development	3,628.00	1,000.00	1,000.00	2,053.00	1,050.00	1,050.00
TOTAL PROGRAMME 1 Preventive and Promotive Health Services	159,538.24	121,002.37	119,430.00	74,500.81	77,450.94	82,125.77
Programme 2: Curative & Reproductive Maternal New Born Child Adolescent Health						
Current Expenditure	4,061.98	4,962.71	5,783.46	1,823.63	1,910.97	2,002.55
Compensation of Employees	108.90	119.79	131.77	99.00	100.80	102.78
Use of Goods	412.70	515.37	393.11	130.00	130.00	130.00
Currents and other Transfers Govt. Agencies	3,540.38	4,327.55	5,258.58	1,594.63	1,680.17	1,769.77
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	25,615.70	27,959.04	23,583.40	18,784.00	18,117.50	14,394.00
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	20,624.20	24,005.34	23,583.40	13,973.50	14,840.38	12,907.37
Other Development	4,991.50	3,953.70	-	4,810.50	3,277.13	1,486.63
TOTAL PROGRAMME 2: Health Resource Development and Innovation	29,677.68	32,921.75	29,366.86	20,607.63	20,028.47	16,396.55
Programme 3: Health Research & Innovations						
Current Expenditure	5,152.14	5,538.82	5,949.46	6,461.73	6,789.96	7,133.87
Compensation of Employees	-	-	-	-	-	-

Economic Classification	Resource Requirement			Allocation		
	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Use of Goods	-	-	-	2,972.28	3,125.38	3,285.46
Currents and other Transfers Govt. Agencies	5,152.14	5,538.82	5,949.46	3,489.46	3,664.58	3,848.41
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	8,445.68	7,978.00	8,593.00	539.03	1,850.00	800.00
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	8,445.68	7,978.00	8,593.00	539.03	1,850.00	800.00
Other Development	-	-	-	-	-	-
TOTAL PROGRAMME 3 Health Policy, Standards and Regulations	13,597.82	13,516.82	14,542.46	7,000.76	8,639.96	7,933.87
Programme 4: General Administration						
Current Expenditure	293,096.11	322,205.72	354,067.04	33,301.70	48,445.43	50,567.29
Compensation of Employees	11,368.70	12,305.57	13,336.13	11,330.46	11,407.38	11,486.15
Use of Goods	467.50	514.25	565.68	434.89	478.61	497.52
Currents and other Transfers Govt. Agencies	281,253.31	309,378.64	340,157.25	21,530.35	36,553.44	38,577.62
Other Recurrent	6.60	7.26	7.99	6.00	6.00	6.00
Capital Expenditure	4,000.00	4,000.00	4,000.00	100.00	100.00	100.00
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	4,000.00	4,000.00	4,000.00	100.00	100.00	100.00
Other Development	-	-	-	-	-	-
TOTAL PROGRAMME 4 General Administration and Human Resource Management	297,096.11	326,205.72	358,067.04	33,401.70	48,545.43	50,667.29
TOTAL VOTE	499,909.85	493,646.66	521,406.36	135,510.91	154,664.81	157,123.48

Table 3.1.7b: SDPHPS Programmes and Sub-Programmes by Economic Classification (KSh. Million)

Economic Classification	Resource Requirement			Allocation		
	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Programme 1: Preventive and Promotive Health Services						

Economic Classification	Resource Requirement			Allocation		
	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Current Expenditure	26,937.53	20,515.21	31,796.37	5,833.37	5,958.25	6,090.47
Compensation of Employees	1,509.84	1,522.16	1,567.83	1,044.54	1,075.88	1,108.16
Use of Goods	8,021.48	7,934.96	18,039.76	387.30	401.30	418.30
Transfers	5,557.89	5,923.20	6,461.45	4,374.79	4,454.33	4,537.28
Other Recurrent	11,848.32	5,134.89	5,727.33	26.74	26.74	26.74
Capital Expenditure	36,869.56	39,562.44	35,300.53	3,544.43	12,060.63	12,500.98
Acquisition of Non-Financial Assets	600.00	1,590.00	400.00	-	-	400.00
Capital Transfers Govt. Agencies	25,353.21	28,718.81	27,006.55	2,544.43	3,147.00	4,397.00
Other Development	10,916.35	9,253.63	7,893.98	1,000.00	8,913.63	7,703.98
TOTAL PROGRAMME 1 Preventive and Promotive Health Services	63,807.09	60,077.65	67,096.90	9,377.80	18,018.88	18,591.45
Programme2:Health Resource Development and Innovation						
Current Expenditure	30,592.33	29,212.31	30,736.52	16,167.71	20,790.28	22,487.98
Compensation of Employees	11,158.93	11,182.66	11,487.22	6,217.58	9,218.51	9,219.55
Use of Goods	118.08	129.89	142.88	179.06	190.85	210.85
Currents and other Transfers Govt. Agencies	18,959.43	17,201.87	18,252.54	9,771.07	11,380.92	13,057.58
Other Recurrent	355.89	697.89	853.89	-	-	-
Capital Expenditure	4,048.00	2,968.00	5,345.50	724.28	700.00	1,398.00
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	4,048.00	2,968.00	5,345.50	724.28	700.00	1,398.00
Other Development	-	-	-	-	-	-
TOTAL PROGRAMME 2: Health Resource Development and Innovation	34,640.33	32,180.31	36,082.02	16,891.99	21,490.28	23,885.98
Programme 3: Health Policy, Standards and Regulations						
Current Expenditure	6,685.25	7,356.91	7,847.61	4,940.65	5,267.82	5,553.41
Compensation of Employees	103.02	104.05	107.19	226.97	233.78	240.79
Use of Goods	499.05	609.46	677.61	17.60	24.60	32.60
Currents and other Transfers Govt. Agencies	6,068.18	6,627.65	7,046.27	4,696.08	5,009.44	5,280.02
Other Recurrent	15.00	15.75	16.54	-	-	-

Economic Classification	Resource Requirement			Allocation		
	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Capital Expenditure	3,190.00	2,100.00	2,085.50	236.40	150.00	300.00
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	3,190.00	2,100.00	2,085.50	236.40	150.00	300.00
Other Development	-	-	-	-	-	-
TOTAL PROGRAMME 3						
Health Policy, Standards and Regulations	9,875.25	9,456.91	9,933.11	5,177.05	5,417.82	5,853.41
Programme 4: General Administration, Planning and Support Services						
Current Expenditure	3,517.51	1,949.54	2,158.99	757.78	811.54	856.95
Compensation of Employees	362.68	364.23	375.15	609.64	628.56	647.96
Use of Goods	533.00	626.30	728.93	142.59	177.21	202.99
Currents and other Transfers Govt. Agencies	1,750.00	-	-	-	-	-
Other Recurrent	871.83	959.01	1,054.91	5.55	5.77	6.00
Capital Expenditure	325.00	125.00	125.00	100.00	100.00	100.00
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	-	-	-	-	-	-
Other Development	325.00	125.00	125.00	100.00	100.00	100.00
TOTAL PROGRAMME 4						
General Administration, Planning and Support Services	3,842.51	2,074.54	2,283.99	857.78	911.54	956.95
TOTAL VOTE	112,165.18	103,789.41	115,396.01	32,304.62	45,838.53	49,287.80

Sector: Health

Vote: 1082 and 1083

State Department for Medical Services

Table 3.1.8a: SDMS Analysis of Recurrent Resource Requirements Vs Allocation for SAGAs (KSh. Millions)

Economic classification	2025/26	Requirement			Allocations		
	Approved Estimates	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
1. KENYA MEDICAL SUPPLIES AUTHORITY							
Gross	5,152.56	22,042.87	22,526.87	22,977.41	20,891.87	21,319.36	21,755.81
AIA	5,017.56	20,604.87	21,016.97	21,437.31	20,604.87	21,016.97	21,437.31
NET	135.00	1,438.00	1,509.90	1,540.10	287.00	302.39	318.50
Compensation of Employees	1,250.00	1,438.00	1,509.90	1,540.10	1,438.00	1,509.90	1,540.10
Other Recurrent	3,902.56	20,604.87	21,016.97	21,437.31	19,453.87	19,809.46	20,215.71
of which:	-	-	-	-	-	-	-
Insurance	270.00	297.00	311.85	327.44	297.00	311.85	327.44
Utilities	40.00	56.00	58.80	61.74	56.00	58.80	61.74
Rent	30.00	20.00	15.00	16.00	20.00	15.00	16.00
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	6.00	7.00	8.00	9.00	7.00	8.00	9.00
Contracted Professionals (Guards and Cleaners)	380.00	550.00	574.57	590.00	550.00	574.57	590.00
Gratuity	-	-	-	-	-	-	-
Other Recurrent	3,176.56	19,674.87	20,048.75	20,433.12	18,523.87	18,841.24	19,211.53
2. MOI TEACHING AND REFERRAL HOSPITAL							
GROSS	10,780.43	16,145.40	17,204.59	18,925.05	11,731.43	12,594.32	13,524.60
AIA	4,580.40	5,038.40	5,542.24	6,096.46	5,038.40	5,542.24	6,096.46
NET	6,200.03	11,107.00	11,662.35	12,828.59	6,693.03	7,052.08	7,428.14
Compensation to Employees	9,644.00	11,107.00	11,662.35	12,828.59	11,107.00	11,662.35	12,828.59
Other recurrent	1,136.43	5,038.40	5,542.24	6,096.46	624.43	931.97	696.02
of Which	-	-	-	-	-	-	-
Insurance	476.30	523.90	576.29	576.29	357.00	357.00	357.00

Economic classification	2025/26	Requirement			Allocations		
	Approved Estimates	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Utilities	217.80	239.60	263.56	263.56	198.00	198.00	198.00
Rent	4.40	4.80	5.28	5.28	2.00	2.00	2.00
Subscription to International Organizations	5.40	5.50	5.60	5.60	5.30	5.30	5.30
Subscription to Professional Bodies	8.53	9.12	9.75	9.75	7.96	7.96	7.96
Contracted Professional (Cleaners & Guards)	-	-	-	-	-	-	-
Gratuity	20.00	22.00	24.00	24.00	18.00	18.00	18.00
Others	404.01	4,233.48	4,657.76	5,211.98	36.17	343.71	107.76
3.KENYATTA NATIONAL HOSPITAL							
Gross	18,717.00	26,551.00	27,211.00	27,898.00	19,398.00	19,900.00	20,425.00
AIA	10,040.00	10,041.00	10,041.00	10,041.00	10,041.00	10,041.00	10,041.00
NET	8,677.00	16,510.00	17,170.00	17,857.00	9,357.00	9,859.00	10,384.00
Compensation to Employees	13,472.00	16,510.00	17,170.00	17,857.00	15,821.22	16,137.64	16,460.40
Other Recurrent	5,245.00	10,041.00	10,041.00	10,041.00	3,576.78	3,762.36	3,964.60
Of which	-	-	-	-	-	-	-
Insurance	12.00	22.60	23.23	23.89	13.00	14.00	15.00
Utilities	336.00	379.05	479.05	479.05	379.05	416.96	416.96
Rent	-	-	-	-	-	-	-
Subscription to International Organization	-	-	-	-	-	-	-
Subscription to Professional Bodies	-	-	-	-	-	-	-
Contracted Professionals (Guards, Cleaners etc.)	123.00	193.25	213.25	233.25	185.00	203.50	204.00
Gratuity	71.00	73.84	76.79	79.87	74.00	77.00	80.00
Others specify	4,703.00	9,372.26	9,248.68	9,224.94	2,925.73	3,050.90	3,248.65
4.JARAMOJI OGINGA ODINGA TEACHING AND REFERRAL HOSPITAL							

Economic classification	2025/26	Requirement			Allocations		
	Approved Estimates	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
GROSS	2,831.34	7,000.00	7,700.00	8,470.00	3,802.34	4,182.57	4,600.83
AIA	1,200.00	2,000.00	2,200.00	2,420.00	2,000.00	2,200.00	2,420.00
NET	1,631.34	5,000.00	5,500.00	6,050.00	1,802.34	1,982.57	2,180.83
Compensation to Employees	1,336.67	2,025.01	2,227.51	2,450.26	1,802.34	1,982.57	2,180.83
Other Recurrent	1,494.67	4,974.99	5,472.49	6,019.74	2,000.00	2,200.00	2,420.00
of which	-	-	-	-	-	-	-
Insurance	32.00	200.00	220.00	242.00	100.00	110.00	121.00
Utilities	77.77	132.00	145.20	159.72	132.00	145.20	159.72
Rent	-	-	-	-	-	-	-
Subscriptions to international Organization	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	0.50	3.50	3.85	4.24	3.50	3.85	4.24
Contracted Professional (Guards & Cleaners)	42.51	49.20	54.12	59.53	34.60	38.06	41.87
Gratuity	-	-	-	-	-	-	-
Others	1,341.89	4,590.29	5,049.32	5,554.25	1,729.90	1,902.89	2,093.18

5. KENYATTA UNIVERSITY TEACHING RESEARCH AND REFERRAL HOSPITAL

Gross	6,781.00	9,939.00	10,139.00	10,339.00	7,315.00	7,561.00	7,814.00
AIA	4,500.00	4,600.00	4,700.00	4,800.00	4,600.00	4,700.00	4,800.00
Net	2,281.00	5,339.00	5,439.00	5,539.00	2,715.00	2,861.00	3,014.00
Compensation to Employees	3,436.00	5,339.00	5,439.00	5,539.00	3,742.00	3,868.00	3,997.00
Other Recurrent	3,345.00	4,600.00	4,700.00	4,800.00	3,573.00	3,693.00	3,817.00
of which;	-	-	-	-	-	-	-
Insurance	406.00	496.00	521.00	547.00	410.00	424.00	438.00

Economic classification	2025/26	Requirement			Allocations		
	Approved Estimates	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Utilities	234.00	249.00	301.00	375.00	281.00	290.00	300.00
Rent	-	-	-	-	-	-	-
Subscription to International Organizations	-	-	-	-	-	-	-
Subscription to Professional Bodies	7.00	8.00	9.00	10.00	8.00	8.00	9.00
Contracted Professional (Guards and Cleaning Services)	325.00	466.00	489.00	514.00	351.00	363.00	375.00
Gratuity	239.00	335.00	352.00	369.00	290.00	300.00	310.00
Others	2,134.00	3,046.00	3,028.00	2,985.00	2,233.00	2,308.00	2,385.00
6. MWAI KIBAKI REFERRAL HOSPITAL							
Gross	1,352.72	3,866.80	4,736.65	5,525.03	1,382.82	1,419.63	1,458.18
AIA	696.72	696.72	696.72	696.72	696.72	696.72	696.72
NET	656.00	3,170.08	4,039.93	4,828.31	686.10	722.91	761.46
Compensation to Employees	942.09	3,106.17	3,575.42	4,206.22	890.24	925.85	962.88
Other Recurrent	410.62	760.62	1,161.22	1,318.81	492.58	493.78	495.29
Of Which							
Insurance	50.53	72.27	106.24	137.04	44.00	48.40	53.24
Utilities	-	-	-	-	-	-	-
Rent	-	-	-	-	-	-	-
Subsidies	-	-	-	-	-	-	-
Contracted Guards & Cleaners Services	22.61	33.91	50.87	76.30	33.91	50.87	76.30
Gratuity	-	-	-	-	-	-	-
Others	337.49	654.44	1,004.12	1,105.47	415.09	394.73	365.46
7. DIGITAL HEALTH AGENCY							
Gross	294.20	1,038.68	1,068.60	1,098.00	196.68	202.98	207.69

Economic classification	2025/26	Requirement			Allocations		
	Approved Estimates	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
AIA	224.20	126.68	129.22	130.00	126.68	129.22	130.00
NET	70.00	912.00	939.36	967.54	70.00	73.76	77.69
Compensation to Employees	10.00	599.00	619.97	635.48	10.00	10.30	10.61
Other Recurrent	284.20	439.68	448.61	462.06	186.68	192.68	197.08
of which	-	-	-	-	-	-	-
Insurance	2.30	15.67	16.89	18.62	2.30	2.30	2.56
Utilities	1.10	3.61	3.79	3.90	1.10	1.20	1.30
Rent	2.92	20.00	22.00	23.63	2.92	3.01	3.10
International Subscription (GLIA)	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	2.98	3.13	3.22	-	-	-
Contracted Professional (Guards & Cleaners)	1.49	5.20	5.46	5.62	1.49	1.49	1.52
Gratuity							
Others	276.39	392.22	397.34	407.07	178.87	184.68	188.60

8.NATIONAL CANCER INSTITUTE OF KENYA

Gross	293.00	2,000.38	2,653.55	3,444.58	293.00	308.70	325.10
AIA	-	-	-	-	-	-	-
Net	293.00	2,000.38	2,653.55	3,444.58	293.00	308.70	325.10
Compensation to Employees	83.80	214.80	474.00	752.00	88.86	90.50	92.14
Others Recurrent	209.20	1,785.58	2,179.55	2,692.58	204.14	218.20	232.96
of which	-	-	-	-	-	-	-
Insurance	20.00	45.00	78.00	92.00	20.00	25.00	25.00
Utilities	3.00	7.00	13.50	21.60	3.00	3.00	3.00
Rent	12.00	25.00	35.00	45.00	15.00	15.00	15.00

Economic classification	2025/26	Requirement			Allocations		
	Approved Estimates	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Subscriptions to International Organization	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Guards and Cleaning Services	4.00	7.00	11.00	15.00	4.00	4.00	4.00
Gratuity	2.80	15.80	26.00	48.50	7.98	10.02	10.02
others	167.40	1,685.78	2,016.05	2,470.48	154.16	161.18	175.94
9. KENYA MEDICAL RESEARCH INSTITUTE							
Gross	2,689.28	4,567.00	4,914.23	5,275.16	2,972.28	3,125.38	3,285.46
AIA	220.00	230.00	236.00	242.00	230.00	236.00	242.00
Net	2,469.28	4,337.00	4,678.23	5,033.16	2,742.28	2,889.38	3,043.46
Compensation to Employees	2,727.00	3,587.00	3,587.00	3,587.00	2,742.00	2,922.00	3,042.00
Other Recurrent	(37.72)	980.00	1,327.23	1,688.16	230.28	203.38	243.46
of which;	-	-	-	-	-	-	-
Insurance	16.00	275.00	303.00	333.00	16.00	16.00	16.00
Utilities	100.95	150.00	160.00	170.00	101.00	100.95	100.95
Rent	-	10.00	12.00	14.00	14.00	14.00	5.00
Subscription to International Organizations	-	-	-	-	-	-	-
Subscription to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards and Cleaning Services)	-	73.00	78.84	80.00	80.00	37.00	37.00
Gratuity	-	13.00	13.39	13.79	-	-	-
others	(154.67)	459.00	760.00	1,077.37	19.28	35.43	84.51
10. NATIONAL SYNDEMIC DISEASE CONTROL COUNCIL							
Gross	1,157.00	1,540.00	1,674.00	1,814.00	1,212.00	1,267.00	1,322.00
AIA	-	-	-	-	-	-	-

Economic classification	2025/26	Requirement			Allocations		
	Approved Estimates	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
NET	1,157.00	1,540.00	1,674.00	1,814.00	1,212.00	1,267.00	1,322.00
Compensation to Employees	541.80	630.00	696.00	759.90	630.00	696.00	760.00
Other Recurrent	615.20	910.00	978.00	1,054.10	582.00	571.00	562.00
of which	-	-	-	-	-	-	-
Insurance	75.00	80.00	82.00	85.00	80.00	82.00	80.00
Utilities	77.00	80.00	87.00	90.00	80.00	87.00	87.00
Rent	55.00	55.00	55.00	60.00	55.00	55.00	60.00
International Subscription (GLIA)	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	33.00	35.00	37.00	40.00	35.00	37.00	37.00
Gratuity	100.00	107.00	109.00	115.00	107.00	109.00	109.00
Others	275.20	553.00	608.00	664.10	225.00	201.00	189.00
11.KENYA BIOVAX INSTITUTE LTD							
Gross	253.00	579.10	619.10	662.70	320.50	336.20	355.20
AIA	-	40.50	41.20	44.50	40.50	41.20	44.50
Net	253.50	538.60	577.90	618.20	280.00	295.00	310.70
Compensation to Employees	101.20	253.80	269.00	285.10	205.00	210.00	215.00
Other Recurrent	151.80	325.40	350.10	377.60	115.50	126.20	140.20
of which:	-	-	-	-	-	-	-
Insurance	21.50	36.00	38.00	40.00	20.00	22.00	24.00
Utilities	0.50	0.60	0.70	0.80	0.50	0.60	0.70
Rent	26.40	29.90	30.30	31.30	24.00	25.00	26.00

Economic classification	2025/26	Requirement			Allocations		
	Approved Estimates	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Guards and Cleaning Services	6.40	8.10	9.50	11.60	3.00	4.00	5.50
Gratuity	38.60	62.80	66.60	70.60	51.70	53.00	55.00
others	58.40	188.00	204.90	223.40	16.30	21.60	29.00
12. MATHARI NATIONAL TEACHING & REFERRAL HOSPITAL							
Gross	1,954.20	3,304.45	4,249.06	4,970.87	2,065.20	2,193.55	2,266.30
AIA	285.00	325.00	360.00	390.00	325.00	360.00	390.00
Net	1,669.20	2,979.45	3,889.06	4,580.87	1,740.20	1,833.55	1,876.30
Compensation to Employees	550.00	1,179.57	1,970.00	2,560.00	746.00	849.00	1,166.00
Other Recurrent	1,404.20	2,124.88	2,279.06	2,410.87	1,319.20	1,344.55	1,100.30
of which;	-	-	-	-	-	-	-
Insurance	38.00	49.02	53.92	70.88	38.00	38.00	38.00
Utilities	157.00	190.00	203.50	229.03	186.00	196.00	208.00
Rent	-	-	-	-	-	-	-
Subscription to International Organizations	-	-	-	-	-	-	-
Subscription to Professional Bodies	20.50	20.50	20.50	20.50	20.50	20.50	20.50
Contracted Guards and Cleaning Services	80.00	100.00	122.00	136.25	86.00	101.00	139.00
Gratuity	-	60.00	60.00	60.00	40.00	40.00	40.00
others	1,108.70	1,705.36	1,819.13	1,894.21	948.70	949.05	654.80
13. Kenya Board of Mental Health							
GoK Current Grant Transfers to Government Agency	89.63	250.00	350.00	540.00	89.63	94.80	108.83
14. Medical Support to Indigents (Cash Transfer Beneficiaries)-Premium							

Economic classification	2025/26	Requirement			Allocations		
	Approved Estimates	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
GoK Current Grant Transfers to Government Agency	-	-	5,000.00	7,000.00	-	5,000.00	7,000.00
15. Primary Health Care Fund-Social Health Authority							
GoK Current Grant Transfers to Government Agency	13,100.00	38,076.49	46,986.67	56,908.38	13,100.00	23,100.00	23,100.00
16. The Emergency, Chronic and Critical Illness Fund- Social Health Authority							
GoK Current Grant Transfers to Government Agency	8,000.00	15,873.72	22,148.94	28,894.46	8,000.00	8,000.00	8,000.00
17. Health Insurance Subsidy Program for Orphans Vulnerable Children-Social Health Authority							
GoK Current Grant Transfers to Government Agency	430.35	947.65	1,042.42	1,146.66	430.35	453.44	477.62

SOCIAL HEALTH AUTHORITY (SHA) ANALYSIS OF RECURRENT RESOURCE REQUIREMENTS VS ALLOCATION FOR SAGAS (AMOUNT KSH. MILLIONS)

Name of SAGA: SOCIAL HEALTH AUTHORITY							
Economic Classification	Approved Estimates	Requirement			Allocation		
	2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
GROSS	107,637.84	163,928.59	190,085.41	218,729.76	116,222.48	135,688.35	146,098.15
AIA	107,637.84	163,928.59	190,085.41	218,729.76	116,222.48	135,688.35	146,098.15
NET	-	-	-	-	-	-	-
Other recurrent	107,637.84	163,928.59	190,085.41	218,729.76	116,222.48	135,688.35	146,098.15
Of which:							
Benefits (95% of the funds)	101,967.58	155,439.77	180,284.61	207,493.55	110,118.96	128,607.40	138,493.54
Compensation to Employees	2,828.82	2,945.78	3,087.45	3,087.45	2,945.78	3,087.45	3,087.45
<i>Utilities</i>	<i>13.82</i>	<i>13.82</i>	<i>13.82</i>	<i>13.82</i>	<i>13.82</i>	<i>13.82</i>	<i>13.82</i>
<i>Rent</i>	<i>187.62</i>	<i>189.50</i>	<i>191.39</i>	<i>191.39</i>	<i>189.50</i>	<i>191.39</i>	<i>191.39</i>
<i>Insurance</i>	<i>373.54</i>	<i>381.92</i>	<i>390.85</i>	<i>390.85</i>	<i>381.92</i>	<i>390.85</i>	<i>390.85</i>
<i>Subscription to Professional Bodies</i>	<i>13.26</i>	<i>13.26</i>	<i>13.26</i>	<i>13.26</i>	<i>13.26</i>	<i>13.26</i>	<i>13.26</i>
<i>Gratuity</i>	<i>15.89</i>	<i>18.06</i>	<i>18.06</i>	<i>18.06</i>	<i>18.06</i>	<i>18.06</i>	<i>18.06</i>
<i>Contracted Professional (Guards & Cleaners)</i>	<i>83.74</i>	<i>89.05</i>	<i>94.87</i>	<i>94.87</i>	<i>89.05</i>	<i>94.87</i>	<i>94.87</i>
<i>Others</i>	<i>2,153.58</i>	<i>4,837.42</i>	<i>5,991.10</i>	<i>7,426.50</i>	<i>2,452.12</i>	<i>3,271.24</i>	<i>3,794.91</i>

The Social Health Authority (SHA) requirements and allocations encompass government funding designated for sponsored programs, the Primary Healthcare Fund (PHC), and the Emergency, Chronic, and Critical Illness Fund (ECCIF), detailed as follows:

Economic Classification	Approved Estimates	Requirement				Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
GROSS	107,637.83	163,928.60	190,085.41	218,729.75	116,222.48	135,688.35	146,098.16	
SHIF - Member contributions	81,791.14	89,970.26	98,967.28	108,864.01	89,970.26	98,967.28	108,864.01	
SHIF - County Govt & Others Sponsored Indigents	4,012.80	4,414.08	4,855.49	5,341.04	4,414.08	4,855.49	5,341.04	
SHIF - National Govt Sponsored Indigents	-	14,338.61	15,772.47	17,349.71	-	-	-	
SHIF - OPPSD & HISP-OVC (Government funded)	430.35	947.65	1,042.42	1,146.66	430.35	453.44	477.62	
PHC – Government funded	13,100.00	38,076.49	46,986.67	56,908.38	13,100.00	23,100.00	23,100.00	
ECCIF – Government funded	8,000.00	15,873.72	22,148.94	28,804.46	8,000.00	8,000.00	8,000.00	
SHA - Other Income	303.54	307.79	312.14	315.49	307.79	312.14	315.49	

Social Health Insurance Fund (SHIF)

The SHIF operates on a contributory basis, with salaried employees contributing 2.75% of their gross household salary through statutory deductions. Self-employed individuals contribute 2.75% of their household income as determined through means testing. The Government supports vulnerable populations by covering contributions for indigent households at KES 660 per household and for persons with irregular incomes at KES 880 per household, including teenage mothers, children's home residents, refugees, and those in lawful custody. SHIF provides comprehensive healthcare coverage across KEPH Levels 4, 5, and 6 facilities, encompassing:

- Outpatient and inpatient care services
- Maternal, newborn, and surgical healthcare
- Specialized services including dialysis, radiology, mental health, and oncology
- Rehabilitative, palliative, and overseas healthcare services

The National Government, County Governments, NGCDF, and development partners are committed to sponsoring approximately 2.49 million households comprising vulnerable populations and special groups, enabling their access to healthcare financing through SHIF. This collaborative initiative ensures inclusive and equitable healthcare coverage, guaranteeing that no Kenyan is excluded from essential health services.

Primary Healthcare Fund (PHC)

The PHC is fully funded by taxpayers through National Assembly appropriations as stipulated in the Social Health Insurance Act 2023. All registered Kenyan residents are eligible to access PHC benefits, which are allocated at KES 900 per beneficiary annually, with additional optical services at KES 1,000 per person annually. The fund covers comprehensive outpatient services including consultation, diagnosis, treatment, laboratory investigations, basic radiology, prescription medications, chronic disease management, optical, mental health support, minor surgical

procedures, antenatal and postnatal care, family planning, and immunization according to national guidelines.

The financial requirement for the Primary Healthcare Fund amounts to KES 73,932.10 million to cover all the gazetted benefits for the entire population. Based on current registration levels, the projected financial requirement for FY 2026/27 amounts to KSH 38,076.49 million. As enrollment expands and the number of covered lives increases, the requirement is expected to rise to KES 46,986.67 million in 2027/28 and further to KES 56,908.38 million in 2028/29, reflecting progressive growth in population coverage.

Emergency, Chronic, and Critical Illness Fund (ECCIF)

The ECCIF is government-funded through monies appropriated by the National Assembly to reduce catastrophic healthcare expenditure during critical medical situations. Emergency services and road evacuation are universally accessible to all Kenyans regardless of registration status, while chronic and critical illness coverage is available to paid-up SHIF members who have exhausted their standard benefits. The fund provides coverage for emergency and critical care services beyond SHIF limits, additional oncology services (up to KES 150,000 per beneficiary), assistive devices for chronic conditions, and immunosuppressive therapy following renal transplantation.

The Emergency, Chronic, and Critical Illness Fund requires KES 129,698.96 million to provide comprehensive coverage for the full spectrum of chronic and critical illnesses across the entire Kenyan population. However, based on current data and available resource constraints, the funding requirement has been optimized to KES 15,873.72 million for 2026/27. The benefit package is planned to increase progressively, and the financial requirement is projected to rise to KES 22,148.94 million in 2027/28 and KES 28,804.46 million in 2028/29 respectively.

Due to fiscal limitations, the SHA benefits requirements does not encompass all healthcare service benefits outlined in the established tariffs. The current coverage is optimized within the available resources. Efforts are ongoing to expand benefit coverage as fiscal capacity permits.

State Department for Public Health and Professional Standards

Table 3.1.8b: SDPHPS Analysis of Recurrent Resource Requirements Vs Allocation for SAGAs (KSh. Millions)

Economic Classification	Approved	Requirement				Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
1. CLINICAL OFFICERS COUNCIL (COC)								
GROSS	179.36	231.20	251.01	265.00	179.36	198.83	218.91	
AIA	132.28	132.28	144.00	155.96	132.28	144.00	155.96	

Economic Classification	Approved	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
NET	47.08	98.92	107.01	109.04	47.08	54.83	62.95
Compensation to Employees	20.00	30.00	40.00	45.00	25.00	29.00	33.06
Other Recurrent	159.36	201.20	211.01	220.00	154.36	169.83	185.85
<i>of which</i>					-	-	-
Insurance	1.50	2.50	5.00	10.50	1.50	1.74	1.98
Utilities	4.20	7.63	8.32	9.50	4.20	4.87	5.55
Rent	-	-	-	-	-	-	-
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	-	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-	-
Others	153.66	191.07	197.69	200.00	148.66	163.22	178.31
2. KENYA NUCLEAR REGULATORY AUTHORITY (KNRA)							
GROSS	199.17	328.00	343.00	366.00	199.17	223.86	249.24
AIA	110.00	110.00	120.00	130.00	110.00	120.00	130.00
NET	89.17	218.00	223.00	236.00	89.17	103.86	119.24
Compensation to Employees	79.00	184.00	188.00	192.00	79.00	77.00	86.00
Other Recurrent	120.17	144.00	155.00	174.00	120.17	146.86	163.24
<i>of which</i>					-		
Insurance	3.70	4.00	4.50	5.00	3.70	4.50	5.00
Utilities	4.70	5.00	6.00	7.00	4.70	6.00	7.00

Economic Classification	Approved	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
Rent	18.00	20.00	22.00	24.00	18.00	22.00	24.00
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	7.10	8.00	9.00	10.00	7.10	10.00	7.10
Gratuity	-	7.00	8.00	9.00	-	10.00	10.00
Others	86.67	100.00	105.50	119.00	86.67	94.36	110.14

3. KENYA HEALTH HUMAN RESOURCE COUNCIL (KHHRC)

GROSS	81.39	455.80	645.40	709.90	81.39	94.80	108.83
AIA	-	-	-	-	-	-	-
NET	81.39	455.80	645.40	709.90	81.39	94.80	108.83
Compensation to Employees	2.50	136.70	193.60	213.00	2.50	31.59	36.27
Other Recurrent	78.89	319.10	451.80	496.90	78.89	63.21	72.56
<i>of which</i>					-	-	-
Insurance	2.50	27.90	30.69	33.76	2.50	2.90	3.31
Utilities	3.20	4.40	5.90	6.49	3.20	3.71	4.23
Rent	10.50	12.50	18.00	19.80	10.50	12.18	13.89
Subscriptions to International Organizations	-	12.90	14.19	15.61	-	-	-
Subscriptions to Professional Bodies	0.10	2.00	2.00	2.20	0.10	0.12	0.13
Contracted Professional	3.00	4.00	3.60	3.96	3.00	3.48	3.97

Economic Classification	Approved	Requirement			Allocation			
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
(Guards & Cleaners)								
Gratuity		-	10.00	13.00	14.30	-	-	-
Others	59.59	245.40	364.42	400.78	59.59	40.82	47.04	
4. KENYA HEALTH PROFESSIONS OVERSIGHT AUTHORITY (KHPOA)								
GROSS	128.96	194.30	204.00	214.22	128.96	147.33	166.57	
AIA	25.00	25.00	26.25	27.56	25.00	26.25	27.56	
NET	103.96	169.30	177.75	186.66	103.96	121.08	139.01	
Compensation to Employees	40.59	53.87	56.56	59.39	40.59	47.09	53.68	
Other Recurrent	88.37	140.43	147.44	154.83	88.37	100.24	112.88	
<i>of which</i>					-	-	-	
Insurance	3.90	10.63	11.17	11.73	3.90	4.52	5.16	
Utilities	1.23	1.90	1.99	2.09	1.23	1.43	1.63	
Rent	7.44	10.92	11.46	12.04	7.44	8.63	9.84	
Subscriptions to International Organizations	-	-	-	-	-	-	-	
Subscriptions to Professional Bodies	-	-	-	-	-	-	-	
Contracted Professional (Guards & Cleaners)	1.04	1.07	1.12	1.18	1.04	1.20	1.37	
Gratuity	8.35	10.92	11.46	12.04	8.35	9.69	11.04	
Others	66.41	104.99	110.24	115.75	66.41	74.76	83.84	
5. KENYA MEDICAL PRACTITIONERS AND DENTIST COUNCIL (KMPDC)								
GROSS	575.38	921.00	962.00	1,026.00	728.38	769.39	811.88	
AIA	390.00	540.00	550.00	560.00	540.00	550.00	560.00	
NET	185.38	381.00	412.00	466.00	188.38	219.39	251.88	

Economic Classification	Approved	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
Compensation to Employees	203.00	246.00	263.00	301.00	206.00	238.96	272.41
Other Recurrent	372.38	675.00	699.00	725.00	522.38	530.43	539.47
<i>of which</i>					-	-	-
Insurance	46.00	46.50	47.00	47.50	46.50	47.00	47.50
Utilities	4.00	4.50	5.00	5.50	4.50	5.00	5.50
Rent	8.90	9.00	9.50	9.50	9.00	9.50	9.50
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	3.50	3.70	3.80	3.90	3.70	3.80	3.90
Gratuity	11.50	12.00	12.50	13.00	12.00	12.50	13.00
Others	298.48	599.30	621.20	645.60	446.68	452.63	460.07
6. KENYA MEDICAL TRAINING COLLEGE (KMTC)							
GROSS	8,855.72	17,009.00	14,984.00	15,782.00	9,082.78	10,579.95	12,138.61
AIA	4,287.94	4,440.00	4,640.00	4,840.00	4,440.00	4,640.00	4,840.00
NET	4,567.78	12,569.00	10,344.00	10,942.00	4,642.78	5,939.95	7,298.61
Compensation to Employees	5,510.00	12,569.00	10,344.00	10,942.00	5,585.00	7,011.28	8,476.20
Other Recurrent	3,345.72	4,440.00	4,640.00	4,840.00	3,497.78	3,568.67	3,662.41
<i>of which</i>					-	-	-
Insurance	450.00	500.00	520.00	550.00	500.00	520.00	550.00
Utilities	162.00	170.00	175.00	180.00	170.00	175.00	180.00
Rent	4.00	4.00	4.00	5.00	4.00	4.00	5.00

Economic Classification	Approved	Requirement				Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Subscriptions to International Organizations		-	-	-	-	-	-	-
Subscriptions to Professional Bodies		-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	445.00	464.00	477.00	484.00	464.00	477.00	484.00	
Gratuity	11.00	-	50.00	55.00	-	50.00	55.00	
Others	2,273.72	3,302.00	3,414.00	3,566.00	2,359.78	2,342.67	2,388.41	
7. TOBACCO CONTROL FUND (TCF)								
GROSS	872.55	890.45	934.97	981.72	872.55	916.18	961.99	
AIA	872.55	872.55	916.18	961.99	872.55	916.18	961.99	
NET	-	17.90	18.79	19.73	-	0.00	0.00	
Compensation to Employees	-	-	-	-	-	-	-	
Other Recurrent	872.55	890.45	934.97	981.72	872.55	916.18	961.99	
<i>of which</i>								
Insurance	-	-	-	-	-	-	-	
Utilities	2.50	3.90	6.08	9.49	3.90	6.08	9.49	
Rent	-	-	-	-	-	-	-	
Subscriptions to International Organizations	-	-	-	-	-	-	-	
Subscriptions to Professional Bodies	-	-	-	-	-	-	-	
Contracted Professional (Guards & Cleaners)	22.00	34.32	53.54	83.52	34.32	53.54	83.52	

Economic Classification	Approved	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
Gratuity	-	-	-	-	-	-	-
Others	848.05	852.23	875.35	888.71	834.33	856.56	868.98

8. NURSING COUNCIL OF KENYA (NCK)

GROSS	651.00	860.00	945.00	970.00	723.00	760.14	787.38
AIA	651.00	710.00	745.00	770.00	710.00	745.00	770.00
NET	-	150.00	200.00	200.00	13.00	15.14	17.38
Compensation to Employees	128.60	143.35	155.25	160.00	141.60	164.25	187.25
Other Recurrent	522.40	716.65	789.75	810.00	581.40	595.88	600.13
<i>of which</i>					-	-	-
Insurance	26.00	34.51	36.20	38.00	26.00	30.16	34.38
Utilities	25.45	14.50	15.50	16.50	25.45	29.52	33.65
Rent	-	-	-	-	-	-	-
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	5.00	5.50	6.00	6.50	5.00	5.80	6.61
Gratuity	20.88	24.47	25.99	27.00	20.88	24.22	27.61
Others	445.07	637.68	706.06	722.00	504.07	506.18	497.87

9. OCCUPATIONAL THERAPY COUNCIL OF KENYA (OTCK)

GROSS	23.50	110.03	125.51	150.80	16.50	19.56	22.20
AIA	14.00	7.00	8.50	9.50	7.00	8.50	9.50
NET	9.50	103.03	117.01	141.30	9.50	11.06	12.70
Compensation to Employees	-	55.70	58.50	61.40	-	-	-

Economic Classification	Approved	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
Other Recurrent	23.50	54.33	67.01	89.40	16.50	19.56	22.20
<i>of which</i>					-	-	-
Insurance	-	-	-	-	-	-	-
Utilities	0.50	3.24	3.82	4.96	3.24	3.82	4.96
Rent	-	1.22	1.31	1.71	1.22	1.31	1.71
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	-	-	-	-	-	-	-
Gratuity	-	0.80	1.20	1.50	0.80	1.20	1.50
Others	23.00	49.07	60.68	81.23	11.24	13.23	14.03
10. PHARMACY AND POISONS BOARD (PPB)							
GROSS	2,059.00	2,521.00	2,650.00	2,822.95	2,315.00	2,430.00	2,500.00
AIA	2,059.00	2,315.00	2,430.00	2,500.00	2,315.00	2,430.00	2,500.00
NET	-	206.00	220.00	322.95	-	-	-
Compensation to Employees	141.00	409.50	430.00	450.00	203.50	210.00	127.05
Other Recurrent	1,918.00	2,111.50	2,220.00	2,372.95	2,111.50	2,220.00	2,372.95
<i>of which</i>					-	-	-
Insurance	58.50	105.00	120.00	125.00	105.00	120.00	125.00
Utilities	8.50	12.00	15.00	16.50	12.00	15.00	16.50
Rent	9.00	20.00	25.00	25.50	20.00	25.00	25.50

Economic Classification	Approved	Requirement			Allocation			
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Subscriptions to International Organizations		-	-	-	-	-	-	-
Subscriptions to Professional Bodies		-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	57.00	65.00	70.00	75.00	65.00	70.00	75.00	
Gratuity								
Others	1,785.00	1,909.50	1,990.00	2,130.95	1,909.50	1,990.00	2,130.95	
11. PUBLIC HEALTH OFFICERS AND TECHNICIANS COUNCIL (PHOTC)								
GROSS	69.50	180.00	240.00	300.00	99.50	126.00	152.82	
AIA	30.00	60.00	80.00	100.00	60.00	80.00	100.00	
NET	39.50	120.00	160.00	200.00	39.50	46.00	52.82	
Compensation to Employees	5.20	55.60	62.50	72.50	28.50	33.06	37.69	
Other Recurrent	64.30	124.40	177.50	227.50	71.00	92.94	115.13	
<i>of which</i>					-	-	-	
Insurance	3.10	20.00	25.00	30.00	6.00	6.96	7.93	
Utilities	4.00	30.50	35.00	40.00	7.50	8.70	9.92	
Rent	1.20	10.50	10.50	10.50	10.50	12.18	13.89	
Subscriptions to International Organizations		-	-	-	-	-	-	
Subscriptions to Professional Bodies		-	-	-	-	-	-	
Contracted Professional (Guards & Cleaners)	0.40	5.00	10.00	15.00	2.00	2.32	2.64	

Economic Classification	Approved	Requirement			Allocation			
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Gratuity		-	-	-	-	-	-	-
Others	55.60	58.40	97.00	132.00	45.00	62.78	80.75	
12. PHYSIOTHERAPY COUNCIL KENYA (PCK)								
GROSS	55.08	154.60	181.00	190.00	58.08	64.68	71.57	
AIA	18.00	21.00	21.50	22.00	21.00	21.50	22.00	
NET	37.08	133.60	159.50	168.00	37.08	43.18	49.57	
Compensation to Employees	25.00	45.00	48.00	50.00	25.00	25.75	26.52	
Other Recurrent	30.08	109.60	133.00	140.00	33.08	38.93	45.05	
<i>of which</i>					-	-	-	
Insurance	1.00	1.00	2.00	2.00	2.00	2.32	2.64	
Utilities	2.00	3.00	4.00	4.50	2.00	2.32	2.64	
Rent	1.30	3.00	3.00	4.00	3.00	3.48	3.97	
Subscriptions to International Organizations								
Subscriptions to Professional Bodies								
Contracted Professional (Guards & Cleaners)	0.20	1.00	1.00	1.00	1.00	1.16	1.32	
Gratuity	-	-	-	-	-	-	-	
Others	25.58	101.60	123.00	128.50	25.08	29.65	34.47	
13. KENYA INSTITUTE OF PRIMATE RESEARCH (KIPRE)								
GROSS	580.40	1,355.64	1,355.64	1,423.42	586.90	682.90	783.40	
AIA	3.50	10.00	11.00	12.00	10.00	11.00	12.00	
NET	576.90	1,345.64	1,344.64	1,411.42	576.90	671.90	771.40	
Compensation to Employees	199.50	479.46	479.46	503.43	209.50	243.02	277.04	

Economic Classification	Approved	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
Other Recurrent	380.90	876.18	876.18	919.99	377.40	439.88	506.35
<i>of which</i>					-	-	-
Insurance	56.00	56.00	56.00	58.80	56.00	64.96	74.05
Utilities	8.20	12.00	12.00	12.60	12.00	13.92	15.87
Rent	-	-	-	-	-	-	-
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	16.00	16.00	16.00	16.80	16.00	18.56	21.16
Gratuity		7.67	7.67	8.05	7.67	8.90	10.14
Others	300.70	784.51	784.51	823.74	285.73	333.55	385.13
14. TOBACCO CONTROL BOARD (TCB)							
GROSS	-	232.80	500.40	920.80	-	-	-
AIA	-	-	-	-	-	-	-
NET	-	232.80	500.40	920.80	-	-	-
Compensation to Employees	-	39.84	150.12	276.24	-	-	-
Other Recurrent	-	192.96	350.28	644.56	-	-	-
<i>of which</i>					-	-	-
Insurance	-	3.00	13.00	24.00	-	-	-
Utilities	-	-	-	-	-	-	-
Rent	-	4.00	16.00	28.00	-	-	-
Subscriptions to International Organizations	-	-	-	-	-	-	-

Economic Classification	Approved	Requirement			Allocation			
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Subscriptions to Professional Bodies		-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)			1.20	4.20	7.20	-	-	-
Gratuity		-	-	-	-	-	-	-
Others		184.76	317.08	585.36	-	-	-	-
15. KENYA MEDICAL LABORATORY TECHNICIANS & TECHNOLOGIST BOARD (KMLTTB)								
GROSS	160.00	250.00	260.00	270.00	250.00	260.00	270.00	
AIA	160.00	250.00	260.00	270.00	250.00	260.00	270.00	
NET	-	-	-	(0.00)	-	-	(0.00)	
Compensation to Employees		27.50	30.25	33.28	27.50	30.25	33.28	
Other Recurrent	160.00	222.50	229.75	236.72	222.50	229.75	236.72	
<i>of which</i>	-	-	-	-	-	-	-	
Insurance	-	-	-	-	-	-	-	
Utilities	-	-	-	-	-	-	-	
Rent		7.00	9.00	11.00	7.00	9.00	11.00	
Subscriptions to International Organizations		-	-	-	-	-	-	
Subscriptions to Professional Bodies		-	-	-	-	-	-	
Contracted Professional (Guards & Cleaners)		-	-	-	-	-	-	
Gratuity		-	-	-	-	-	-	
Others	160.00	215.50	220.75	225.72	215.50	220.75	225.72	
16. HEALTH RECORDS & INFORMATION MANAGERS BOARD								

Economic Classification	Approved	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
GROSS	18.00	59.00	76.20	90.63	18.00	22.00	26.00
AIA	18.00	18.00	22.00	26.00	18.00	22.00	26.00
NET	-	41.00	54.20	64.63	-	-	(0.00)
Compensation to Employees		14.00	18.20	18.75	-	8.20	8.75
Other Recurrent	18.00	45.00	58.00	71.88	18.00	13.80	17.25
<i>of which</i>	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-
Utilities	-	1.00	1.00	1.00	-	1.00	1.00
Rent	-	2.00	2.00	2.00	-	2.00	2.00
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	-	0.75	0.75	0.75	-	0.75	0.75
Gratuity	-	-	-	-	-	-	-
Others	18.00	41.25	54.25	68.13	18.00	10.05	13.50
17. COUNSELLORS & PSYCHOLOGIST BOARD (CPB)							
GROSS	34.05	274.88	408.07	409.61	43.55	60.80	86.21
AIA	16.00	25.50	39.78	62.07	25.50	39.78	62.07
NET	18.05	249.38	368.29	347.54	18.05	21.02	24.14
Compensation to Employees	2.50	39.25	172.71	208.10	2.50	3.50	15.50
Other Recurrent	31.55	235.63	235.36	201.51	41.05	57.30	70.71
<i>of which</i>					-		

Economic Classification	Approved	Requirement			Allocation			
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Insurance		-	-	-	-	-	-	-
Utilities	0.60	1.20	2.00	2.01	1.20	2.00	2.01	
Rent		14.25	14.25	14.25	-	14.25	14.25	
Subscriptions to International Organizations		-	-	-	-	-	-	
Subscriptions to Professional Bodies		-	-	-	-	-	-	
Contracted Professional (Guards & Cleaners)		-	-	-	-	-	-	
Gratuity		-	-	-	-	-	-	
Others	30.95	220.18	219.11	185.25	39.85	41.05	54.45	

18. THE KENYA NATIONAL PUBLIC HEALTH INSTITUTE (KNPHI)

GROSS	37.71	781.63	819.81	867.92	37.71	43.92	50.42
AIA	-	-	-	-	-	-	-
NET	37.71	781.63	819.81	867.92	37.71	43.92	50.42
Compensation to Employees		300.00	315.00	333.90	-	-	-
Other Recurrent	37.71	481.63	504.81	534.02	37.71	43.92	50.42
<i>of which</i>					-	-	-
Insurance	-	2.00	2.10	2.23	-	-	-
Utilities	-	-	-	-	-	-	-
Rent	-	18.00	18.00	18.00	-	-	-
Subscriptions to International Organizations	-	0.13	0.14	0.14	0.13	0.14	0.14
Subscriptions to Professional Bodies	-	-	-	-	-	-	-

Economic Classification	Approved	Requirement			Allocation			
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Contracted Professional (Guards & Cleaners)			1.50	1.58	1.67	-	-	-
Gratuity		-	-	-	-	-	-	-
Others	37.71	460.00	483.00	511.98	37.58	43.78	50.28	
19. NATIONAL QUALITY CONTROL LABORATORY (NQCL)								
GROSS	84.83	256.63	269.32	281.53	84.83	91.42	98.40	
AIA	54.08	54.08	55.60	57.27	54.08	55.60	57.27	
NET	30.75	202.55	213.72	224.26	30.75	35.82	41.13	
Compensation to Employees		151.10	160.22	168.23	-	41.18	46.95	
Other Recurrent	84.83	105.53	109.10	113.30	84.83	50.24	51.46	
<i>of which</i>					-	-	-	
Insurance	-	15.97	16.45	16.94	-	-	-	
Utilities	-	1.86	1.95	2.01	-	-	-	
Rent	-				-	-	-	
Subscriptions to International Organizations		1.00	1.03	1.06	-	-	-	
Subscriptions to Professional Bodies		-	-	-	-	-	-	
Contracted Professional (Guards & Cleaners)		2.00	2.06	2.12	-	-	-	
Gratuity	-				-	-	-	
Others	84.83	84.70	87.61	91.17	84.83	50.24	51.46	
20. KENYA HOSPITAL AUTHORITY TRUST FUND								
GROSS	20.00	139.00	216.84	337.22	30.00	38.87	51.08	
AIA	-	10.00	15.60	24.34	10.00	15.60	24.34	

Economic Classification	Approved	Requirement			Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28
NET	20.00	129.00	201.24	312.88	20.00	23.27	26.74
Compensation to Employees	-	1.20	1.87	1.87	-	-	-
Other Recurrent	20.00	137.80	214.97	335.35	30.00	38.87	51.08
<i>of which</i>					-	-	-
Insurance	-	5.00	7.80	12.17	-	-	-
Utilities	-	14.60	22.77	35.53	-	-	-
Rent	-	4.50	7.02	10.95	-	-	-
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	-	1.00	1.56	2.43	-	-	-
Gratuity	-	10.00	15.60	24.34	-	-	-
Others	20.00	102.70	160.21	249.93	30.00	38.87	51.08
21. Health Education- International Health Office							
GoK Grant Transfer to the International Health Office	45.35	50	50	50	45.35	51.60	58.29
Scholarships and other Educational Benefits - Primary Education	5.57	5.54	10.54	12.1	5.57	7.70	9.80
22. Primary Health Care							
GoK Grant Transfer to	-	39.56	61.71	65.42	-	-	-

Economic Classification	Approved	Requirement				Allocation		
		2025/26	2026/27	2027/28	2028/29	2026/27	2027/28	2028/29
Primary Health Care								
23. Community Health Promoters - 107,831								
GoK Current Grant Transfers to Other Levels of Government	3,235	3,235.02	3,235.02	3,235.02	3,234.93	3,234.93	3,234.93	
25. Disease Surveillance and Response Unit								
Emergency Relief (food, medicine, blankets, cash grant, tents and other	20.63	40.63	40.63	40.63	20.63	24.03	27.59	
26. Port Health Control								
Emergency Relief (food, medicine, blankets, cash grant, tents and other	9.8	9.8	12.35	14.08	9.80	11.41	13.10	
27. Basic Salaries for Doctors - Return to Work								
GoK Current Grant Transfers to Other Levels of Government	1,750.00	1,750.00	-	-	-	-	-	-

CHAPTER FOUR: CROSS-SECTOR LINKAGES, EMERGING ISSUES AND CHALLENGES

The Constitution of Kenya (2010) established two distinct but interdependent levels of government, the National Government and the 47 County Governments, each with clearly defined functions. Effective service delivery requires continuous consultation, coordination, and cooperation between these two levels.

At the national level, the health sector works closely with other sectors to achieve Universal Health Coverage (UHC). Identification, alignment, and harmonization of both intra- and inter-sectoral linkages remain essential to ensure efficient use of limited resources. In fulfilling its mandate, the health sector collaborates with stakeholders under the partnership framework, enhancing accountability, promoting optimal utilization of resources, and applying a whole-of-government approach that integrates efforts across ministries, agencies, counties, and development partners to achieve sustainable health outcomes.

Kenya's health system has undergone significant transformation, evolving from a centralized system at independence to the current devolved structure, where counties are responsible for delivering healthcare services.

However, government operations are increasingly complex as they respond to the needs of a growing population that is living longer, with a rising burden of non-communicable diseases. Advancements in medical treatments and technologies demand greater technical and institutional capacity. Additionally, globalization, digitization, and climate change continue to directly affect health outcomes and service delivery.

Therefore, a holistic approach to public health is vital to address the multifaceted factors that influence health beyond the scope of the healthcare system. These factors, known as social determinants of health, include social, economic, and environmental conditions. Health outcomes are strongly shaped by interdependencies with other government ministries, departments, agencies, private sector, and community actors.

This chapter therefore underscores the importance of cross-sectoral linkages, while also examining emerging issues and challenges that influence the efficiency and effectiveness of healthcare delivery in Kenya.

4.1 Sectoral Linkages within the State Department and with Other Sectors

4.1.1 Intra Sectoral Linkages

The Health Sector Report for FY 2026/27 and the medium term budget has been collated by a team drawn from the Ministry of Health, Departments and Agencies. It carries out its mandate as per the Fourth Schedule of the Constitution namely, health policy, health regulation, national referral facilities, capacity building, and technical assistance to the counties to ensure Universal Health Coverage.

Under the devolved system of Government, the county governments are responsible for health service delivery. Intra-sectoral collaborations between the two levels of governments are achieved through the Inter-governmental health forums.

Linkage within the State Departments

The two State Departments complement each other in their functions under one sector Strategic Plan, monitoring and partnership framework and coordinated technically through the Director General for Health and at Policy level through the Cabinet Secretary for Health. This linkage ensures the continuum of care from primary, secondary and tertiary healthcare in Kenya.

4.1.2 Inter Sectoral Linkages

The social determinants of health extend beyond direct healthcare interventions and encompass a wide range of non-health factors such as education, income levels, access to clean water and sanitation, food security, housing, and infrastructural development. These determinants have a profound impact on the health and well-being of populations. Achieving meaningful health outcomes therefore requires strong cross-sectoral collaboration, as no single sector can address these issues in isolation. Cognizant of this, the health sector works closely with other sectors of the economy to integrate health considerations into broader development initiatives, ensuring a holistic approach to building a healthier and more resilient population.

Energy, Infrastructure, and ICT Sector

The health sector's collaboration with energy, infrastructure, and ICT is central to achieving Vision 2030 and the Bottom-Up Economic Transformation Agenda (BETA), both of which prioritize equitable access to essential services for all Kenyans. The energy sector plays a crucial role in ensuring reliable electricity and affordable LPG for health facilities which is vital for uninterrupted service delivery including cold chain storage. The infrastructure sub-sector has supported access to health facilities through road networks, approved public health infrastructure designs and upgrading of hospitals, health centers, and dispensaries, while the ICT sector has enabled the digitalization of health through last-mile connectivity. Through the affordable and social housing programmes, the quality of housing has been improved which has improved the living conditions, sanitation, access to clean water, quality of indoor air and social security thus enhancing the quality of life.

Through investment in the national digital superhighway, ICT provides opportunities to improve quality of care through an integrated system for health information exchange and management to enhance cost efficiency, reliability of health data, improve citizen engagement and accountability in service delivery.

By collaborating with this sector, the Ministry will accelerate progress towards Universal Health Coverage (UHC), improve resilience of the health system, and contribute to Kenya's long-term vision of a healthier, more inclusive, and economically productive population.

Environmental Protection, Water, and Natural Resources Sector

The condition of an environment is a critical determinant of population well-being. Unsafe environments contribute to the burden of disease through exposure to pollutants, unsafe water, and poor waste management. For example, air pollution and second-hand smoke are linked to higher incidences of respiratory illnesses and cancers, while lack of access to clean water and sanitation facilities continues to drive preventable diseases such as cholera and diarrhea, which remain leading causes of child mortality.

This sector supports the provision of clean water, safe waste management, and climate change mitigation and adaptation which are critical for preventing emerging and re-emerging health conditions, mass disasters and achieving sustainable health outcomes. Partnerships extend to the safe use and disposal of medical and radioactive wastes which are increasingly important in modern healthcare.

Social Protection, Culture and Recreation Sector

This Sector supports vulnerable populations by cushioning them from economic and social shocks as demonstrated by the cash transfer programs for the elderly persons, orphans and vulnerable children and persons with disability. Social Protection sub-sector identifies and registers indigent and vulnerable population for social health insurance premiums sponsorship under the Social Health Authority (SHA). This targeted approach guarantees that the poorest and most vulnerable are not excluded from accessing healthcare, advancing equity and the realization of Universal Health Coverage (UHC).

Besides, this sector provides a platform for access of communities for training and sensitization, within their cultural settings, and shapes community behaviour and response towards health prevention and interventions. It also provides access to a repository of indigenous knowledge and resources to support research and development of alternative medicines and herbal products.

The sector collaborates on labour relations, occupational health and safety and migration of health workforce ensuring that disputes or unsafe work environments do not compromise health service delivery. Additionally, joint work with the sports sub-sector promotes sports medicine, nutrition, injury prevention, and anti-doping measures, contributing to national efforts to reduce the rising burden of non-communicable diseases (NCDs).

Public Administration and International Relations Sector (PAIR)

The Executive Office of the President coordinates functions of the Government and conducts performance monitoring of programmes and project implementation in the Country.

The National Treasury provides for public financial management, tax exemption and waivers, supports planning, monitoring and evaluation (surveys) of programs while Parliament enacts laws, approves sessional papers, and oversees resource allocation. The Ministry of Foreign Affairs facilitates bilateral agreements and Memoranda of Understanding (MoUs) on health cooperation with other countries.

In addition, the National Treasury grants tax exemptions and waivers on health products and technologies and introduces sin taxes to reduce demand for harmful products.

National disasters like droughts and floods, frequent road traffic accidents, fires and acts of terrorism take a heavy toll on the performance of the sector, especially referral hospitals. The sector will commit funds for disaster preparedness, response and recovery as well as develop guidelines for use by County governments. The Sector has institutionalized and strengthened public private partnerships as a resource mobilization strategy for the purpose of bridging budgetary deficit in accordance with the Public Private Partnership Act (2013).

In line with the EAC Health Sector Strategic Plan (2024–2030), Kenya is actively contributing to initiatives that promote regional health security and accelerate progress toward Universal Health Coverage (UHC). The health sector is also spearheading the establishment of the East Africa Centre of Excellence in Nephrology and Urology, which will not only improve specialized care for kidney and urinary tract diseases but also position Kenya and the region as a competitive hub for advanced medical services and health-related tourism hub.

Education Sector

Collaboration with the education sector supports production of fit for purpose health workforce. In addition, partnerships extend to the implementation of school health and nutrition programmes, which include mass drug administration, deworming, vaccination, behaviour change communication and water, sanitation and hygiene (WASH).

Governance, Justice, Law and Order Sector (GJLO)

The health sector is guided by the Constitution of Kenya, 2010 particularly Article 43, which guarantees every person the right to the highest attainable standard of health. This sector works with the health sector to sensitize the public, enforcement of public health laws for compliance. It supports the development, review, and harmonization of public health legislation, which provides the framework for collaborative action on issues such as vital statistics, migration, administration of justice, security, forensic services, drug and substance abuse control, communicable disease control and environmental health.

General Economic and Commercial Affairs Sector (GECA)

The health sector is committed to improving its specialized health care services in order to make Kenya a medical tourism destination hub for specialized health and medical services attracting local, regional and global clients. The tourism sub-sector is anticipated to promote and market medical tourism.

GECA collaborates with the health sector to promote local manufacturing of Health Products and Technologies (HPTs) and works with the Kenya Bureau of Standards (KEBS) to enforce food fortification and product safety standards.

Agriculture, Rural and Urban Development (ARUD) Sector

ARUD supports food production and security, working with the health sector to ensure food safety, reduce zoonotic disease transmission and mitigate antimicrobial resistance (AMR). Collaboration is vital for addressing Kenya's food insecurity and ensuring the availability of nutritious foods.

Additionally, this sector collaborates with the health sector on rural and urban development including physical land use planning and zoning for improved health outcomes.

4.2. Emerging Issues

Emerging health issues are conditions or factors that significantly influence the overall health of the population, either by posing new threats or offering potential relief from existing ones. They may involve the re-emergence or heightened visibility of long-standing problems that continue to challenge public health objectives, particularly efforts to reduce morbidity, mortality, and disability.

During the Financial year FY2024/25, the following were some of the emerging health issues that posed a threat to the overall health system:

- i. **Reduction in external funding:** Health sector allocation remains below the Abuja Declaration target, standing at approximately 6.8% of the national budget in 2025, while external funding continues to decline (abrupt reductions in Official Development Assistance (ODA) and Stop Work Orders (SWOs)) threatening continuity of essential programmes. This has led to slow progress toward Universal Health Coverage.
- ii. **Cross-border health risks:** Rising regional and international mobility continues to heighten the risk of emerging and re-emerging diseases such as hemorrhagic fevers, Mpox, airborne viral epidemics, and polio outbreaks, drug-resistant tuberculosis, dengue fever and *Anopheles stephensi* mosquitoes necessitating stronger cross-border surveillance and regional health security mechanisms.
- iii. **Climate change and health:** Increasing intensity in climate variability, including droughts, floods, and heatwaves, has amplified the incidence of climate-sensitive diseases such as malaria, cholera, and respiratory infections, while also exacerbating malnutrition and displacement.
- iv. **Re-emergence of neglected tropical diseases (NTDs):** Diseases such as kala-azar and lymphatic filariasis are resurfacing in vulnerable regions, stretching limited health resources and threatening previous gains.
- v. **Rising burden of non-communicable diseases (NCDs):** Conditions including cardiovascular diseases, diabetes, cancer and chronic obstructive pulmonary diseases and injuries from road traffic accidents are among the leading causes of morbidity and mortality causing significant strain on healthcare systems. Prevention and surveillance strategies are essential, focusing on lifestyle modifications and early detection.
- vi. **Antimicrobial Resistance (AMR):** Misuse and overuse of antibiotics in humans, livestock, and agriculture are driving resistant infections that could undermine treatment of common diseases.

- vii. **Rising cases of mental health issues:** Mental health disorders, including depression and anxiety among others, are becoming more prevalent but often go undiagnosed or untreated. This puts a significant burden on public health including increased mortality, reduced quality of life, negative societal impact and increased economic burden.
- viii. **Technological advancement:** Advancements in artificial intelligence, machine learning, drone technology, telemedicine, and high-speed internet connections have presented opportunities for improved access to quality health services. However, it has also led to escalated misinformation, disinformation and data insecurity.

4.3.Challenges, Risks and Opportunities

4.3.1. Challenges

1. **Inadequate health financing:** There is a mismatch between the requirements and allocation, and late disbursement of funds leading to low absorption of GoK funds. Inadequate funding for the health sector limits the expansion of services and optimal delivery of the health sector's mandate. This is being exacerbated by the reduction in external funding. Investment in research infrastructure and human resources has remained low and cannot cover the national scope or requirements in the context of the increasing and changing disease landscape, regional diversity and local needs.
2. **Health workforce challenges:** Frequent industrial unrest due to labour disputes among healthcare workers have occurred in the country. These, coupled with the shortage and unequal distribution of general and specialized professionals continues to disrupt service delivery, undermines UHC efforts, and limit equitable access to quality health services.
3. **Inadequate Health Products and Technologies (HPT):** There are persistent shortages of critical strategic commodities such as Blood and blood products, weak supply chain digitization and visibility, inadequate infrastructure for HPT management, and over-reliance on imports due to low local manufacturing capacity. KEMSA's financial sustainability is affected by supplier debt and its revolving fund continues to be tied up due to unpaid debts by counties, MoH, and development partners.
4. **Health disparities:** Inequity in geographic access to healthcare, particularly in rural and marginalized communities.
5. **Inadequate waste management mechanisms in the country:** Accumulation of waste (solid waste, liquid waste, e-waste, indoor pollution, dust particulates) in the environment poses a great risk to public health, including environmental pollution, rise in communicable and non-communicable diseases, unsafe food, chemical and radiation hazards among others. Inadequate policies and regulations to address health waste management.
6. **Inadequate health infrastructure:** Some health facilities have limited access to basic amenities such as electricity, water, and ICT undermining functionality, particularly in referral and specialized centres where uninterrupted power supply is vital. Key government flagship

projects in collaboration with development partners remain stalled due to funding challenges. Sustainability of investments is another pressing concern: the high cost of maintaining sophisticated medical equipment, coupled with limited technical expertise, often leads to frequent breakdowns and underutilization of resources.

7. **Fragmentation in the Health Management Information System:** Kenya's health sector continues to face challenges with fragmented and underfunded systems such as the Human Resource Information System (iHRIS), the Logistics Management Information System (LMIS), Electronic Medical Records (EMRs), the Kenya-EMR for HIV services and the Kenya Health Information System (KHIS) for data reporting. Weak integration across these systems and inconsistent reporting from private providers, community organizations, and development partners limit the effective use of data for planning and decision-making.

4.3.2 Risks and Opportunities

Risks:

1. Limited ICT connectivity and infrastructure
2. Misuse of advanced technology can escalate misinformation, disinformation, and data insecurity. In addition, the technologies pose significant risks through their dual-use potential.
3. Increased frequency and intensity of health emergencies and disasters worsened by global supply chain disruptions.
4. Major disruption of health services following the US stop work order particularly in the areas of HIV, TB, and malaria.
5. Decline in external financing to health services following classification of Kenya as lower middle income country.

Opportunities:

1. Stronger collaboration with other sectors and stakeholders to maximize synergies for achievement of UHC. This includes resource mobilization from local philanthropists and well-wishers.
2. Increased local manufacturing of HPTs and food fortification present opportunities for economic growth and improved public health outcomes.
3. Utilization of leased equipment and services models through public private partnerships.
4. Utilization of research findings from international forum and domestication.

4.3.3 Proposed Mechanisms for Coordinated Responses and Risk Mitigation

To harness opportunities and mitigate risks, the following mechanisms are proposed:

1. Leverage infrastructure and ICT connectivity to ensure equitable access to health services, particularly in hard-to-reach areas.
2. Robust ICT systems and enhanced compliance with the Data Protection Act. This includes engagement with ICT sector to ensure cyber security and data protection.
3. Promote local manufacturing of HPTs and increase investments in health research innovation.
4. Enhance domestic resource mobilization to bridge the increasing health financing gaps.

CHAPTER FIVE: CONCLUSION

The sector remains committed to the progressive realization of the right to the highest attainable standard of health, as enshrined in Article 43 of the Constitution of Kenya, 2010. The programmes and sub-programmes are well aligned with the aspirations of Kenya Vision 2030, the Fourth Medium-Term Plan (MTP IV) and the Bottom up Economic Transformation Agenda (BETA). Key initiatives include strengthening primary healthcare, expanding the health workforce, digitization of the health sector, health financing reforms and enhanced access to Health Products and Technologies.

Expenditure analysis for FY 2022/23–2024/25 reveals an increment in allocation from 85% to 90.1%. However, the Sector still faces significant budget deficit that affects the implementation of planned interventions and activities especially in capital projects and the settlement of pending bills. This slows down the delivery of essential services.

Significant progress has been made toward Universal Health Coverage (UHC) through the establishment and operationalization of 228 Primary Care Networks and training of 107,831 Community Health Promoters. Updated HPT lists have informed key national initiatives, including UHC rollout and digitization under the Taifa Care HMIS. Local manufacturing of Health Products and Technologies has been fast-tracked, with the development of the manufacturing roadmap nearing completion to enhance self-reliance and sustainability in healthcare delivery.

The sector balanced resource allocation across the programmes with renewed focus on primary healthcare services as the cornerstone for UHC. Investments in preventive and promotive health will be scaled up to minimize disease burden and reduce costly hospitalizations. At the same time, strategies will be enhanced to reduce out-of-pocket (OOP) expenditure.

Strengthening collaboration across ministries, counties, and partners is critical, given the cross-cutting nature of health and health determinants. The sector commits to strengthen inter-sectoral coordination mechanisms which are critical in leveraging linkages to achieve greater impact. Collaboration with County Governments is key with capacity building and technical assistance to enable counties to effectively deliver devolved health services. Innovative financing mechanisms including public-private partnerships (PPPs) and results-based financing will be pursued to expand fiscal space and ensure value for money.

CHAPTER SIX: RECOMMENDATIONS

1. Enhancement of resources for the sector to adequately address the resource gaps and enable effective implementation of sector reforms, programs and projects. This is through progressively raising budgetary allocations for health towards the Abuja target of 15% while adopting the following innovative financing mechanisms to reduce donor dependency, strengthen sector sustainability and improve efficiency.
 - a. Enhance investment and incentives towards local manufacturing of HPTs – Scale up investment and provide incentives for local production of health products and technologies to reduce costs, strengthen supply security and minimize reliance on imports.
 - b. Leveraging on digital systems to expand equitable coverage, streamline claims management and enhance accountability in health financing.
2. National and County Government to enhance implementation of strategies to ensure the availability of adequate, competent, motivated and resilient health care professionals.
3. Formalize clear agreements between National and County Governments on the procurement, distribution, and accountability of essential health commodities to prevent duplication, ensure timely delivery, avoid stock-outs and strengthen supply chain efficiency.
4. Strengthen coordination between National and County Governments to harmonize priorities, improve resource allocation, and ensure that funding is directly linked to measurable health outcomes and sector performance.
5. Strengthening and implementing robust monitoring and evaluation mechanisms to track progress, evaluate the impact of interventions and identify areas for improvement.
6. The Sector to strengthen collaboration and partnerships with stakeholders, including other government departments, non-governmental organizations, private sector, and development partners to leverage resources, share knowledge, and enhance collective efforts towards achieving sector objectives
7. The Ministry of Health to strengthen legal and regulatory frameworks to provide for the regulation of all health care professionals, healthcare services, health products and technologies to support the delivery of quality, safety and ethical care.
8. National and County Governments to strengthen primary healthcare systems as the cornerstone of UHC.
9. Accelerate implementation of the digital superhighway to improve data collection, analysis, and utilization.
10. Prioritize investment in health research and innovation for informed decision-making.

ANNEXES

LIST OF UNFUNDDED CRITICAL AREAS FOR THE SECTOR

State Department for Medical Services

A.	RECURRENT VOTE	Amount (KSh. Millions)
1.	Unfunded Personnel Emoluments	15,993
i.	Kenyatta National Hospital (KNH)	3,000
ii.	Moi Teaching and Referral Hospital (MTRH)	3,400
iii.	Kenyatta University Teaching and Teaching Referral Hospital (KUTTRH)	3,000
iv.	Mwai Kibaki Referral Hospital	2,216
v.	Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH)	1,200
vi.	Mathari National Teaching and Referral Hospital (MNTRH)	800
vii.	Kenya Medical Research Institute (KEMRI)	500
viii.	Kenya Medical Supplies Authority (KEMSA)	1,100
ix.	National Cancer Institute (NCI-K)	128.9
x.	Digital Health Authority (DHA)	589
xi.	Kenya Bio-Vax Ltd	59
2.	Gratuity and Staff Obligations	1,456
	KUTTRH	1,390
	COVID-19 Staff Gratuity	166
3.	Health Funds under the Social Health Authority	54,898
i.	Primary Health Care Fund	38,076.49
ii.	Emergency Critical and Chronic Illness Fund	15,873.72
iii.	Health Insurance Subsidy Program for Orphans Vulnerable Children and the Elderly Persons	947.65
4.	Pending bills owed to KEMSA by the Ministry	1,900
5.	Operations and Maintenance	1,250
	SDMS HQ	700
	NSDCC	204
	DHA	20
	Kenya Bio-Vax Ltd	200
	Data infrastructure for one country level M&E framework (Situation Room and Maisha Digital Platform) -NSDCC	78

	Beyond Zero (Multisectoral Coordination to end HIV & Other Syndemic Diseases) - NSDCC	48
B.	DEVELOPMENT VOTE	
1.	Kenya National Blood Transfusion Services (Blood Components)	3,000
2.	Gok Counterpart Funding	250
i.	EA's Centres of Excellence for Skills and tertiary education in Biosciences II (EAKI) Project	150
ii.	Kisii Cancer Center	100
3.	Strategic Commodities under BETA	29,105
i.	HIV programme	8,995
ii.	Family Planning Commodities	2,500
iii.	Vaccines Programme	2,500
iv.	Establishing of Regional Cancer Centres	300
v.	National Equipment Service Programme (NESP)	200
vi.	Renovation/Equipping Buildings at Mathari National Teaching & Referral Hospital (MNTRH)	600
vii.	Construction of a Child & Adolescent Psychiatric Unit at MNTRH	500
viii.	Construction and Equipping of Children Hospital at KUTRRH	500
ix.	Equipping Maternity Unit (Mother & Baby Hospital) at MNTRH	200
x.	Completion and Equipping of Radiotherapy Centre (JOOTRH)	500
xi.	Infrastructural Upgrade at JOOTRH (Theatre, NICU Unit, Cath Lab, ICU Unit, MBT Centre)	2,105
xii.	Establishment of the National Cancer Research and Training Centre-NCI-K	1,531
xiii.	Digitalization of Health System Services & Certification of Digital Health Solution -DHA	260
xiv.	Infrastructural Upgrade at Kenya Bio-Vax Ltd	6,414
xv.	Erection of a Nine-Storey Twin Tower Hospital Complex at National Spinal Injury Referral Hospital	2,000
C.	OTHERS	
i.	Pending Bills	114,336
	SDMS HQ	12,423
	KUTRRH	1,186
ii.	Legal Fees-SDMS HQ	200
iii.	Court Awards-SDMS HQ	100,527.2
	GRAND TOTAL VOTE 1082	216,971.96

State Department for Public Health and Professional Standards

The State Department has a total budget shortfall amounting to **KSh.. 18,500M** for the FY 2026/27. This comprises a recurrent budget shortfall of **KSh. 11.605M** and a development shortfall of **KSh. 6,895M**.

SDPHPS- Recurrent VOTE	Amount (KSh. Millions)
Shortfall on Stipends payable to the Medical Interns	2,948
Provision of funds to support KMTC Students Loan Programme-	680
Shortfall of KMTC PE	5,202
Administrative Costs on the implementation of Community Health Promoters-	350
Operationalization of Kenya National Public Health Institute	500
Allocation to Tobacco Control Board	50
School Health Programme	350
Health Promotion and Education activities-	445
Full operationalization of the SDPH&PS organizational structure	250
Environment Health Services	385
Allocation to KMPDC	300
Allocation to Nursing Council of Kenya to support payment of Personnel Emoluments	75
Additional resource requirement to Counselors and Psychologists Board	70
GRAND TOTAL VOTE	11,605

STATE DEPARTMENT FOR PUBLIC HEALTH & PROFESSIONAL STANDARDS - DEVELOPMENT VOTE	Amount (KSh. Millions)
Construction of Tuition Blocks and Laboratories at KMTC-	1,111
Equipping of Laboratories and Classrooms at KMTC-	1,088
Procurement of Anti Drugs Not under Global Fund-	500
Construction of NQCL Health Product and Technologies-	1,900
Clinical Waste Disposal System	232
Research Fund at KIPRE-	500
Completion and equipping of The Examination Centre at KMPDC-	853
Dietetics and Nutrition Services-	230

STATE DEPARTMENT FOR PUBLIC HEALTH & PROFESSIONAL STANDARDS - DEVELOPMENT VOTE	Amount (KSh. Millions)
Epuka Uchafu Linda Afya Nyumbani Project-	481
TOTAL	6,895

ANNEX 6: PROJECT DETAILS FOR FY 2025/26 AND THE MEDIUM TERM PROJECTIONS

Sub- Sector: State Department for Medical Services

Vote: 1082

S/N o.	Vote 1082: State Department for Medical Services															
	Project Code & Title	Location	Financing			Timeline		Requirements for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		Remarks
			Est cost of project	GoK	Foreig n	Start Date	Expected Completi on Date	GoK	Foreig n	GoK	Foreig n	GoK	Foreig n	GoK	Foreig n	
1.	1082100100 KNH Burns and Paediatrics Centre	Nairobi County	5,459	3,482	1,977	03/03/2018	30/06/2026	1,212	615	72	615				-	Funds are essential to equip the Burns centre having done the foundation, ground, 1st, 2nd 3rd and 4th floor slabs in the previous financial years.
2.	1082101100 Cancer & Chronic Disease Management Centre – MTRH	Uasin Gishu County	1,843	1,393	450	07/01/2013	30/06/2028	150	-	72	-	75	-	85		Funds to procure two Radiotherapy Machines (2 Linear Accelerators with 3D Conformational Treatment Unit, CT Simulator, Treatment Plan and all other accessories)
3.	1082101400 Expansion and Equipping of ICU- MTRH	Uasin Gishu County	439	439		01/07/2015	01/12/2026	150	-	-	-	75	-	30		Funds to equip the unit with ICU & HDU beds complete with cardiac monitors, defibrillators, suction machines and syringe pumps
4.	1082101200 Construction and Equipping Children Hospital- MTRH	Uasin Gishu County	1,080	830	250	01/01/2014	30/06/2027	100	-	-	-	50	-	50		Funds required to equip the children hospital with medical equipment for the Paediatric Burns Unit, ICU, HDU and Theatre

S/N o.	Vote 1082: State Department for Medical Services															
	Project Code & Title	Location	Financing			Timeline		Requirements for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		Remarks
			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
5	1082102400 Refurbishment/Renovation and Replacement of Obsolete Equipment - KNH	Nairobi County	8,059	8,059	-	07/01/2021	30/06/2027	1,212	-	300	-	1,000	-	1,500		Funds are essential to equip the Burns centre having done the foundation, ground, 1st, 2nd 3rd and 4th floor slabs in the previous financial years.
6.	1082102500 Expansion of Comprehensive Cancer Centre - KUTRRH	Nairobi County	750	750		01/01/2022	31/12/2025	237	-	150	-	150	-	150		Cancer remains one of the leading causes of morbidity and mortality in Kenya, with cases rising steadily each year. The ongoing expansion of the Cancer Centre is a critical step in addressing this public health crisis. However, the project faces delays that risk compromising access to timely, life-saving diagnosis and treatment for thousands of patients who can't get admission since the existing wards and equipment are not enough. This is aimed at increasing access, improve outcomes and reduce costs for patients.
7.	1082102100 renovation & Improvement for Gatundu Level 5 Hospital	Kiambu County	770	770	-	01/07/2020	30/06/2027	194	-	120	-	80	-	100		This project is now complete and there's urgent need for allocation and disbursement of the Ksh 194M to make

S/N o.	Vote 1082: State Department for Medical Services															
	Project Code & Title	Location	Financing			Timeline		Requirements for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		Remarks
			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
															final payment to the contractor to facilitate handover of the building as well as pay for equipment already procured to start service delivery. The equipment was procured based on previous allocations which eventually were not disbursed.	
8.	Modernization of Wards at MNTRH	Nairobi County	700	700	-	07/01/2025	30/06/2026	400	-	-	-	50	-	50		This project seeks to renovate the existing male (8No.) and female wards (5No.)
9.	1082100700 Renovation/Equipping Buildings-Mathari Teaching & Referral Hospital	Nairobi County	2,950	2,950	0	30/07/2019	30/06/2029	800	-	200	-	300	-	300		Funds are for completion of construction of the Modern Out-Patient Department at the Hospital.
10.	1082100800 Construction of a Wall, renovation & Procure Equipment at National Spinal Injury Hospital	Nairobi County	1,200	1,200	0	30/07/2014	30/06/2027	300	-	100	-	200	-	200		Funds are needed for construction of the medical wards, payment of the specialised equipment for Physiotherapy, drainage, customer care office, hospital gate and cabro construction to be done, Renovation of administration block and Physiotherapy department.

S/N o.	Vote 1082: State Department for Medical Services															
	Project Code & Title	Location	Financing			Timeline		Requirements for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		Remarks
			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
11.	Medical Equipment	Nairobi County	99	99	-	01/01/2025	30/06/2026	98	-	-	-	-	-	-	-	The Hospital is being operationalised as a Level VI facility as an Annex of KNH. Immediate Must have include CT Scan, Digital X-Ray Machine Oxygen Plant or Storage Tanks, Placement of Laboratory Equipment and CCTV Command Centre
12.	1082101300 Equipping Maternity Unit (Mother & Baby Hospital)	Uasin Gishu County	350	350	-	01/07/2014	01/06/2026	100		-	-	70	-	50	-	Funds needed to equip the maternity unit with equipment for the delivery rooms, maternity theatre, Maternity ICU & HDU and Equipment for the neonatal unit (Nursery).
13.	1082101800 Strengthening of Cancer Management at KNH	Nairobi County	3,656	3,656	0	23/8/2018	09/06/2028	2,844		300	-	500	-	1,000	-	Funds to cater for completion of phase 2 finishes and fixtures; acquisition of linac, and other specialized oncology equipment.
14.	1082105200 Construction of Private Wing Inpatient Complex-MTRH	Uasin Gishu County	500	500	-	07/01/2023	30/06/2027	250		-	-	50	-	150	-	Project seeks to Construct a Private Wing Inpatient Complex at the MTRH

S/N o.	Vote 1082: State Department for Medical Services															
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			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
15.	1082105300 Procurement of Specialized Medical equipment-MTRH	Uasin Gishu County	500	500	-	07/01/2023	30/06/2027	250		-	-	50	-	150	-	Project seeks to Procure Specialized Medical equipment at MTRH
16.	1082108600 Infrastructure Upgrade-Jaramogi Oginga Odinga Hospital (JOOTRH)	Kisumu County	6,987	6,987	-	01/07/2025	30/06/2030	2,295		-	-	50	-	300	-	The funds seek to undertake the following capital projects: (Establishment of Haematology and BMT Centre Phase I at ksh. 550million. Completion and Equipping of Radiotherapy Centre Phase I at ksh. 1Billion, Modernization and Equipping of theatres Phase II at ksh. 75 million, Establishment of a 10 bed NICU unit at ksh. 50 million, Establishment of Cath lab Phase II at ksh. 500 million, Construction of a 50 bed ICU unit at ksh. 120 million.
17.	Establishment of Haematology and BMT Centre (JOOTRH)	Kisumu County	550	550	-	07/01/2026	30/6/2027	550	-	61	-	155	-	285	-	This is a specialized flagship critical for treating blood disorders and cancer care. Given the elevation of the hospital, prevalence and disease burden, establishing this facility is of utmost importance.

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			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
18.	Establishment of Cath lab Phase II (JOOTRH)	Kisumu County	500	500	-	07/01/2026	30/6/2027	440	-	40	-	80	-	200	-	Phase I was allocated 60 million in the FY 2025/2026 which was just a small percentage of the total resource requirement for the facility amounting 1.6 billion.
19.	Completion and Equipping of Radiotherapy Centre (JOOTRH)	Kisumu County	1,000	1,000	-	07/01/2026	30/6/2027	1,000	-	-	-	50	-	100	-	This centre is essential for comprehensive cancer treatment at JOOTRH, reducing the need for patient referrals, in 2024/25, the facility handled 7,160 oncology patients despite the limited capacity.
20.	Modernization and equipping of theatres Phase II (JOOTRH)	Kisumu County	75	75	-	07/01/2026	30/6/2027	75	-	54	-	25	-	-	-	This project is crucial for improving surgical capacity, efficiency, and patient safety. Its relatively lower cost (Ksh 75M) compared to other major projects makes it a strong candidate for full funding within the FY 2026/27 budget, potentially yielding significant and immediate improvements in surgical services. The theatres are in bad state.

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			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
21.	Establishment of a 10 bed NICU unit (JOOTRH)	Kisumu County	50	50	-	07/01/2026	30/06/2027	50	-	35	-	17	-	-	-	Given the elevation to level 6, the hospital currently lacks neonatal ventilator. The establishment of NICU is informed by the fact that any new who fails CPAP needs mechanical ventilation and the hospital is likely to get more complex cases given the elevation to level 6.
22.	Construction of a 50 bed ICU unit (JOOTRH)	Kisumu County	120	120	-	07/01/2026	30/06/2027	120	-	-	-	60	-	60	-	The addition of a 50-bed ICU is a high-impact project that will drastically improve critical care capacity and outcomes. This should be prioritized for full funding to address a critical gap in the hospital's service capability.
23.	1082102600 Construction and Equipping of Children Hospital at KUTRRH	Nairobi County	6,000	6,000		07/01/2024	30/06/2028	500	-	-	-	50	-	300	-	The amounts will be utilized for the construction of children hospital
24.	Construction of a Modern Prime Care Rehabilitation Wing for Mentally Ill Patients-MNTRH	Nairobi County	2,000	2,000	-	07/01/2026	30/06/2030	800	-	-	-	50	-	-	-	This project seeks to build a Modern Rehabilitation Hospital Wing offering prime care to patients seeking rehabilitation. This wing is projected to attract patients with the ability to pay

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			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
															higher user fees and therefore raise the most AIA to MNTRH.	
25.	Construction of MNTRH School of Mental Health- MNTRH	Nairobi County	2,000	2,000	-	08/01/2026	30/06/2028	1,000		-	-	50	-	-	-	MNTRH is the largest and premier Level VI Hospital offering specialized mental and psychiatric health care services to patients from all Counties in the Country and the wider East and Central Africa Region. It is mandated by its establishing Legal Notice to provide training and research facilities in the field of psychiatry and mental health for medical personnel. This project seeks to actualize this mandate.
26.	Construction of a Child & Adolescent Psychiatric Unit- MNTRH	Nairobi County	750	750	-	07/01/2026	30/06/2028	500		-	-	50	-	-	-	Kenya lacks a dedicated Child and Adolescent psychiatric unit that specializes in the treatment of mental health conditions of patients within this age group. This project seeks to address this gap by ensuring such services are

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			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
															available at the Hospital.	
27.	Acquisition of Modern Medical Equipment- MNTRH	Nairobi County	500	500	-	07/01/2026	30/06/2027	500	-	-	-	50	-	-	-	MNTRH operates on inadequate and obsolete medical equipment and machinery. This project seeks to ensure the Hospital acquires modern medical equipment to ensure accurate medical diagnosis and also position MNTRH as the Hospital of choice for all Kenyans.
28.	Renovation and Infrastructure Upgrading of Mwai Kibaki Referral Hospital	Nyeri County	749	749	-	07/01/2026	30/06/2029	250	-	150	-	50	-	-	-	The renovation and infrastructure upgrading of MKRH will cover the modernization, repair, and completion of essential clinical, support, and utility systems to ensure the hospital operates at full Level 6 capacity. The scope will include: 1. Painting (Internal & External): Application of durable, hospital-grade finishes to improve hygiene, safety, and aesthetics. 2. Epoxy Flooring: Replacement of terrazzo with

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			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
															seamless, hospital-standard epoxy flooring in operating theatres, ICUs, HDUs, and laboratories to enhance infection prevention and control (IPC). 3. Partitioning & Walling Works: Remodelling and space optimization for efficient workflow, patient privacy, and expanded clinical capacity. 4. Waterproofing Works: Rehabilitation of concrete gutters and roofing to prevent leakages and structural damage. 5. Electrical & Backup Power Systems: Overhaul and upgrade of electrical wiring, backup generators, and UPS systems to guarantee uninterrupted power in critical units. 6. Plumbing & Drainage Systems: Replacement and expansion of water supply, sewerage, and drainage infrastructure to meet current patient volumes and reduce	

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			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
															contamination risks. 7. Heating, Ventilation, and Air Conditioning (HVAC) Systems: Upgrading air handling units and ventilation in theatres, ICUs, and wards to ensure compliance with infection control standards. 8. Fire Suppression Systems: Installation of modern fire detection, alarm, and suppression systems to meet safety and regulatory standards. 9. Oxygen & Specialist Piping Systems: Installation and extension of medical gas piping networks (oxygen, vacuum, compressed air) to theatres, ICUs, and wards for uninterrupted service delivery. 10. Water Heating Systems: Upgrade of central water heating systems to improve service reliability in wards, kitchens, and laundries. 11. Waste Management Systems: Strengthening biomedical waste handling infrastructure,	

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															including segregation, storage, and treatment facilities, in compliance with NEMA and WHO standards. & 12. Patient Lift Installation	
29.	Construction of a Modern Neuro-Psychiatric Hospital Project-MNTRH	Nairobi County	5,000	5,000	-	07/01/2026	30/06/2029	2,000		-	-	-	-	-	This project seeks to establish a modern Neuropsychiatric National Teaching and Referral Hospital at Ngong that will be the focal point and driver in organizing National Mental care model. The hospital will also be the national education and training hub for mental health, and act as a Centre of Excellence for the East African Countries and the African continent attracting patients for differential diagnostics and advanced treatments opportunities.	
30.	1082100300 East Africa's Centre of Excellence for Skills & Tertiary Education	Nairobi County	4,674	334	3,340	17/12/2014	30/06/2025	200	600	-	-	-	-	-	Funds for construction and establishment of a regional (EA) centre of excellence in Urology and Nephrology	

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			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
31.	National Equipment Service Programme (NESP)	Countrywide	15,000	150,000	-	01/07/2025	30/06/2032	10,000	-	-	-	-	-	-	The project seeks to actualize the Fee-for-service PPP arrangement	
32.	Bungoma level 6 hospital	Bungoma	7,000	7,000	-	01/07/2026	30/06/2027	7,000	-	-	-	-	-	-	Funds meant for construction of the Bungoma level 6 hospital	
33.	Londiani level 6 hospital	Kericho	8,000	8,000	-	01/07/2026	30/06/2027	8,000	-	-	-	-	-	-	Funds meant for construction of the Londiani level 6 hospital Londiani level 6 hospital	
34.	Construction and equipping of 40 Blood satellites in Kenya	Countrywide	4,000	4,000	-	04/07/2025	30/06/2027	4,000	-	-	-	30	-	-	Funds meant for construction of the Construction and Equipping of 40 Blood satellites in Kenya	
35.	1082100500 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital	Countrywide	79,502	79,502	0	07/10/2015	07/10/2028	1,000	-	-	-	50	-	400	-	To facilitate payment of MES Project Pending Bills. MES contracts provide for the extension of the MES contracts for additional 3 years. Over the extension period, the MES equipment will continue to be serviced and maintained. The Importance of the MES Extension is to ensure continued provision of critical services through MES to citizens who have no other

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															alternatives. Secondly is to allow counties to plan on how the MES services will continue to be provided after expiry of the extended MES contracts.	
36.	1082106000 Acquisition of Specialized Medical Equipment CHP	Countrywide	26,000	26,000		01/07/2024	06/30/2028	1,000	-	700	-	1,200	-	1,200	-	To facilitate payment of CHP Kits Pending bills. The project seeks acquire Community Health Promoters Medical Kits for these Health workers deployed at the county level.
37.	1082102100 Infrastructural Support to Kigumo Hospital	Muranga County	770	770		10/10/2020	30/06/2026	270	-	40	-	30	-	130	-	Funds are for Renovation and Improvement of an Accident & Emergency Centre, Outpatient Clinics, Pharmacy, Radiology, Plaster Room, Laboratory and wards.
38.	1082107800 Construction and Equipping of Level 4 Hospitals	Homa Bay County, Narok County, Garissa County, Narok County	1,000	1,000		01/07/2024	30/06/2028	400	-	-	-	80	-	200	-	Funds to construct and upgrade Level 4 Hospitals in various Counties across the country
39.	1082107400 Construction and	Various Counties	1,500	1,500		01/07/2025	30/06/2028	1,140	-	-	-	100	-	400	-	Project seeks to construct and upgrade various

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			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
	Equipping of Health Centres														Health Centres located in various Counties across the country	
40.	1082104300 Primary Health Care in the Devolved Context	Various level 1 & 3 Hospitals	2,935		2,935	01/07/2021	30/06/2027	-	-	575	-	-	-	-	Funds to cater for level II and III public hospitals and National Level activities	
41.	1082105000 Upgrading of Children Ward - Kibugua level 3	Tharaka Nithi County	500	500	-	07/01/2023	30/06/2027	400	-	-	53	-	200	-	Project is upgrading the Children Ward at Kibugua level 3 Hospital	
42.	1082105100 Upgrading and Equipping of Maternal and New born Ward Endebess Hospital	Trans Nzoia County	400	400	-	07/01/2023	30/06/2027	200	-	-	50	-	100	-	Project seeks to Upgrade and Equip a Maternal and New born Ward at Endebess Hospital	
43.	Construction of a Modern Neuropsychiatric Hospital	Kajiado County (Ngong)	5,000	5,000		07/01/2023	30/06/2028	2,000	-	-	50	-	200	-	The project seeks to construct a Modern Neuropsychiatric Hospital to supplement the Services offered by Mathari National Teaching and Referral Hospital.	
44.	1082105600 Upgrading and Equipping of Lusigetti Hospital Kikuyu	Kiambu County	400	400		01/07/2023	30/06/2027	300	-	-	-	-	200	-	Project seeks to upgrade and equip the Lusigetti hospital in Kikuyu	
45.	1082105700 Construction of Ugenya Hospital	Siaya County	150	150		01/07/2023	30/06/2026	-	-	-	-	-	-	-	Project seeks to upgrade and equip Ugenya hospital in Ugenya Constituency	

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46.	1082104700 EA's Centres of Excellence for Skills and tertiary education in Biosciences II	Nairobi County	3,200	-	3,200	07/01/2023	6/30/2028	200	838	84	838	84	50	84	50	Funds to equip the EA's Centres of Excellence for Skills and tertiary education in Biosciences II
47.	1082100900 Procurement of Equipment at the National Blood Transfusion Services	Nairobi, Embu, Nakuru, Eldoret, Kisumu, and Mombasa Counties	15,000	15,000	0	07/01/2015	30/12/2029	1,000		600	-	1,000	-	1,000	-	Project is under the Kenya Blood Transfusion Services and seeks to ensure access to safe blood and blood components services across the Country
48.	1082106200 Health Emergency Preparedness, Response and Resilience Program	Nairobi County	4,000	-	4,000	01/07/2024	30/06/2028	-	2,500	-	2,275	-	1,197	-	50	Donor funded Project seeks to support construction and equipping of the Biovax Manufacturing plant to produce vaccines.
49.	1082100200 National Commodities Storage Centre (KEMSA) Phase 2 (Equipping, Warehouse Layout, Automation & Operationalization of the New Warehouse &Depots)	Nairobi County	9,572	8,599	973	26/01/2018	30/12/2027	1,000	-	120	-	-	-	113	-	Funds meant for Equipping, Warehouse Layout, Automation & Operationalization of the New Warehouse &Depot
50.	1082107703 Special Global Fund HIV Grant NFM3-NASCOP	Countrywide	37,641	31,906	5,735	07/01/2021	30/06/2028	3,000	1,115	2,500	1,115	3,000	1,115	3,000	-	The programme aims to increase access of ARVs and awareness creation to prevent spread of HIV/AIDS. The donor is transitioning and hence more funds required from GOK

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															to procure Drugs and Commodities.	
52.	1082107702-Global Fund Grant:KEN-H-TNT-4147 NFM4-NSDCC	Countrywide	575		575	01/07/2024	30/06/2026	-	260.00	-	260		57		-	The Global Fund grant main objective is to contribute towards achieving Universal access to comprehensive HIV prevention, treatment and care.
53.	1082104800 9TH GoK/ UNFPA 10th County Programmes MOH NSDCC HIV - UNFPA	Countrywide	1,150		1,150	07/01/2021	30/06/2027		10	-	10		10		-	This a grant by UNFPA given on yearly basis to conduct various Syndemic intervention.
54.	1081107400 Acquisition of space by the National AIDS Control Council	Nairobi	1,600	1,600	-	01/07/2026	30/06/2028	100.00	-	-	-		-	-	-	The NSDCC is engaging the National Quality Control Laboratory (NQCL) to enter into a joint venture to co-develop a shared office facility on the land owned by NQCL.
55.	1082101000 Establishing of Regional Cancer Centres	Meru, Bungoma and Marsabit Counties (Garissa, Mombasa and Nakuru Counties centres complete)	8,000	8,000	0	01/07/2016	30/6/2029	600		-	-	250	-	300	-	Funds are required to construct and operationalise the 3 centres of Meru, Bungoma and Marsabit which is beneficial to the general public in accessibility of quality cancer care

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56.	Establishment of the National Cancer Research and Training Centre-NCI-K	Nairobi County	4,400	4,400	0	07/01/2026	30/06/2030	1,000		-	-	-	-	100	-	Construct a comprehensive hub that will provide a centralized facility for the National Cancer Registry to collect, analyse, and disseminate nationwide cancer data, create a dedicated Training Facility to build capacity for healthcare professionals in oncology-related fields. Develop a Clinical Trials Wing to promote evidence-based innovations, new therapies, and high-quality research and develop Laboratories for diagnosis and service delivery, education, innovation, and advancing cancer care tailored to Kenya's population
57.	1082101700 Construction of a Cancer Centre at Kisii Level 5 Hospital	Kisii county	4,280	280	4,000	10/08/2016	10/08/2028	50	1,000	36	1,000	50	1,000		-	Project seeks to construct a Cancer Centre at the Kisii Level 5 Hospital.
58.	1082103100 Procurement of Family Planning & Reproductive Health Commodities	Countrywide	18,215	18,215	-	13/08/2014	13/08/2028	2,000		500	-	577	-	1,000		the project provides match-funding of family planning commodities to ensure availability of FP services at health facilities as a key

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															pillar of preventing maternal mortality	
59.	1082104900 Integrated Reproductive Health Programme	Countrywide	3,750	-	3,750	01/07/2023	30/06/2028	750	-	750	-	750		1,944	Donor funded project.	
60.	1082107600 Reproductive, Maternal, Neonatal Child & Adolescent Health Project	Countrywide	11,400	-	11,400	01/11/2024	30/06/2027	0	3,800	-	3,800	-	3,800	800	The Project is Grant Funded aimed at increasing access and quality in Sexual, Reproductive, Maternal and Adolescent Health in Kenya through System Strengthening	
61.	1082104500 Upgrading of Maternal & New Born Units Project-VAMED-FINLAND	Countrywide	4,585	-	4,585	07/07/2022	30/06/2027	-	968	-	968	-	300	-	Funds to support family planning commodities across the country	
62.	1082103600 Kenya COVID-19 Emergency Response Project	Countrywide	25,700	1,000	24,700	01/02/2020	30/06/2026	-	-	-	-	-	-	-	Project seeks to Prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness having absorbed only 26.3% of the funds	
63.	1082103800 Vaccines Programme	Countrywide	88,889	70,999	17,890	02/07/2015	02/06/2028	3,224	2,600	4,600	1,760	4,600	1,760	4,600	2,600	The Project seeks procure, distribute and store vaccines. The program is transitioning from donor funding (GAVI) by 2027 and the country needs to

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			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
															be ready to support the vaccination.	
64.	1082103900 Supply of Medical Equipment and Associated Services & Fight for Maternal y and Infant Mortality	Countrywide	5,000		5,000	07/07/2020	06/06/2025	-	588	-	588	-	588		50	Funds towards rehabilitation of the maternal and baby care units at MTRH and to support COVID-19 Emergency Response
65.	1082103000 Digital Health Platform-BETA	Nairobi county	10,000	10,000	-	01/07/2023	30/06/2030	1,200		-	-	950	-	400	-	Funds to expedite the development of the healthcare industry through digitizing services and adoption of technologies such as E-health, M-health, telemedicine and space technologies to leverage on the improved ICT infrastructure and mobile penetration rates
66.	1082104400 Human Vaccine Production (BIOVAX)	Nairobi county	6,400	6,400	-	07/01/2021	30/6/2030	850	-	244	-	300	-	-	-	Funds for refurbishment, manufacturing site preparation (water treatment system and waste management system) and procurement of fill-and-finish production lines, Quality Assurance and Quality Control Laboratory in Embakasi

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	Project Code & Title	Location	Financing			Timeline		Requirements for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		Remarks
			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
67.	1082101501 Construction and upgrading of KEMRI Laboratories (Nairobi, Kwale, Busia, Kombewa, Kirinyaga)	Nairobi, Kwale, Busia Counties	635	635	0	01/07/2016	01/07/2026	378		145	-	200	-	100	-	Funds for upgrading research laboratories out of which thirty (30) labs are accredited. Forty-seven (47) labs require upgrading to international standards in order to provide reliable quality data and enhance biosecurity levels. The upgrade is ongoing and more resources are required in the financial year 2024/25 to accelerate the process for accreditation to international standards. As at 30th June 2023 the completion level was 37.7%
68.	1082101501 Construction and upgrading of KEMRI Laboratories (Kirinyaga)	Kirinyaga	2,215	2,215	0	07/01/2024	07/01/2030	400	-	-	-	50	-	50	-	The project targets to develop a modern research hub to cover Non-Communicable Diseases Research (Diabetes, Hypertension, Cancer) among others.
69.	1082101502 Construction and upgrading of KEMRI Laboratories (Kombewa)	Kisumu	600	600	0	07/01/2024	07/01/2028	400	-	-	-	50	-	50	-	The project target to establish a globally competitive advanced paediatric research facility.

S/N o.	Vote 1082: State Department for Medical Services															
	Project Code & Title	Location	Financing			Timeline		Requirements for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		Remarks
			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
70.	1082101900 Research and Development - KEMRI	Nairobi County	6,400	6,400	0	01/07/2015	01/07/2030	800	-	150	-	300	-	200	-	Funding to address national research needs in Non-Communicable diseases, drug discovery and vaccine development, neglected diseases and emerging and re-emerging diseases. As at 30th JUNE 2023 the project was 23.44% complete. This being part of the BETA priorities (development of Vaccines) More resources are required in the FY 2024/25.
71.	Establishing a sustainable population and bio-observatories - driven research, innovation & development framework for national and regional disease threat reduction	Countrywide	27,146	27,146	0	01/07/2026	30/06/2031	1,000.00	-	-	-	-	-	-	-	The Project targets to provide evidence - based Kenyan relevant health solutions through establishment of a sustainable bio-surveillance driven research, innovation & development for reduction of disease burden & biosecurity threats
72.	Development of Drugs, Diagnostics and Vaccines	Nairobi County	2,500	2,500		02/07/2026	30/06/2031	1,000	-	-	-	-	-	-	-	The project targets to Improve health security of Kenyan population through building of the capacity of the country to develop

S/N o.	Vote 1082: State Department for Medical Services															
	Project Code & Title	Location	Financing			Timeline		Requirements for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		Remarks
			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
															its own medical diagnostic reagents, vaccines and quality control tools for routine use and more important during epidemics/pandemics	
73.	Establishment of Centre of Excellence in Precision Medicine	Nairobi County	640	640	0	02/07/2026	30/06/2029	128.0	-	-	-	-	-	-	This is a vision 2030 MTP IV flagship project. This will be a regional hub in research on stem cells and regenerative medicine in disease management. the Centre will establish a repository of stem cells in Kenya	
74.	Establishment of Centre of excellence for stem cell research, synthetic biology and regenerative medicine (A Vision2030 Flagship Project)	Nairobi County	520	520	0	03/07/2026	30/06/2030	100	-	-	-	-	-	-	This is a vision 2030 MTP IV flagship project. This will be a regional hub in research on stem cells and regenerative medicine in disease management. The Centre will establish a repository of stem cells in Kenya. KEMRI Received a one-off funding of KES 77 million from National Research Fund (NRF).	

S/N o.	Vote 1082: State Department for Medical Services															
	Project Code & Title	Location	Financing			Timeline		Requirements for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		Remarks
			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
75.	Establishment of a National Anti-Doping Laboratory and a Sports Science Research and Training Centre in Eldoret.	Uasin Gishu County	1,582	1,582	0	01/07/2026	30/06/2031	800	-	-	-	-	-	-	-	The project will aim to establish a national anti-doping laboratory and sports Research & training facilities.
76.	Genomics and Bioinformatics Unit	Nairobi County	250	250	0	02/07/2026	30/06/2029	90	-	-	-	-	-	-	-	The project will establish a platform for molecular analysis to enable disease pathogen characterization and pharmacogenetics towards development of interventions, drugs and vaccines.
77.	1082100600 Linda Mama (Strategic Intervention)	Countrywide	70,088	70,088	-	10/07/2013	10/07/2028	-	-	-	-	-	-	-	-	Funds to cater for the gap in access to quality ANC and PNC. Notably, is the increase in macerated stillbirths an indication of suboptimal care during antenatal care and the fact that most maternal deaths still occur during the postnatal period.
78.	Monitoring and Evaluation of BETA priorities, Programmes and Projects									100		100	-	100	-	Funds are allocated for the monitoring and evaluation of projects to ensure their smooth implementation. They also serve to promote accountability and transparency, helping to identify

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	Project Code & Title	Location	Financing			Timeline		Requirements for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		Remarks
			Est cost of project	GoK	Foreign	Start Date	Expected Completion Date	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
																both successes and areas of failure.
	GRAND TOTAL FOR VOTE		546,406	584,253	96,153			73,156	14,876	11,353	14,036	16,541	10,887	19,187	5,494	

Sub- Sector: State Department for Public Health and Professional Standards

Vote: 1083

S/ N O	Vote 1083 State Department for Public Health & Professional Standards																				
	Project Code & Project Title	Location	Financing			Timeline		Actua l Cum ulativ e Expe up to 30th June 2025	Outst andin g Proje ct Cost as at 30th June 2025	Proje ct Com pletio n Physi cal % as at 30th June 2025	Approved Budget 2025/26	Requirements for FY 2026/27	Allocation for FY 2026/27	Allocation for FY 2027/28	Allocation for FY 2028/29	REMARKS*					
			Est Cost of Proj ect	GO K	For eign	Start Date	Expec ted Com pletion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	For eign	GO K	For eign			
1	108310070 0 Construction of Tuition Blocks and Laboratories at KMTC	National/ Counties	1,800 .00	1,80 0.00	- 7	9/21/1 7	30/06/2028	1,541. 00	259.00	86	325. 00	-	1,29 7.00	-	185. 94	-	200. 00	-	400. 00	-	The project being in its first phase has successful enabled completion of tuition blocks and at 10% construction of laboratories for the mapped campuses which has enabled increase of students and introduction of

S/ N O	Vote 1083 State Department for Public Health & Professional Standards																					
	Project Code & Project Title	Financing				Timeline			Actua l Cum ulativ e Expe up to 30th June 2025	Outst andin g Proje ct Cost as at 30th June 2025	Proje ct Com pletio n Physi cal % as at 30th June 2025	Approved Budget 2025/26		Requirement s for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		REMARKS*
		Location	Est Cost of Proj ect	GO K	For eign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	For eign	GO K	For eign	GO K	For eign		
																				new programs. The project needs further funding to finalise the completion of the laboratories as the same is critical in teaching and learning for practical purpose. the following campuses construction is ongoing Embu, Teso, Mosoriot, Kapkaret, Kwale, Thika, Siaya, Kitale, Chuka, Murukweini, Ndhiwa, Nairobi, Kabarnet, Lugari, KMTA HQs. Nyeri, Mombasa, Eldoret, Nakuru, Kisumu, Machakos		
2	108310080 0 Equipping of Laboratorie s and Classrooms at KMTC	National/ Counties	4,799 .00	4,79 9.00	-	03/04/ 2018	18/09/ 2028	3,376. 00	1,423. 00	70	540. 00	-	1,18 3.00	-	94.7 6	-	120. 00	-	500. 00	-	The project has so far enabled purchase of modernised equipments in 50% of the mapped campuses. There is need for additional allocation to complete purchase in the remaining campuses and also in the newly operationalised campuses. Matuu/Yatta	

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	Project Code & Project Title	Financing				Timeline			Actua l Cum ulativ e Expe up to 30th June 2025	Outst andin g Proje ct Cost as at 30th June 2025	Proje ct Com pletio n Physi cal % as at 30th June 2025	Approved Budget 2025/26		Requirement s for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		REMARKS*
		Location	Est Cost of Proj ect	GO K	For eign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	For eign	GO K	For eign	GO K	For eign		
																				Mwingi, Ziwa-Soy, Burnt Forest, Mbaita- Homabay,Tigania West-Meru, Kerio Valley-Iten, Bomachoge Chache - Kisii, Ibneo-Nyamira, Marsabit, Butula-Kisii, Bumula-Bungoma, Matungu- Kakamega,Samburu/M aralal, Kieni-Nyeri, Kilungu/Kaiti- Makueni, Tseikuru- Kitui, Ishara-Embu, Kangeta-Meru. Each campus will cost 65,750,000/-		
3	108310020 0 Clinical Waste Disposal System	15 Counties	1,256 .00	60.0 0	1,19 6.00	01/07/ 2021	30/06/ 2028	1,190. 00	(1,130 .00)	95	-	-	293. 00	110. 00	60.8 1	200. 00	100. 00	193. 00	300. 00	186. 00	The Ministry of Health with a grant from Belgium government is implementing phase II of the Clinical waste treatment project in 15 sites in the country. Phase III of the project will target the 22 remaining counties and its projected to start in the FY 2026/27.The objective of the project is to protect human and	

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	Project Code & Project Title	Financing			Timeline		Actua l Cum ulativ e Expe up to 30th June 2025	Outst andin g Proje ct Cost as at 30th June 2025	Proje ct Com pletio n Physi cal % as at 30th June 2025	Approved Budget 2025/26		Requirement s for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		REMARKS*	
		Location	Est Cost of Proj ect	GO K	Fore ign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	Fore ign	GO K	Fore ign	GO K	For eign	
																				environmental health by reducing releases of unintentionally produced persistent organic pollutants (UPOPs) from the unsound management of healthcare waste, in particular the sub-standard incineration and open burning of healthcare waste. Phase I construction completed and equipment's installed commissioned and launched. Phase 2 all 15 equipment's are on site, what is remaining is housing the equipment's. construction of two sites is ongoing vihiga and Bomet and it is around 50%	
4	1083103200 Department of Health Systems	National/ Counties	1,500 .00	-	1,50 0.00	01/07/ 2024	30/06/ 2027	504.0 0	(504.0 0)	34	-	889. 00	225. 00	511. 00	-	511. 00	-	500. 00	-	-	This is the first year of the project and the performance is on track, RSSH supports the treatment and prevention of HIV, TB, malaria, and the

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		Location	Est Cost of Proj ect	GO K	Fore ign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	Fore ign	GO K	Fore ign	GO K	For eign	
	Strengthening NFM4																	country to respond to these diseases, while also improving overall health systems by boosting the quality of care, data tracking, accountability and governance, and service delivery. By reducing the burden of HIV, TB and malaria, we free up health systems' capacity for other health priorities.			
5	1083102400 Construction of an Examination Centre - KMPDC	Kilimani/ Nairobi	1,000.00	1,000.00	-	01/01/2024	30/06/2026	300.00	700.00	30	50.00	-	990.00	-	136.40	-	150.00	-	300.00	-	KMPDC conducts examinations under three categories: Qualifying Examination (Medical and Dental), Pre-registration examination (Medical & Dental), and Peer Review Examinations (Medical and Dental Specialists) for purposes of internship, registration and Licensure for those who have Met the set requirements. Exams are done twice in a

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	Project Code & Project Title	Financing			Timeline		Actua l Cum ulativ e Expe up to 30th June 2025	Outst andin g Proje ct Cost as at 30th June 2025	Proje ct Com pletio n Physi cal % as at 30th June 2025	Approved Budget 2025/26		Requirement s for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		REMARKS*	
		Location	Est Cost of Proj ect	GO K	Fore ign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	Fore ign	GO K	Fore ign	GO K	For eign	
																			calendar year in the month of April/May and Oct./Nov.		
6	1083102601 Research and commercialization of Snake Antivenom to support Universal Health Care	Oloolua/Kajiado North	4,900.00	4,900.00	-	01/04/2024	30/06/2029	500.00	4,400.00	10	300.00	-	600.00	-	300.00	-	200.00	-	200.00	-	KIPRE, situated in Oloolua forest (Karen), has been designated as the site for the establishment of the snakebite anti-venom research and processing facility. The site is ideal due to the availability of adequate land, trained scientists, veterinarians, preclinical facility and existing and established international partnerships required to transfer technology and sustain the project. The goal is to develop and commercialize quality-assured and affordable snake antivenom products and ensure their availability and accessibility to all victims/patients of snakebite envenoming to support access to

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Location	Est Cost of Proj ect	GO K	For eign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	For eign	GO K	For eign	GO K	For eign	
																		Universal Health Coverage, Project activities supported by the fund up to 30th June, 2025 <ul style="list-style-type: none"> •Setting up snake herpetarium •Mapping snakebite hotspots Samburu, Marsabit, Kilifi, Makueni, Kakamega, Busia, Baringo, Turkana, Kitui, Garissa and Taita -Taveta •Snake capture and venom milking •Support animal husbandry/maintenance of snakes •Venom profiling/characterization •Upgrading snakebite labs •Procurement of snake venom analysis equipment •Training of community health promoters (CHPs) to increase survival rates in hotspot regions by ensuring early 	

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	Project Code & Project Title	Financing				Timeline			Actua l Cum ulativ e Expe up to 30th June 2025	Outst andin g Proje ct Cost as at 30th June 2025	Proje ct Com pletio n Physi cal % as at 30th June 2025	Approved Budget 2025/26		Requirement s for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		REMARKS*
		Location	Est Cost of Proj ect	GO K	For eign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	For eign	GO K	For eign	GO K	For eign		
																				stabilization and timely referral. •Community sensitization on snakebite prevention to equip communities with preventive practices and promote timely health seeking behaviour. •Generation of candidate anti-venom from various animals for comparative efficacy analysis (rabbits, baboons, camels, cattle) •Initiate partnerships with Counties •Technology transfer (India, UK) •Initiating partnerships for commercialization (India, UK, Biovax)		
7	108310220 0 Infrastructure upgrade at Kenya Institute of	Oloolua/ Kajiado North	1,800 .00	1,73 0.00	70.0 0	01/03/ 2011	30/06/ 2026	322.5 0	1,407. 50	18	-	-	300. 00	-	143. 58	-	150. 00	-	200. 00	-	KIPRE, situated in Oloolua forest (Karen), performs research on various high-risk pathogens and preclinical research using animals. The requested funds will be	

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	Project Code & Project Title	Financing				Timeline			Actua l Cum ulativ e Expe up to 30th June 2025	Outst andin g Proje ct Cost as at 30th June 2025	Proje ct Com pletio n Physi cal % as at 30th June 2025	Approved Budget 2025/26	Requirement s for FY 2026/27	Allocation for FY 2026/27	Allocation for FY 2027/28	Allocation for FY 2028/29	REMARKS*				
Location		Est Cost of Proj ect	GO K	For eign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	For eign	GO K	For eign				
	Primate Research																	used to provide research equipment to support the research; removal and replacement of asbestos roof and establish a biocontainment facility. Previous funds under this project have supported the construction of pre- clinical animal cages, fence, resource/training centre, archives and ablution block.			
8	108310010 0 Dietetics Services Improveme nt.	National/ Counties	6,174 .00	6,17 4.00	-	11/07/ 2011	30/06/ 2036	1,010. 00	5,164. 00	16	-	-	3,60 2.07	-	143. 58	-	150. 00	-	300. 00	-	The project is ongoing but is experiencing low GoK funding. This will affect the achievement of the outcomes which are critical for prevention and management of the malnutrition epidemic in-line with BETA and global guidance.
9	108310210 0 Public	National/ Counties	1,000 .00	500. 00	500. 00	01/07/ 2023	06/30/ 2028	30.00	470.00	3	-	-	50.0 0	-	-	-	50.0 0	-	100. 00	-	

S/ N O	Vote 1083 State Department for Public Health & Professional Standards																				
	Project Code & Project Title	Financing			Timeline		Actua l Cum ulativ e Expe up to 30th June 2025	Outst andin g Proje ct Cost as at 30th June 2025	Proje ct Com pletio n Physi cal % as at 30th June 2025	Approved Budget 2025/26		Requirement s for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		REMARKS*	
		Location	Est Cost of Proj ect	GO K	For eign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	For eign	GO K	For eign	GO K	For eign	
	Participatio n																				
10	108310040 0 Procureme nt of Anti TB Drugs Not covered under Global fund TB Program	National/ Counties	10,67 8.00	10,6 78.0 0	-	8/13/1 4	30/06/ 2027	2,098. 00	8,580. 00	20	300. 00	-	12,3 18.0 0	-	300. 00	-	300. 00	-	300. 00	-	With the need to in efforts to end TB as per the UNHLM declaration, there is need for continued investment in TB prevention Therapy medication for the population at risk of TB as well as sustained investment in diagnostic commodities to facilitate active case finding in the community in light of the reduced donor funding. The country receives less than 30% funding of the Tuberculosis National Strategic Plan 2023- 2028 thus need for the Government to cover 70% of the requirement.
11	108310300 0 Special Global Fund	National/ Counties	25,44 8.00	23,3 45.0 0	2,10 3.00	01/07/ 2024	30/06/ 2027	1,079. 72	22,265 .28	4	348. 90	866. 00	4,34 4.00	389. 00	1,10 0.00	389. 00	1,10 0.00	-	1,10 0.00	-	The performance is due to low GoK releases. Additionally, the foreign includes funds

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	Project Code & Project Title	Financing				Timeline			Actua l Cum ulativ e Expe up to 30th June 2025	Outst andin g Proje ct Cost as at 30th June 2025	Proje ct Com pletio n Physi cal % as at 30th June 2025	Approved Budget 2025/26		Requirement s for FY 2026/27		Allocation for FY 2026/27		Allocation for FY 2027/28		Allocation for FY 2028/29		REMARKS*
		Location	Est Cost of Proj ect	GO K	For eign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	For eign	GO K	For eign	GO K	For eign		
	Malaria KEN-M- TNT-4149 NFM4																		for commodities which are domiciled at the TNT (3.0 bn), while the approved amounts are programmatic activities within the MoH (2.6bn). Adjusting for this the performance is much higher than stated. The next cycle of the projects began in FY 2024, in addition, reprioritization was undertaken in year III, to provide for additional LLINs.			
12	108310270 0 Central Radioactiv e waste processing facilities	Oloolua/ Kajiado North	1,082 .00	1,08 2.00	-	07/01/ 2023	30/06/ 2027	593.5 0	488.50	55	-	-	370. 00	-	107. 69	-	110. 00	-	152. 00	-	The project has utilized KES 593,490,508.16 (55% completion) for interim underground bunkers, a health physics lab, and a waste processing facility. It is now progressing to construct radiation laboratories, administrative offices, and a national reference centre, with the final phase being a	

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	Project Code & Project Title	Financing			Timeline		Actua l Cum ulativ e Expe up to 30th June 2025	Outst andin g Proje ct Cost as at 30th June 2025	Proje ct Com pletio n Physi cal % as at 30th June 2025	Approved Budget 2025/26	Requirement s for FY 2026/27	Allocation for FY 2026/27	Allocation for FY 2027/28	Allocation for FY 2028/29	REMARKS*						
		Location	Est Cost of Proj ect	GO K	Fore ign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	Fore ign	GO K	Fore ign	GO K	For eign			
																		near-surface repository for long-term waste storage.			
13	108310280 0 Public Participatio n - Constructio n of Primary Health Care Facilities dispensarie s, clinics, wards and Health centres	National/ Counties	1,295 .00	1,29 5.00	-	01/12/ 2024	30/06/ 2028	454.0 0	841.00	35	-	-	98.0 0	-	-	30.0 0	-	98.0 0	-	Construction of dispensaries, laboratories, maternity wards to boost Universal Health Care as one of the main thematic areas in the Bottom-Up Transformative Agenda.	
14	108310310 0 Special Global Fund TB Grant NFM4.	National/ Counties	2,584 .00	-	2,58 4.00	01/07/ 2024	30/6/2 027	348.0 0	(348.0 0)	13	-	606. 80	-	211. 00	-	211. 00	-	594. 00	-	794. 00	The project is in the first year and the performance is on track with the approved amounts in year 1 reflective of the budgeted amounts. The project was posed for two quarters, Q4 FY 2024/25, Q1 FY 2025/26 this stalled the performance of the

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		Location	Est Cost of Proj ect	GO K	Fore ign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	Fore ign	GO K	Fore ign	GO K	For eign	
																			project but it has now resumed in this quarter.		
15	1083102900 Building Resilience and Responsive Health System Project	National/ Counties	27,735.00	-	27,735.00	07/01/2024	30/6/2029	33.00	(33.00)	0	-	1,100.00	-	10,446.35	-	10,446.35	-	8,783.63	-	7,423.98	The initial phase of planning, sensitization, Quality of care bill which forms part of component 1 sub component 1.2 and baseline assessment (Mental Health Survey) have been undertaken. The BREHS project main objective is improve utilization and quality of primary healthcare services and strengthen institutional capacity for service delivery.
16	1083102500 Construction of Health Centres	National/ Counties	1,295.00	1,295.00	-	01/12/2024	30/06/2028	112.00	1,183.00	9	105.50	-	150.00	-	-	-	30.00	-	100.00	-	Construction of dispensaries, laboratories, maternity wards to boost Universal Health Care as one of the main thematic areas in the Bottom-Up Transformative Agenda.

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		Location	Est Cost of Proj ect	GO K	For eign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	For eign	GO K	For eign	GO K	For eign	
17	108310330 0 Constructio n of Level 4 Hospitals	National/ Counties	1,295 .00	1,29 5.00	-	01/12/ 2024	30/06/ 2028	-	1,295. 00	0	130. 00	-	270. 00	-	-	-	50.0 0	-	80.0 0	-	Construction of dispensaries, laboratories, maternity wards to boost Universal Health Care as one of the main thematic areas in the Bottom-Up Transformative Agenda.
18	Kenya National Health Practitioner s Master Register		263.0 0	263. 00	-	01/07/ 2025	30/06/ 2030	-	263.00	0	-	-	200. 00	-	-	-	-	-	-	-	The aim of the project is to transform human resource for health system to efficiently support quality service delivery.
19	Constructio n of State- of the art Laboratory - NQCL	KNH/Nai robi	10,00 0.00	7,70 0.00	2,30 0.00	01/07/ 2025	30/06/ 2028	-	7,700. 00	0	-	-	2,00 0.00	-	100. 00	-	-	-	-	-	The project will contribute to sector outcomes by providing a well-equipped modern laboratory for HPT testing, thereby expanding capacity, supporting strategic achievements, and aligning with the government's goal of attaining ML3

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		Location	Est Cost of Proj ect	GO K	Fore ign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	Fore ign	GO K	For eign		
20	Establishment of the National Health Emergency Command and Control Centre	National/ Counties	2,590 .00	2,59 0.00	-	01/07/ 2025	30/06/ 2030	-	2,590. 00	0	-	-	600. 00	-	-	-	-	400. 00	-	The Cabinet in December 2020 approved the construction of National Health Emergency command and control Centre to bolster preparedness and response to emergencies and disasters. It is envisaged to be a Centre of Excellence where all the critical functions and activities are collocated to support both proactive preparations for emergencies as well as a fast reactive capacity to health emergencies. The centre comprises of ambulance and referral coordination system, storage of emergency medical supplies and response equipment, emergency response and other training, accommodation, emergency health crisis simulations, and acting

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		Location	Est Cost of Proj ect	GO K	Fore ign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	For eign	GO K	Fore ign	GO K	Fore ign	GO K	For eign	
																				as a facility to cater for real medical emergencies.	
21	Epuka Uchafu Afya Nyumbani Project	National/ Counties	7,400 .00	7,40 0.00	-	01/07/ 2024	30/06/ 2030	-	7,400. 00	0	-	-	525. 14	-	-	-	100. 00	-	250. 00	-	The Epuka Uchafu Afya Nyumbani initiative aims to improve the overall health and well-being of Kenyan communities by fostering a culture of personal and environmental hygiene, sanitation and preventive health with the main objective of reduction in waterborne, foodborne disease and respiratory illness.
22	Kenya Climate change strategy implementation project	National/ Counties	650.0 0	650. 00	-	01/07/ 2026	30/06/ 2030	-	650.00	0	-	-	215. 00	-	-	-	-	-	215. 00	-	The aim of this project is to support Kenya build climate resilient health systems and communities.
23	Expansion and transformation of the	Nairobi	2,660 .00	-	2,66 0.00	01/11/ 2022	30/06/ 2028	-	-	0	-	-	540. 00	-	-	-	-	-	-	-	Aim of this project is to create a centre of excellence in research evidence translation to

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	Kenya Air Pollution centre of excellence (KAPCE) into a world WHO collaborative centre for climate change and environmental health research centre																		inform climate change and environmental health policy and practice in Kenya and the region.	
24	Construction and Equipping of Medical Clinic at Kilindini and Lamu Port	Kilindini/ Mombasa	1,200 .00	1,20 0.00	-	01/07/ 2025	30/06/ 2028	-	1,200. 00	0	-	-	200. 00	-	-	-	-	300. 00	-	Aim of the project is to construct the medical clinic to enhance prevention detection and management of international threat to human health through surveillance, inspections of ships and issuance of ship, issuance of ship sanitation control certificate and ship sanitation control exemption certificate.

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		Location	Est Cost of Proj ect	GO K	Fore ign	Start Date	Expec ted Comp letion Date	GoK	GoK		Net GO K	For eign	Net GO K	Fore ign	GO K	Fore ign	GO K	For eign		
25	Constructio n of Modern Infrastructu re and Equipping NPHI	Afya Annex - KNH /Nairobi	5,600 .00	5,60 0.00	-	01/07/ 2026	01/07/ 2028	-	5,600. 00	0	-	-	1,50 0.00	-	-	-	-	500. 00	-	Constructing and equipping modern infrastructure block to house: 1. KNPNI Offices 2. PHEOC 3. Revamp the existing KNPNI QA centre into a centralized bio- repository facility to accommodate samples collected during outbreaks and population-based surveys, as well as for the storage of vectors.
26	Sustainable Infrastructu re Enhanceme nt for Undergrou nd Water tanks, Bio- digesters and Installation of Solar Systems in Kenya Medical Training	National/ Counties	2,850 .00	2,85 0.00	-	09/01/ 2026	30/6/2 030	-	2,850. 00	0	-	-	570. 00	-	-	-	-	-	-	With the increasing student population, KMTC is planning to implement Climate smart projects which will go into saving amount of Money spent on utilities and protecting the environment

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	College (KMTC) Campuses																			
27	Construction of office space at Afya House	Afya House/Nairobi	200.00	200.00	-	01/07/2025	30/06/2028	-	200.00	0	-	-	200.00	-	-	-	-	-	-	Minor renovations and partitioning of existing offices have been undertaken in the past, but these measures have reached capacity. No permanent additional office space has yet been constructed to accommodate the growing number of staff. Current office space houses 400 staff members against an optimal capacity of 830 staff members, which translates to 50% over capacity. The project seeks to construct more additional offices so as every officer can get a decent place of work.
28	Monitoring and Evaluation of BETA priorities,P	National/ Counties	375.00	375.00	-	01/07/2025	30/06/2028	-	375.00	0	-	-	125.00	-	100.00	-	100.00	-	100.00	Monitoring and Evaluation (M&E) in the State Department for Public Health ensures effective

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	Programmes and Projects																		implementation, accountability, and continuous improvement of health programs. It involves systematic tracking of activities, outputs, and outcomes using data from sources such as KHIS2, surveys, and reports. M&E findings guide planning, policy decisions, and resource allocation, in line with the National Integrated Monitoring and Evaluation System (NIMES) and Performance Contracting Guidelines. Through M&E, the Department enhances transparency, program performance, and progress toward national health goals and Universal Health Coverage (UHC).			
	Total		129,4 29.00	88,7 81.0 0	40,6 48.0 0	1,172, 039.0 0	1,037, 007.0 0	13,49 .28	75,289 .28	10	2,09 9.40	3,46 1.80	32,2 25.2 1	12,2 07.3 5	2,77 2.76	11,7 57.3 5	2,94 0.00	10,0 70.6 3	5,89 5.00	8,40 3.98		

