



REPUBLIC OF KENYA

HEALTH SECTOR REPORT

MEDIUM TERM EXPENDITURE FRAMEWORK (MTEF) FOR THE PERIOD 2027/28-2029/30

SEPTEMBER, 2026

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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

Universal Health Coverage (UHC), anchored in Kenya Vision 2030 under the Social Pillar and in Sustainable Development Goal 3, commits to ensuring access to the highest attainable standard of health including reproductive health to all Kenyans as is espoused in Article 43(1)(a) of the 2010 Constitution. Universal Health Coverage is a key priority under the Bottom-Up Economic Transformation Agenda (BETA) of the Government. The sector priorities are aligned to the Kenya's regional and international obligations including the Sustainable Development Goals and African Union Agenda 2063. The priorities are also aligned to the Fourth Medium-Term Plan (2023 to 2027) of the Kenya Vision 2030, the Kenya Health Policy (2014 to 2030), the Kenya Health Sector Strategic Plan (2023 to 2027), and the UHC Policy. The sector commits to prioritize Kenya Vision 2030 Flagship Projects for the Health Sector as outlined in MTP-IV including Social Health Protection, Community Health High Impact interventions, Family Health & Strategic Public Health Programme, National Health Institutions, Local Manufacture of Life-Saving Essential Health Products and Diagnostics, Human Resources for Health, Health infrastructure and Medical Tourism.

The State Department for Medical Services comprises four programmes namely, National Referral and Specialized Services, Curative and Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH), Health Research and Innovation, and General Administration, Planning and support Services. The State Department for Public Health and Professional Standards (SDPHPS) on the other hand implements four programs namely: Preventive and Promotive Health, Health Resource Development and Innovation, Health Policy, Standards and Regulations, and General Administration, Planning and support Services.

The Sector report reviewed the financial and non-financial performance of the Sector for FY 2023/24–2025/26 and provides the basis for resource allocation over the medium term i.e. 2027/28-2029/30. It provides an assessment of programme performance, resource utilization, emerging challenges and cross-sector linkages and proposes medium-term priorities and resource requirements.

Over the last medium term, the budgetary allocation for the Sector was **KSh. 134.4 billion** in FY 2023/24, **KSh. 135.2 billion** in FY 2024/25 and **KSh. 164.9 billion** in FY 2025/26. The actual expenditure for the period was **KSh. 90.8 billion**, **KSh. 121.9 billion** and **KSh. 158.7 billion** for 2023/24, 2024/25 and 2025/2026 financial years respectively, translating to absorption rates of 67.54%, 90.2% and 96.2%.

Significant achievements that were recorded in the period under review include; major health financing reforms to advance Universal Health Coverage and strengthen financial protection through the establishment of the Social Health Authority and dedicated funds for primary healthcare, social health insurance, and emergency, chronic and critical illness care. Under National Referral and Specialized Services, there was an increase in the number of kidney transplants conducted by the National Referral Hospitals from 39 in FY 2023/24 to 48 in FY 2025/26. Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) was elevated to a

national referral hospital and introduced Apheresis procedures which marked a significant milestone in strengthening specialized healthcare services during the period. The Facility introduced one Apheresis machine on placement and used it to conduct 38 Red Blood Cell Exchange (RBC Exchange) procedures for patients living with Sickle Cell Disease. This intervention has significantly improved patient management by reducing disease-related complications and markedly improved clinical outcomes for affected patients across the catchment area. Health products and technologies (HPTs) valued at KSh 69.708 billion were distributed to an average of 9,226 public healthcare facilities and testing sites across all 47 counties. Improved supply reliability, reflected in the increase in the Order Fill Rate from 41% to 88%, enhanced the availability of essential HPTs at service delivery points, contributing to improved access to and continuity of quality health services for communities across the country.

Under Curative and RMNCAH programme, progress in cancer prevention and control was strengthened through 43 public awareness campaigns reaching over 24 million Kenyans, support to 30 cancer research initiatives to generate evidence for decision-making, and the establishment of 24 cancer registry hubs. Access to cancer care was further improved through the establishment of three comprehensive regional cancer centres in Mombasa, Garissa and Nakuru, capacity building of 101 MDAs on workplace cancer prevention and control, and expansion of financial access, with 77.7% of cancer patients accessing treatment through the Social Health Insurance Fund. Investments in HIV prevention, treatment, coordination and technical support contributed to a 30% reduction in new HIV infections, from 19,991 in 2024 to 13,936 in 2025, a reduction in AIDS-related deaths from 21,007 to 19,434, and an increase in adult ART coverage from 87% to 93% in the same period.

During FY 2025/26, the health sector continued to make progress towards maternal, newborn and reproductive health goals, with ANC4 coverage reaching 48% and skilled birth attendance standing at 68%, while neonatal mortality was 21 deaths per 1,000 live births and the facility-based maternal mortality ratio was 90 deaths per 100,000 live births. The proportion of women of reproductive age receiving family planning commodities increased from 29% in FY 2024/25 to 38% in FY 2025/26, reflecting efforts to stabilize commodity supplies and strengthen service delivery despite financing constraints. To accelerate the reduction of preventable maternal and newborn deaths, the Every Woman, Every Newborn Everywhere (EWENE) Acceleration Plan 2026–2028 was launched by H.E. the President on 28 May 2026. The sector also strengthened immunization infrastructure, with functional cold-chain coverage reaching 93% in FY 2023/24 against a target of 92%, following the procurement of additional equipment.

Achievements recorded in communicable disease control include; Reduction in malaria incidence from 88.5 cases per 1,000 population in FY 2023/24 to 76 cases in FY 2024/25 and 72 cases in FY 2025/26, reflecting the contribution of vector control interventions, including insecticide-treated nets and indoor residual spraying. In TB control, treatment success remained at 89% during the three years, while integrated TB and lung disease services expanded to 560 facilities in FY 2025/26 against a target of 500. Disease surveillance and epidemic preparedness also recorded notable gains. In FY 2025/26, 100% of reported public health events were detected, investigated and responded to, while 25 counties had functional Public Health Emergency Operations Centres. The

Field Epidemiology and Laboratory Training Programme trained 108 health workers during the year, and 10 counties were supported to establish One Health Units that support collaborative efforts between human, animal and environmental health interventions. National laboratory capacity also improved, with 40 laboratories certified under the Laboratory Continuous Quality Improvement programme against a target of 32 thus providing timely detection and management of diseases in the population.

Primary health care and community health continued to be major areas of progress. Functional Primary Care Networks increased to 278 against a target of 268. All 107,831 Community Health Promoters were facilitated with monthly stipends, while CHP kits and mobile phones were distributed to support implementation of the electronic Community Health Information System. Household coverage by CHPs reached 9.4 million against a target of 8.9 million. The sector made significant progress in improving nutrition outcomes. A total of 697,470 children aged 6–23 months received multiple Micronutrient Powders (MNPs) against a target of 241,977 children during the period, contributing to the prevention and management of micronutrient deficiencies among young children. In addition, 12,946 healthcare workers were trained against a target of 11,800 on high-impact nutrition interventions, strengthening the capacity of the health system to deliver quality nutrition and dietetics services.

The Sector made tremendous progress in health workforce development, research and innovation. Kenya Medical Research Institute (KEMRI) was awarded the KEMRI Charter, elevating the Institute to a Specialized Degree Awarding Institution and expanding its mandate in postgraduate education and training. In collaboration with JKUAT, KEMRI enrolled 391 postgraduate students and graduated 43 MSc and 15 PhD students, strengthening the national health research workforce. To support local production of routine and outbreak-response vaccines, the sector through Kenya BioVax Institute has advanced local vaccine manufacturing, achieving 96% and 25% completion of Phase 1A and 1B, respectively of the Human Vaccine Manufacturing Facility, signed a Technology transfer agreement with WHO Medicines Patent Pool securing Kshs. 237 million funding and finalized refurbishment works of the pilot-scale mRNA manufacturing laboratory, with equipment installation ongoing. Kenya Medical Training College (KEMTC) achieved 100% enrollment, with 89.64% of admitted students graduating. Through Kenya Institute of Primate Research (KIPRE), 93 scientific publications were peer reviewed, 752 health staff were trained in biomedical knowledge and skills to enhance research capacity for health care. Additionally, 33 candidate drugs and vaccines were tested, and 14 candidate snake antivenoms were generated for pre-clinical testing. Under Digital health, the Digital Health Agency rolled out the Taifa Care (Tiberbu and AfyaKe) Health Management Information System (HMIS) to 6,424 out of 6,724 Level 2-6 public health facilities in the FY 2025/26, representing 95.5 percent coverage. The level 6 HMIS (Afya Apex) was successfully piloted in Kenyatta National Hospital and will be cascaded to Level 5 and 6 facilities in the subsequent financial year. The agency also distributed 42,894 tablets and 8,300 biometric devices and conducted training to 17,532 end-users as the trainer of trainers (TOTs) on system use. Furthermore, it integrated 5,962 facilities with the Social Health Authority claims system.

Since its rollout in October 2024, Social Health Authority (SHA) has registered 31.6 million beneficiaries, representing 66.5 percent coverage of the national target population. These beneficiaries have access to healthcare services through 11,034 contracted facilities nationwide. A total of 449,494 indigent households were registered under the Government indigent sponsorship programme, easing financial barriers to accessing healthcare for the country's most vulnerable populations. During the period, claims amounting to Kshs. 125.1 billion were paid to 9,699 healthcare providers, reflecting improved access to healthcare services for members.

Over the medium term (FY 2027/28–2029/30), the Sector will accelerate progress towards Universal Health Coverage (UHC) through three complementary pillars: a universal and seamless social health insurance system; publicly financed primary healthcare providing curative, outpatient and basic diagnostic services under regulated tariffs; and a special fund for emergency, chronic and critical illnesses not adequately covered by insurance. To advance these priorities, the Sector will strengthen preventive and promotive health; expand and optimize Primary Care Networks and Community Health Promoters; strengthen the health workforce and community health systems; improve access to quality essential health services; and advance health financing reforms to enhance financial protection and sustainability. The Sector will accelerate digital transformation, including digital claims management, health information systems and end-to-end commodity and supply chain management; strengthen commodity security; and promote research and innovation for evidence-based health care. It will further strengthen health standards and professional regulation, coordination between the national and county governments, governance, planning, accountability and stewardship to improve the efficiency, equity, quality and sustainability of health service delivery towards attainment of UHC.

During the medium term (FY 2027/28–2029/30), the sector aims to increase HPT stock availability to above 95% and sustain an Order Fill Rate (OFR) of over 90% through KEMSA. The Authority also targets to double the value of commodities distributed to approximately KSh 139.4 billion while expanding and strengthening last-mile delivery to public health facilities across all 47 counties. These improvements will enhance equitable access to essential health commodities and contribute to better health outcomes for Kenyans. The sector aims to increase access to specialized services by increasing kidney transplants conducted by the National Referral Hospitals from 48 in FY 2025/26 to 59 in FY 2027/28. In addition, the sector will aim to increase the proportion of newly identified HIV positive people initiated in highly active ART to 95% and further to 100% in the medium-term period as well as reduce the mother to child HIV transmission rate from 8 to 5 during the medium term. The sector will also aim to increase the proportion of children under 1 year fully immunized to 84% in FY 2027/28 and further to 90% by FY 2029/30. The sector will also increase the proportion of women with precancerous lesions or invasive disease receiving treatment from 50% to 70%. The sector will aim to reduce facility based maternal mortality rate per 100,000 deliveries from 94 to 80 in FY 2027/28. The sector will increase digitalization of level 2-level 4 public health facilities through Taifa Care HMIS initiative from 82.3% to 100%. Beneficiary enrolment to the social health insurance fund through SHA will be increased by an additional 4.5 million in FY 2027/28. To combat malaria, the sector will put interventions to reduce the malaria incidence from 72 achieved in 2025/26 to 42 in FY 2027/28. The proportion of public

health events detected, investigated and responded to will be maintained at 100% throughout the medium term. The number of functional primary care networks (PCNs) established will be increased from 278 in FY 2025/26 to 315 by FY 2027/28.

To implement these priorities the sector has been allocated Ksh. 219, 880.02 million in FY 2027/28, Ksh. 243, 755.55 million in FY 2028/29 and KSh.239, 701.26 million in FY 2029/30 against a requirement of KSh 397, 665.40 Million in FY 2027/28, KSh 397,538.84 Million in FY 2028/29 and KSh 428,601.16 billion in FY 2029/30. Despite the sector's critical role in advancing Universal Health Coverage, the allocation of resources remains below the level required to fully implement its planned programmes and interventions. The constrained fiscal space continues to limit the sector's capacity to adequately finance essential health services, strengthen the health workforce, invest in health infrastructure and technologies, and build resilience to emerging health threats. Closing the financing gap will therefore be critical to sustaining progress and achieving the sector's medium-term priorities.

In conclusion, the Health Sector will continue to prioritize the attainment of Universal Health Coverage (UHC), strengthening health workforce capacity, and building resilience to climate change, pandemics and other emerging health threats, reflecting the Government's commitment to health as a constitutional right. Strategic investments in digital health, sustainable health financing, research and innovation, and strengthened intergovernmental and inter-agency collaboration will enhance the efficiency, quality, equity and resilience of the health system and accelerate progress towards equitable access to quality healthcare for all Kenyans.

CHAPTER ONE: INTRODUCTION

1.1 Background

The Health Sector plays a central role in national development, as a healthy population is fundamental to sustained economic growth, enhanced productivity and improved social well-being. Article 43(1)(a) of 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. In fulfilment of this constitutional mandate, the Government continues to prioritize the provision of equitable, accessible, affordable and quality health services towards the attainment of Universal Health Coverage (UHC), which seeks to ensure that all people have access to the health services they need. The Government's health priorities are anchored in Kenya Vision 2030, the Bottom-Up Economic Transformation Agenda (BETA), the Fourth Medium Term Plan (MTP IV), the Kenya Health Policy 2014–2030 and successive Health Sector Strategic Plans, which collectively provide the policy and strategic framework for improving health outcomes and strengthening the health system.

Following the reorganization of Government under Executive Order No. 1 of 2025, the Health Sector was structured into two State Departments, namely the State Department for Medical Services and the State Department for Public Health and Professional Standards. The Executive Order delineated the mandates, functions and institutions under the two State Departments, providing a framework for coordinated implementation of national health priorities in collaboration with county governments and other stakeholders. Within this framework, the State Department for Medical Services is responsible for four programmes including; National Referral and Specialized Services; Curative and Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH); Health Research and Innovation; and Administrative Support Services. The State Department for Public Health and Professional Standards is responsible for four programmes including; Preventive and Promotive Health Services; Health Resource Development and Innovation; Health Policy, Standards and Regulations; and General Administration, Planning and Support Services.

The Government continues to strengthen community health and other high-impact interventions to enhance preventive and promotive services and improve access to essential health care. These efforts are complemented by reforms in social health protection and health financing aimed at reducing financial barriers to health care. The financing framework is anchored on publicly financed primary health care for preventive, promotive, outpatient and basic diagnostic services; universal social health insurance administered through the Social Health Authority (SHA), with mandatory national contributions and complementary private insurance coverage; and a special fund for financing emergency, chronic and critical illnesses that are inadequately covered by insurance, including cancer, diabetes, stroke, accident rehabilitation and pandemic-related costs. These reforms are intended to enhance financial protection, improve access to quality health services and promote a more equitable and sustainable health financing system.

Within the Medium-Term Expenditure Framework (MTEF), the Health Sector will implement programmes under the two State Departments to effectively deliver on its constitutional and statutory mandate. The programmes and interventions will focus on strengthening health service delivery, improving access to quality and affordable care, enhancing health system capacity and resilience, addressing priority health needs, and responding to emerging health challenges. This approach is aligned with the Government's broader development agenda and seeks to ensure that resources are strategically allocated to interventions that deliver measurable improvements in health outcomes, promote efficiency and equity towards attainment of UHC.

This sector report provides a comprehensive assessment of the Health Sector's financial and non-financial performance during the three financial years 2023/24, 2024/25 and 2025/26. It outlines the priorities and resource requirements for the FY2027/28 and the medium term period while examining cross-sector linkages, emerging issues, implementation challenges and strategic recommendations. Specifically, the report assesses resource utilization and performance against planned outputs, highlights key achievements and challenges, and provides justification for the proposed medium-term allocations. It further demonstrates the contribution of the sector to the overall Government agenda and provides a basis for prioritizing resources towards efficient, equitable, sustainable and high-impact health interventions that contribute to improved health outcomes and the attainment of UHC.

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-entered 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;
- xi. Non-Communicable Disease (NCD) Control and Management; and
- xii. 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 Ministry of Health 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;
- v. Directorate of Kenya Blood Transfusion Services and Transplant Services; and
- vi. 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 a total of thirty-six (34) Semi-Autonomous Government Agencies comprising of State Corporations (20), Regulatory Bodies(2), Boards and Councils (12) within the Sector:

1.5.1. State Department for Medical Services

i. Kenyatta National Hospital

Kenyatta National Hospital (KNH) was established through Legal Notice No. 109 of 6th April 1987 and as amended under the Legal Notice No. 100 of the KNH Order of 5th June 2026. The Hospital is mandated to receive patients on referral from other hospitals or institutions within or outside Kenya for specialized health care; Provide multi-specialty referral healthcare services including public and private healthcare services, out-patient and inpatient diagnostic services, treatment, surgical treatment and other related medical services; Provide facilities for medical education for the University of Nairobi; Provide facilities for training and research in medical and related services directly or in collaboration with other health facilities and with academic institutions within and outside Kenya; Train healthcare professionals in medical and healthcare related disciplines including through providing postgraduate training and internships; Contribute

to and participate in national health planning; Collaborate with the National Government in training, research, development of healthcare and other related services; Provide technical assistance and support to other health facilities; Conduct research on matters related to the provision of healthcare services; Provide policy advice and make recommendations to the Cabinet Secretary on matters related to the provision of healthcare services and specialized healthcare services. Over the years KNH has grown to its present capacity of 2,300 beds and attends to an annual average of 949,114 outpatients and 800,009 inpatients.

ii. Moi Teaching and Referral Hospital

Moi Teaching and Referral Hospital (MTRH) was established in 1917 as a 60-bed facility and evolved into Kenya's second National Referral Hospital through Legal Notice No. 78 of 1998, under the State Corporations Act. Its main mandate as a national referral hospital is to receive patients referred from lower-tier health institutions across Kenya and the region for specialized care, facilitate health research and training, and provide technical support to health facilities.

MTRH operates with a bed capacity of 1,500 and manages a high volume of specialized care, attending to over 378,059 patients in a year. As the primary teaching facility for Moi University College of Health Sciences, it trains undergraduate students and over 240 post-graduate registrars. The hospital provides highly specialized clinical services, notably standing as the only public hospital in East and Central Africa performing corneal transplants, alongside offering kidney transplants, cochlear implants, open-heart surgery, neurosurgery, ICU care, 24-hour trauma, and drug rehabilitation. MTRH hosts major Centres of Excellence. These include AMPATH—Africa's largest single HIV/AIDS treatment centre with over 180,000 enrolled patients—and the Shoe4Africa Children's Hospital, the only public paediatric hospital in Eastern Africa. Supported by the Government of Kenya, the hospital is currently preparing for major expansion through the planned construction of a modern, 2,000-bed multi-specialty facility in Eldoret.

iii. Kenyatta University Teaching, Referral and Research Hospital

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. KUTRRH has a bed capacity of approximately 650 and is equipped with modern infrastructure and advanced technologies to support specialized services, including oncology, nuclear medicine, renal care, cardiology, neurology, trauma and critical care, and maternal and child health. The hospital attends to an annual average of 350,000 outpatients and 30,000 inpatients.

iv. Mathari National, Teaching and Referral Hospital

Mathani National Teaching and Referral Hospital (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. MNTRH has a bed capacity of approximately 700. The hospital attends to an annual average of 300,000 both outpatient and inpatient.

v. Mwai Kibaki Referral Hospital

Mwai Kibaki Referral Hospital (MKRH) is a State Corporation established through a legal notice No. 148 of 20th September 2024 with the mandate 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 Dedan Kimathi University of Technology 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 institutions; participate, as a national referred hospital, in national health planning; collect, analyse and disseminate all data useful in the prevention, diagnosis and treatment of cancer and other chronic diseases.

MKRH currently has a 350-bed capacity and is implementing the Mwai Kibaki Clinical Tower Phase I Project, expected to be completed in FY 2026/2027, which will add 150 beds and increase capacity to 500 beds. The Hospital provided inpatient care to approximately 6,000 patients and outpatient services to 55,000 patients through its general outpatient and specialized clinics annually, reflecting growing demand for specialized referral services.

vi. Jaramogi Oginga Odinga Teaching and Referral Hospital

Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) was established in 1965 and officially inaugurated in 1969 as the New Nyanza Provincial General Hospital with a 200-bed capacity, the Hospital was renamed in 2012 to Jaramogi Oginga Odinga Teaching and Referral Hospital. The Hospital was elevated as a Level 6A referral Facility under the State Corporation Act Cap 446 , Legal Notice No. 111 of 18th June 2025. The mandate of the institution is to: (a) Provide highly specialized healthcare services including general specialization; discipline specialization; and geographical or regional specialization including highly specialized healthcare services for a geographical area or region; and (b) Providing teaching, research and training services for issues of national importance. The Hospital serves as a training institution for Maseno University School of Medicine. The facility serves as the primary referral Hospital for cluster 6 counties, as defined in the MoH/TOR JOOTRH Level VI planning framework, comprising Kisumu, Siaya, Homabay, Vihiga, and Migori. The Hospital has expanded its bed capacity to 900

beds serving outpatient and inpatient populations of approximately 264,000, and 24,000 patients annually, respectively.

vii. Kenya Medical Supplies Authority

Kenya Medical Supplies Authority (KEMSA) is a state corporation under the Ministry of Health established under the KEMSA Act 2013. KEMSA is dedicated to providing 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.

viii. Kenya Medical Research Institute

The Kenya Medical Research Institute (KEMRI) is a State Corporation established in 1979 under the Science and Technology (Repealed) Act, Cap. 250 of the Laws of Kenya and operates within the framework of the Science, Technology and Innovation Act, 2013. The institution has recently been strengthened and its mandates expanded through the Kenya Medical Research Institute Charter, issued pursuant to the Universities Act (Cap. 210), Legal Notice No. 132 of 21 July 2026. The institutional mandates include; undertake health research; provide specialized postgraduate education; undertake scientific and technological invention, innovation, and product development; offer specialized medical, clinical, and diagnostic services; establish health security, biosafety and biosecurity systems and; support continuous national surveillance, preparedness, and response to public health emergencies.

KEMRI provides leadership in health research and development, including shaping the national health research agenda, generating and articulating evidence-based policy options, innovating and developing vaccines, drugs, diagnostics and interventions in response to emerging and re-emerging health challenges, including non-communicable diseases (NCDs), communicable diseases and health system and public health challenges.

The institute hosts internationally accredited specialized research laboratories, including genomic sequencing platforms, STEM cell research, innovation and incubation hubs and clinical trial sites distributed across the 14 (fourteen) centres that support research workforce development at the graduate school.

ix. Kenya BioVax Institute

Kenya BioVax Institute Limited (BioVax) is a Government-Owned Enterprise incorporated under the Companies Act, Cap. 486 and listed in the First Schedule to the Government Owned Enterprises Act No. 25 of 2025. Established in 2021, BioVax was established as a strategic national institution to strengthen Kenya's health security and enhance the country's capacity to locally manufacture and commercialize vaccines, biomedical products, diagnostics and other essential Health Products and Technologies (HPTs), while promoting technology transfer, commercialization of research and local pharmaceutical manufacturing.

BioVax is a key enabler of the Government's Bottom-Up Economic Transformation Agenda (BETA), particularly the priority on local manufacturing, through strengthening domestic production, reducing reliance on imports, promoting technology transfer, creating skilled employment and developing local pharmaceutical and biotechnology value chains. The Institute is also critical to National Health Security and sustaining Kenya's vaccine manufacturing capacity beyond the anticipated exit of GAVI support in 2029.

x. National Cancer Institute of Kenya

The National Cancer Institute of Kenya (NCI-Kenya) is a State Corporation established under the Cancer Prevention and Control Act, 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 prioritization of specific measures on cancer prevention and control interventions; promote the establishment and strengthening of hospitals, cancer treatment, rehabilitation and vocational care centres across all counties; facilitate the provision of quality diagnostic, treatment, rehabilitation, palliative and supportive care services; 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; collect, analyse, maintain and disseminate cancer data and ensure accurate national cancer statistics for planning and policy formulation; collaborate with national, regional and international institutions in cancer prevention and control; conduct cancer research, Encourage and secure the care of persons with cancer within their communities and social environment ; establish and support measures that seek to eradicate cancer risk factors as well ensuring sustainable capacity building to strengthen cancer prevention and control in Kenya. and fostering partnerships and collaborations for cancer prevention and control, promoting public education awareness and advocacy.

xi. The National Syndemic Diseases Control Council

The National Syndemic Diseases Control Council (NSDCC) is a State Corporation established under Section 3 of the State Corporations Act, Cap. 446 vide the National Syndemic Diseases Control Council Order, Legal Notice No. 143 of 2022. NSDCC is the successor to the National AIDS Control Council (NACC) following its restructuring through Legal Notice No. 143 of 2022. The NSDCC is mandated to provide strategic leadership and coordinate the national response to HIV and other syndemic diseases through policy and strategy development, resource mobilization, programme coordination and accountability, strategic information, surveillance, research, capacity building, monitoring and evaluation and advocacy. The Council also leads the development and implementation of appropriate frameworks and strategies to strengthen disease prevention and control and contribute to sustainable socio-economic development. The Council remains committed to discharging its responsibilities diligently, efficiently and within its statutory mandate, while promoting accountability, good governance and results-based management in support of national development priorities.

xii. Social Health Authority

The Social Health Authority (SHA) is a State Corporation established under the Social Health Insurance Act, 2023, to administer Kenya's social health insurance framework and advance the realization of Universal Health Coverage (UHC). The Authority plays a central role in ensuring equitable access to quality healthcare services and financial risk protection for all Kenyans, in line with Article 43 of the Constitution of Kenya, 2010, which guarantees every person the right to the highest attainable standard of health. Its core functions include registration of beneficiaries, receiving contributions and other payments made to the Funds, empanelling accredited healthcare providers, and making payments to health care providers.

SHA administers three distinct funds, each designed to address specific aspects of healthcare needs with tailored funding mechanisms. The Primary Healthcare Fund (PHCF) focuses on purchasing essential primary and preventive services at community levels (facilities levels 2 and 3), funded primarily through government allocations and grants without requiring individual contributions. The Social Health Insurance Fund (SHIF), which serves as the main contributory scheme, covers referrals to higher-level facilities (4, 5, and 6). The SHIF is financed through pooled contributions comprising: 2.75% of gross income from formal sector employees, deducted directly from salaries; contributions from non-salaried individuals based on means-testing; and monies appropriated by National Assembly, gifts, grants and donations for support of indigents and special groups. The Emergency, Chronic, and Critical Illness Fund (ECCIF) provides coverage for emergency treatment, chronic and critical care after depletion of the Social Health Insurance cover. The ECCIF is financed through monies appropriated by Parliament, Gifts, grants and donations from any other lawful sources. In addition, SHA mandate was expanded to manage the Public Officers Medical Scheme Fund (POMSF) established under the Public Finance Management (Public Officers Medical Scheme Fund) Regulations, 2024.

SHA aims to achieve UHC by expanding health insurance coverage, enhancing efficiency in fund management, and prioritizing equity in contributions and service access.

xiii. Digital Health Agency

The Digital Health Agency (DHA) was established through the enactment of the Digital Health Act No. 15 of 2023 on 19 October 2023.

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. Kenya Board of Mental Health

The Kenya Board of Mental Health (KBMH) is a state regulatory body established under the Mental Health Act (Cap. 248) to provide overall oversight, policy direction, and advisory services on mental health matters to both national and county governments in Kenya. The board is mandated to Provide overall regulatory and strategic oversight for mental health care; Advise national and county governments on mental health programs and resource allocation; Inspect and assess mental health facilities across various counties; and Formulate strategies to reduce stigma, integrate care at primary levels, and improve mental health literacy.

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.

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 (KMTC) is a State Corporation established under the Kenya Medical Training College Act, Cap. 261. The College is mandated to provide education and training in various health disciplines to meet the human resource requirements of the health sector at local, regional and international levels. KMTC has 93 campuses spread across the country and plays a critical role in strengthening Kenya's health workforce, producing approximately 85% of the country's human resources for health. The College provides health education and training to contribute to meeting the country's health workforce requirements, complementing the role of universities, colleges, schools and other training institutions. It expands opportunities for Kenyans to pursue education and training in health disciplines approved by the Academic Council. In addition to training, KMTC provides consultancy services in health and related fields; develops health trainers with competencies in teaching, operational research, development of relevant and practical learning materials, and management of health training institutions. The College also undertakes research in disciplines and areas approved by the Academic Council, either independently or in collaboration with universities, colleges, schools and other institutions. It conducts examinations and awards diplomas, certificates and other qualifications. Further, KMTC provides academic and quality assurance oversight by determining who may teach, what may be taught, and the appropriate approaches to teaching and learning. It also considers and makes proposals for the establishment of campuses and faculties in line with identified training needs.

v. The Kenya National Public Health Institute (KNPHI)

The Kenya National Public Health Institute (KNPHI) was established under the Kenya National Public Health Institute Order, 2022, made pursuant to the State Corporations Act, Cap. 446, and published as Legal Notice No. 14 of 2022.

It is mandated to establish mechanisms for the quick detection of outbreaks and emergencies; build appropriate response capacity at national, county, sub-county and community levels; facilitate appropriate laboratory capacity to detect and confirm conditions of public health concern; establish Emergency Operations Centers; manage critical public health functions during non-emergency periods; conduct surveillance for priority conditions through data collection, analysis and interpretation; develop and disseminate public health messages; conduct vulnerability and risk assessments and mitigate health threats in collaboration with relevant non-health entities, including those responsible for environmental health, animal health and trade; facilitate capacity building for public health professionals; and conduct monitoring, evaluation and research to improve the

public health system, inform policy and programme decisions, prioritize resources and support service delivery, including through innovative technologies.

vi. Counsellors and Psychologists Board (CPB)

The Counsellors and Psychologists 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 (OTCoK)

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. Physiotherapy Council of Kenya (PCK)

The Physiotherapy Council of Kenya is established under the Physiotherapy 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 public financial management and supports sustainable financing of the health sector. Coordinates national development planning, policy formulation, and monitoring of results to align health-sector priorities with national development objectives, including Vision 2030 and the Bottom-Up Economic Transformation Agenda (BETA). Formulates, reviews and coordinates policies, laws and regulations on public investment management across Government, including policies relating to public procurement and asset management.
2	Council of Governors	Provides a platform for consultation and coordination among county governments on health matters; facilitates engagement with the national Government on county health priorities and promotes harmonized implementation of national health policies, strategies, guidelines and standards at county level.

S/No.	Stakeholder	Role in the Health Sector
3	County Governments	As provided under the Fourth Schedule to the Constitution, are responsible for county health services, including county health facilities and pharmacies, ambulance services, promotion of primary health care, licensing of food premises, cemeteries, funeral parlours and crematoria, and refuse removal, refuse dumps and solid waste disposal.
4	Office of the Attorney General	Provides legal advice and representation to Government on health-sector matters, supports development and review of health-related legislation and legal instruments, and provides legal guidance on the implementation of constitutional and statutory obligations.
5	Office of the Auditor-General	Provides independent audit and oversight of the use and management of public resources, including health-sector funds, and reports on the effectiveness, accountability and compliance of public institutions.
6	Office of the Controller of Budget	Oversees the implementation of budgets by authorizing withdrawals from public funds and providing independent reports on budget implementation to Parliament and the public.
7	Commission on Revenue Allocation (CRA)	Makes recommendations on the equitable sharing of revenue raised nationally between the national and county governments and among county governments and provides recommendations on matters concerning county financing and fiscal capacity.
8	Public Service Commission (PSC)	Provides oversight and guidance on human resource management in the public service, including organizational structures, recruitment and appointment, human resource policies, career management, performance management, and promotion of merit and accountability.
9	Salaries and Remuneration Commission (SRC)	Advises on and determines the remuneration and benefits of public officers within its constitutional mandate, including health-sector personnel, and reviews remuneration structures to promote fairness, fiscal sustainability and consistency across the public service.
10	Office of the Prime Cabinet Secretary (OPCS)	Provides coordination and oversight of Government Ministries and State Departments, facilitates inter-ministerial coordination and implementation of Government priorities, and supports monitoring of national Government programmes and policies affecting the health sector.
11	Regulatory Bodies	Establish and enforce professional standards, licensing requirements, ethical standards and quality assurance frameworks for health training and service delivery.
12	State Actors (MDAs)	Ministries, Departments and Agencies responsible for sectors such as environment, water, agriculture, labour, social protection, gender, education, trade and internal security, among others, contribute to

S/No.	Stakeholder	Role in the Health Sector
		addressing the multisectoral determinants of health and supporting implementation of health-related policies and programmes.
13	Non-State Actors (Private Sector, PBOs, FBOs, CBOs and CSOs)	Complement Government efforts through service delivery, advocacy, community mobilization, research, innovation and promotion of human rights and equity; support access to quality health products and technologies and contribute to local production and health-sector investment.
14	Academic and Research Institutions	Train health professionals, undertake research and innovation, provide specialized services where applicable, and generate evidence to inform health policy, planning, programme implementation and practice.
15	Development Partners and Collaborators	Provide technical, financial and non-financial support, policy advice, research and programmatic assistance in support of national health priorities and health-system development.
16	Community / Clients / Consumers of Health Services	Serve as beneficiaries and users of health services and contribute to demand generation, community participation, accountability, feedback and monitoring of the quality and responsiveness of health services.
17	Media	Raises public awareness, disseminates health information, facilitates public dialogue, promotes accountability and highlights emerging and priority health issues.
18	Trade Unions	Represent health workers and advocate for workers' welfare, fair remuneration, safe working conditions and labour rights, and participate in collective bargaining and social dialogue.
19	Professional Associations	Provide technical and professional input into health policy and regulatory processes, advocate for professional standards and interests, and support continuing professional development and knowledge exchange.
20	East African Community (EAC), Regional and Global Bodies	Facilitate regional and international cooperation, cross-border health initiatives, harmonization of policies and standards, knowledge exchange, and collaboration on health security and other shared health priorities

CHAPTER TWO: PROGRAMME PERFORMANCE REVIEW FY2023/24- 2025/26

This Chapter provides an analysis of the Sector programme performance for the FY 2023/24-2025/26. 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 Support Services

Programme 1: National Referral and Specialized Services

Sub-Programme 1.1 National Referral Services

a) Kenyatta National Hospital (KNH)

In FY 2025/26, Kenyatta National Hospital recorded significant growth in specialised surgical capacity, particularly through minimally invasive procedures. The Hospital conducted 9,852 minimally invasive procedures. This was an upwards trajectory over the last two planning periods that registered 9,419, in FY-2024/25, and 6,354 in FY-2023/24. This was due to dedicated patient education on minimally invasive surgeries and acquisition of additional specialized surgical equipment. In the period under review, the Hospital conducted 1,916 heart surgeries, 630 in the FY -2025/26, 697 in FY-2024/25, and 614 in FY-2023/24.

The Hospital achieved several landmark specialised procedures, including the world's first craniofacial reconstructive surgery using patient-specific, growth-accommodating implants, Kenya's first successful neonatal balloon pulmonary valvuloplasty, the first magnet-retained three-piece orbital-facial prosthesis in Kenya's public healthcare system, and the first minimally invasive esophagectomy in Kenya. These achievements demonstrate strengthened national referral capacity for rare, complex and high-acuity conditions and position KNH as a centre of advanced medical innovation.

a) Mwai Kibaki Referral Hospital (MKRH)

Mwai Kibaki Referral Hospital continued to expand specialized and referral services during FY 2025/26, achieving the target of 24 operational specialty units. Specialized surgical procedures increased from 1,559 in FY 2024/25 to 1,774 in FY 2025/26, but remained below the target of

2,003 procedures set for the year. Despite capacity constraints, the Hospital strengthened high-complexity surgical care through establishment of a Head and Neck Oncology Multidisciplinary Team, operationalization of Gynae-Oncology and Breast Oncoplastic Surgery, and introduction of advanced neurosurgical procedures, including cranial tumour excisions and endoscopic trans-sphenoidal pituitary surgery. The Trauma Theatre was operationalized in June 2026 following equipping through NESP, providing additional capacity for trauma and emergency surgical services from FY 2026/27.

Oncology and NCD services recorded strong performance, with 1,698 chemotherapy sessions against a target of 1,320 and 4,406 NCD follow-up patients against a target of 2,500, demonstrating growing demand for specialized care. Diagnostic capacity was enhanced through receipt and operationalization of the NESP-supported CT scan in the second half of FY 2025/26, with 1,765 specialized imaging investigations conducted against a target of 3,510. The MRI room was also prepared for installation of the NESP-supported MRI equipment.

Renal services recorded 1,208 dialysis sessions against a target of 4,500, mainly due to limited functional dialysis capacity during the reporting period. The Renal Unit was renovated and four additional dialysis machines were received in June 2026, providing a foundation for expansion in FY 2026/27. Trauma care showed improved efficiency, with the average length of stay reducing to 11.9 days against a target of 16 days.

The Hospital further expanded access through 25 specialized outreach programmes, reaching more than 6,000 community members and extending specialized referral services beyond the Hospital to lower-level facilities and underserved communities.

b) Moi Teaching and Referral Hospital (MTRH)

During the MTEF period the FY 2023/24 – FY 2025/26, Moi Teaching and Referral Hospital (MTRH) consolidated its position as a premier regional center of excellence across East and Central Africa. Anchored by specialized facilities such as Shoe4Africa Children's Hospital and its unique status as the only public hospital in Kenya performing corneal transplants, MTRH demonstrated robust operational expansion and high clinical efficiency. Driven by targeted investments in specialized Human Resources for Health (HRH), modern equipment, and research, the hospital recorded substantial performance during the MTEF period while exceeding its strategic targets across key clinical, academic, and community outreach indicators.

In high-volume oncology services, MTRH achieved strong expansion across all modalities over the three-year period. External Beam Radiotherapy sessions grew from 17,014 in FY 2023/24 to 21,732 in FY 2025/26 a 27.7% increase that surpassed the FY 2025/26 planned target of 10,200 by 113.1%. This scale-up was enabled by the operationalization of a second Linac radiotherapy machine, the recruitment of two additional medical physicists, and timely procurement of radiation sources. Brachytherapy procedures surged from 326 to 490 sessions, representing an impressive 50.3% growth rate and surpassing the final year target of 141 sessions by 247.5%. Chemotherapy

services also maintained continuous upward momentum, expanding by 2.7% from 20,379 sessions in FY 2023/24 to 20,922 sessions in FY 2025/26, outperforming the year's target by 23.8%.

The hospital's specialized surgical and organ transplantation programs similarly demonstrated landmark achievements. Corneal Transplants experienced a 46.2% growth from 39 cases in FY 2023/24 to 57 in FY 2025/26, exceeding the final target of 15 by 280.0% through tissue importation, modern equipment, and dedicated medical camps. Kidney Transplants consistently exceeded planned targets, delivering 20 transplants in FY 2025/26 (11.1% above target), driven by active ward screening and specialist capacity building. In surgical sub-specialties, Minimally Invasive Surgeries expanded steadily from 3,081 to 3,318 procedures, a 7.7% increase that outperformed the target by 7.0%. Open-Heart Surgeries achieved 58 cases in FY 2025/26, exceeding the target of 30 by 93.3%, although overall volume moderated compared to peak years due to market cost volatility for imported heart valves and consumables.

c) Jaramogi Odinga Odinga Teaching & Referral Hospital (JOOTRH)

During FY2025/26, Jaramogi Odinga Odinga Teaching & Referral Hospital sustained and expanded specialised referral services despite rising demand, handling 264,765 outpatient attendances, including 24,895 Accident & Emergency cases, 103,708 OPD visits and 136,162 specialised clinic attendances, alongside 23,945 inpatient admissions. The Hospital introduced advanced Sickle Cell Disease management through an apheresis machine, delivering 38 Red Blood Cell Exchange procedures. It also established new plastic and reconstructive surgery services, performing 79 surgeries, and introduced cardiothoracic surgery, completing 88 procedures against a target of 100 and acquiring a heart-lung machine to support scale-up. Minimally invasive surgery expanded to 300 laparoscopic, endoscopic, thoracoscopic and endourology cases, with the shift associated with reduced hospital stays and improved post-operative outcomes. Neurosurgery delivered 533 cases against a target of 500, supported by four neurosurgical camps, reinforcing the Hospital's role as the region's principal neurotrauma referral centre.

Further achievements included establishment of a dedicated urogynaecology service, which managed 60 complex surgical cases and expanded access to care previously unavailable in the region. Renal capacity increased through acquisition of five additional dialysis machines, bringing the total to nine, and enabling 6,275 dialysis sessions against a target of 5,500. The paediatric unit also introduced peritoneal dialysis, reducing emergency referrals for younger patients. In oncology, construction of the Cancer Centre reached 70% completion, with completion planned for FY2026/27, when radiotherapy services will become available; meanwhile, 2,976 patients received chemotherapy against a target of 3,653. These achievements demonstrate increased local capacity to manage complex specialist conditions, reduce referral delays and potentially avoid costly transfers outside the region.

d) Kenyatta University Teaching Referral and Research Hospital (KUTRRH)

Over FY2023/24–FY2025/26, KUTRRH substantially expanded specialised referral capacity, particularly in cancer, renal, cardiac and surgical services. The investments strengthened domestic capacity for advanced care, reduced the need for overseas referral, expanded the specialist workforce and supported the UHC agenda through improved access, quality and patient safety. Additionally, it has developed a broad portfolio of high-complexity referral services, with notable advances in precision oncology, CyberKnife, kidney transplantation, dialysis, cardiac surgery and breast cancer care. The Hospital also strengthened the specialist referral ecosystem through county-level cancer screening, workforce development and internationally recognised quality systems.

In FY2025/26, the Integrated Molecular Imaging Centre conducted 5,561 PET/CT examinations; 433 brachytherapy sessions and 33,608 chemotherapy and radiotherapy sessions were delivered, while the Cancer Centre Expansion reached 95% completion. KUTRRH became the first public healthcare institution in the region to offer Lutetium-177 PSMA targeted radiation therapy and attained ICPO Clinical Theranostics Centre of Excellence recognition. CyberKnife services delivered 269 treatment sessions. Renal capacity also expanded significantly, with four kidney transplants performed and 20 additional dialysis machines increasing capacity from 15 to 35 machines; 11,710 dialysis sessions were provided. Cardiac services grew to 69 heart surgeries and 1,125 patients accessing the cardiac catheterization laboratory, while all eight theatres were operationalised. The Comprehensive Breast Care Centre served 2,841 clients and conducted 221 breast surgeries.

Beyond clinical outputs, KUTRRH strengthened the wider specialised referral system through research, outreach, workforce development and quality improvement. The oesophageal cancer hub-and-spoke programme covered five counties, trained 259 Community Health Assistants, 51 Sub-County Focal Persons and 306 Community Health Promoters, screened 824 residents in Nyeri and 718 in Meru, and completed 371 endoscopic procedures. Thirty-six medical outreach programmes were conducted between FY2022/23 and FY2025/26. Clinical placement capacity increased to 1,245 students, with 95 specialised nursing trainees and 12 fellows in FY2025/26. KUTRRH also achieved ISO 9001, ISO 27001 and ISO 15189 standards.

e) Mathari National Teaching and Referral Hospital (MNTRH)

During the 2025/26 financial year, Mathari National Teaching and Referral Hospital recorded notable improvements in service delivery, attending to 207,729 in-patients and conducting 1,230 Electroconvulsive Therapy (ECT) sessions against a target of 1,016. The hospital also sustained strong performance in forensic mental health services, attending to 100% of patients in need. Outreach efforts remained robust, with 40 mental health outreaches conducted as planned, and 61,866 patients accessed integrated outpatient, rehabilitative, and diagnostic services. A major milestone was achieved in infrastructure development, with the Renovation and Equipping of Buildings project reaching 70% completion, exceeding its 60% target for the FY year 2025/26.

In addition, the hospital made deliberate efforts to stabilize core clinical operations amid resource

constraints, maintaining rehabilitative care for 1,133 patients with drug and substance addiction. These achievements underscore the hospital's continued commitment to expanding access to specialized mental health services and strengthening its infrastructure, even as it works to address emerging gaps in staff sub-specialty training and research output. Notwithstanding these achievements, MNTRH continues to face significant operational challenges during the 2025/26 financial year. Inadequate Government of Kenya (GoK) funding, reduced budgetary allocations, delays in the delinking process by the Ministry of Health (MoH), and severe staffing shortages across all cadres, which constrained MNTRH's ability to implement planned activities, resulting in budget deficits and delays in key projects under the MNTRH Strategic Plan 2024-2029.

f) National Spinal Injury Referral Hospital

During the review period, the outpatient department attended to 8,451 patients in 2024/2025 and 8,112 in 2025/2026, while inpatient admissions stood at 105 in 2024/2025 and 107 in 2025/2026. On average, the hospital handles 43 short-stay and 107 long-stay patients. The hospital has successfully managed unique operations including intra-articular synovectomy, intra-articular chemical synovectomy and orchiopexy, among others. These procedures rose from 30 in 2024/2025 to 40 in 2025/2026.

Utilisation of outpatient spine services has increased, driven by dedicated specialised staff and improved availability of health products. The same factors have reduced the Average Length of Stay (ALOS) and waiting times for spinal services. Up-scaled rehabilitation services have increased both the number of patients receiving spinal care and the number successfully reintegrated into the community. Orthopaedic, plastic and general surgeries have likewise increased because of improved service delivery. Other critical services offered are physiotherapy, occupational therapy social work and dental. Extension of administration block is complete and operational therefore requires no further action. Construction of outpatient complex is 50% complete. This is nonfunctional due incomplete status. The 2nd and 3rd floor not yet done. It therefore requires further funding to complete it to a functional status. Reroofing of the ward block is complete and operational and therefore requires no further action.

Other critical services offered include physiotherapy, occupational therapy, social work and dental care. The hospital has invested in modern laboratory equipment and benefited from the Managed Equipment Services (MES) project, through which it acquired radiology and laboratory machines.

Under infrastructure, the Extension of the administration block and operational roofing of the ward block is complete and operational. Outpatient complex is 50% complete and currently non-functional, as the 2nd and 3rd floors are outstanding. Additional funding is required to bring it to a functional state.

The hospital is severely constrained relative to the population it is expected to serve. The current bed capacity is too low to meet national demand. Modern equipment is needed to enhance service delivery, and all other services require corresponding strengthening

1.2 Health Infrastructure Management Services

a) Health Infrastructure and Medical Equipment

The state Department for Medical services has continued to upgrade and expand health infrastructure including medical equipment with the aim of improving access and quality of health care. During the period 2023/24 to 2025/26 the state department invested in 69 health facilities at a total cost of Ksh. 9,425,507,344 as follows;

- 1) Construction and upgrading of 34 Level 3 hospitals at a total cost of Ksh. 888,000,000 million
- 2) Construction and upgrading of 16 Level 4 hospitals at a total cost of Ksh.1,623,000,000
- 3) Construction of 9 New level 4 hospitals at Ksh.1,574,507,344
- 4) Equipping of 7 Level 5 Hospital at a cost of Ksh. 4,690,000,000
- 5) Equipping of 3 Level 6 hospitals at Ksh. 650,000,000

In conjunction with partners, the state department invested in the following projects during the same period

- Construction of Kisii Cancer centre: This project is expected to improve access to oncology services. It involves construction and equipping a new cancer centre in Kisii County at a cost of Ksh 2.2 billion. The project is currently at 35% completion and expected date of completion is December 2027. The project is funded by GOK, BADEA and OPEC.
- Multispecialty MTRH Kiplombe: This project involves construction and equipping a 2000 bed multispecialty hospital at Kiplombe Eldoret as part of expansion of MTRH. The project is being undertaken by Chinese government under a grant/loan support at a cost of Ksh. 27 billion. It is about 10% complete
- Upgrading of Maternal and Newborn units at 20 health facilities: This project involved rehabilitation and supply of equipment for maternal and newborn unit in 20 health facilities. The project is a Ksh. 1.2 B loan from Finland. Currently 15 No. have been completed and handed over. Projects is 75% complete.

b) National Equipment Service Program (NESP)

The programme delivered a major expansion of specialised diagnostic and treatment capacity, with KSh 9.688 billion worth of equipment deployed to 239 health facilities across 44 counties. A total of 36 CT scan hubs were established, including in underserved counties, while advanced technologies covering CT, MRI, mammography, X-ray, dialysis, theatres and laboratory systems were installed. The scale of investment strengthened the availability of specialised services closer to communities and created a broader platform for decentralised access to diagnostics and treatment. The programme also incorporated digital reporting and automated reimbursement through integration with the Social Health Authority (SHA), strengthening the link between service delivery, reporting and financing.

The investment translated into substantial service delivery and operational achievements, with over 1.43 million healthcare services delivered, including more than 104,000 CT scans. Equipment uptime reached 95% through vendor maintenance arrangements, supporting continuity and utilisation of the deployed assets. The use of innovative fee-for-service (FFS) financing reduced upfront capital costs, while SHA integration improved accountability and enabled faster reimbursement. From a health economics perspective, the programme improved access to specialised healthcare, reduced referrals to national hospitals and lowered patient travel costs, while improving efficiency in equipment utilisation, reporting and provider reimbursement. These results demonstrate the value of sustained investment in decentralised specialised services, reliable equipment maintenance and integrated health financing systems.

b) The East Africa Centre of Excellence in Urology and Nephrology

The East Africa Centre of Excellence in Urology and Nephrology (EACE) has strengthened specialized renal healthcare through the training of over 444 health professionals supporting renal units established under the Medical Equipment Services (MES) Programme. The Project has also supported five regional conferences and facilitated the development of over 26 new curricula in Urology and Nephrology, contributing to enhanced capacity building, knowledge exchange, research, and specialized renal service delivery. The Centre is currently at the operationalization stage, with the EACE Order Paper and accompanying Regulatory Impact Statement (RIS) developed to provide the requisite regulatory framework for its operationalization.

Sub-Programme 1.3 National Blood Transfusion Services (KNBTS)

The Kenya National Blood Transfusion Service strengthened access to safe and quality blood and blood components as an essential component of the health system and Universal Health Coverage. The service operates through seven Regional Blood Transfusion Centres and 42 satellite centres, supported by a wider network of 50 blood establishments. Key outputs included increased availability of blood and blood components through public sensitisation, donor mobilisation, provision of collection equipment and commodities, and technical support to county blood establishments for component preparation. Cold-chain and room-temperature storage capacity increased from 80,000 units in FY2023/24 to 100,000 units in FY2024/25, expanding the system's ability to safely store blood and components. Quality and safety were strengthened through screening for HIV, Hepatitis B, Hepatitis C and Syphilis across the seven regional laboratories, all of which are accredited to ISO 15189. In FY2025/26, 425 of 700 transfusing health facilities had established Facility Transfusion Committees, strengthening hemovigilance and transfusion safety.

Under digitisation, the Damu-KE Blood Banking Information Management System was deployed across all 51 blood establishments. The system provides traceability and accountability for blood donations, supports donor registration and communication, and digitises hospital blood requests; it is currently utilised in 40 establishments, with 250 transfusing hospital requests digitised and 644,850 donations registered. The National Transplant Service also progressed the policy and regulatory framework for transplantation through a draft 2024 Bill, policy and guidelines on Blood, Cells, Tissues, Organs and Other Substances of Human Origin, draft clinical transplantation

guidelines, and development of a National Transplant Registry. These achievements strengthen system resilience and allocative efficiency by improving availability, safety, storage, traceability and coordination of a critical health commodity.

Sub-Programme 1.4 Health Products and Technologies

During the FY 2025/2026 period the Directorate of Health Products and Technologies, through its three Divisions of HPT Management and Therapeutics, Market Shaping and Quality Assurance and Traditional and Alternative Medicine, achieved 8 milestones despite severe public funding constraints and declining donor financing. Targets met included; the launch, dissemination and bilateral meetings of the local manufacturing strategy, the development of a draft of the National Health Products and Technologies Policy (2026-2035), and functionality of County HPT units and Medicines and Therapeutics Committees. Additionally, the HPT joint support supervision was completed in collaboration with Counties. These targets were achieved due to support from development partners.

Targets not met during the period include development of HPT Supply Chain Strategy where only the end-term evaluation was completed, development of a draft of the Essential Pharmaceutical Package, and completion of the draft Traditional & Alternative Medicine Policy which is at 80%. Additionally, the national annual average availability of tracer HPTs at the end of FY 2025/26 were low at 51% against a 55% target for medicines, 51% against a target of 55% for medical supplies and 39% against a 55% target for diagnostics. Moving forward, there is an urgent need to ensure adequate funding for the directorate in order to achieve key outcomes and outputs for the health sector.

a) Kenya Medical Supply Authority (KEMSA)

In the FY2023/24, FY2024/25 and FY2025/26, KEMSA successfully procured health products and technologies (HPTs) valued at a total of KSh. 63.60 billion. Consequently, during the 3 FYs the organization efficiently delivered essential health products and technologies worth KSh. 69.708 billion to an average of 9,226 healthcare facilities and testing sites spanning all 47 counties. 54.3%-50.6% of the through put served Primary Health Care facilities (Level 2 & 3) while 40%-37.4% served Hospitals (level 4,5), 9.5%-2% served National referrals and 2%-0.4% served FBOs.

KEMSA has implemented and improved the County health facilities use of KEMSA-LMIS 3, an online, self-service, computerized Medical Commodities ordering system. This platform enables counties to report consumption, projections, place, track, and assess their orders while streamlining the ordering process and enhancing data quality for informed decision-making. It has also significantly improved Medical Commodities management at the County level. KEMSA capital order fill rate is the fulfilment rate for HPTs that counties procure from KEMSA. The KEMSA capital order rate in the FY 2023/24, 2024/25 and 2025/26 stood 49%, 41% and 89% respectively against a target of 90%. while that of Programs stood at 69%, 79% and 84% respectively against a target of 90%. Though the order fulfilment rate for KEMSA Capital essential commodities has been increasing this can be attributed to improved stock availability.

Furthermore, in the FY 2024/25 the authority received re-capitalization of KSh. 1.5 billion 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 the FY 2026/27 if counties and health facilities pay the pending debt. 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 centre hosts all KEMSA processes all under one roof.

As at 30 June 2026, total outstanding debt owed to the Authority by County Governments, single facilities, referral hospitals, the Ministry of Health and development partners stood at KES 9.18 billion, of which KES 5.84 billion had remained outstanding for more than 90 days. This comprised KES 4.07 billion owed by County Governments, KES 1.61 billion by single facilities and referral hospitals, KES 1.57 billion by the Ministry of Health, and KES 1.59 billion by development partners.

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

Sub-Programme 2.1 Communicable Diseases Prevention and Control

National Syndemic Diseases Control Council (NSDCC)

NSDCC developed and operationalized the Kenya AIDS Integrated Strategic Framework (KAISF) 2025–2030, supported by 47 Costed County Syndemic Operational Plans (CSOPs) and a national MERL framework. This provided a coordinated and cost basis for aligning HIV and syndemic disease investments with priority needs, reducing duplication and improving accountability for results. The Partner Reporting System, achieving 86% partner reporting against a 72.6% target, ensuring that community-level data from MDAs and CSOs is available and accessible to decision-makers and communities of practice, while operationalizing the Syndemic Diseases Situation Room across all 47 counties for data visualization and predictive analytics. Further, the council enhanced targeted and efficient programming through implementation of the Kenya National AIDS Spending Assessment (NASA), generating evidence on how HIV resources are mobilized, allocated and spent to identify financing gaps, improve allocative efficiency and value for money, and inform investment decisions.

Investments in prevention, treatment, coordination and technical support contributed to a 30% reduction in new HIV infections, from 19,991 in 2024 to 13,936 in 2025, a reduction in AIDS-related deaths from 21,007 to 19,434, and an increase in adult Anti-Retroviral Therapy (ART) coverage from 87% to 93%. These results demonstrate the contribution of targeted programme investments to improved HIV outcomes. Tripple Threat Initiative strengthened integrated action on HIV prevention, adolescent pregnancies and sexual and gender-based violence; eMTCT investments supported prevention of vertical transmission; while public education and advocacy

engagement interventions promoted increased uptake of HIV prevention, testing and treatment services among men and boys. These results demonstrate the contribution of targeted, evidence-informed programme investments to improve HIV outcomes and reinforce the need to sustain and strategically scale investments in high-impact interventions.

NASCOP

National AIDS and STI Control Programme (NASCOP) has strengthened Kenya's HIV response through improved policy, service delivery, workforce capacity, supply systems and strategic information. NASCOP finalized and launched updated national HIV, STI and viral hepatitis guidelines, supported implementation through 100 Master ToTs and 330 County ToTs, and converted Advanced HIV Disease (AHD) training into an e-learning module to improve the efficiency, scalability and sustainability of capacity building. Specialized HIV care was expanded through 117 AHD Centres of Excellence in 41 counties, with over 2,000 health workers trained, while the Community Pharmacy Model reached more than 1,750 clients in nine counties, improving geographic access and offering differentiated service delivery. The introduction of 21,000 doses of Lenacapavir expanded the national HIV prevention commodity mix. In addition, national Data Quality Assessment DQA/Data Quality Index (DQI) activities across all 47 counties and strengthened use of routine data improved the quality of information available for resource allocation, programme targeting and performance management.

The Programme also strengthened integrated, decentralized and accountable delivery of HIV, syphilis and hepatitis B services, supporting a shift from a predominantly HIV-focused Elimination of Mother to Child Transmission (eMTCT) approach towards triple elimination. Triple Elimination Task Forces were established and activated in all 47 counties, strengthening county ownership, coordination and accountability. Integration of services within Maternal Neo-natal and Child Health (MNCH)/Vertical Transmission Prevention (VTP) platforms was advanced through development of a Triple Elimination Standard Operating Manual, while private-sector engagement and Continuous Quality Improvement (CQI)-oriented technical assistance expanded the reach and quality of services across public and private facilities. Assessment of the Kenya Mentor Mother Programme and initiation of a national registry strengthened community-level service delivery and accountability. Finally, data-driven county performance reviews, root-cause analysis and engagement with County Directors of Health enabled differentiated responses and county-specific corrective actions. Collectively, these outputs strengthened efficiency, equity, quality, accountability and evidence-based allocation of health resources, while expanding access to prevention and treatment services.

Sub-Programme 2.2 Non-Communicable Disease Control

National Cancer Institute (NCI-K)

During FY2025/26, the National Cancer Institute of Kenya (NCI-K) strengthened national cancer prevention, early detection and community engagement as part of the Universal Health Coverage agenda. Nationwide cancer awareness campaigns reached an estimated 24 million people, with 10,000 IEC materials disseminated and all 47 county governments and 37 Ministries, Departments

and Agencies sensitized on cancer prevention and control. Cancer prevention and early detection were further integrated into Primary Health Care and UHC programmes, with 350 Community Health Promoters trained on cervical cancer prevention, screening, referral and follow-up. The Institute supported expansion of cervical cancer screening through HPV DNA testing and other evidence-based approaches, while promoting HPV vaccination in line with the WHO 90–70–90 cervical cancer elimination targets. These outputs represent important investments in prevention and early diagnosis, with potential to reduce late-stage disease, treatment costs and avoidable mortality over time.

NCI-K also expanded equitable access to specialised cancer treatment, research and surveillance. Two Linear Accelerator (LINAC) radiotherapy machines were commissioned at Nakuru County Referral and Teaching Hospital and Mombasa County Referral Hospital, supporting decentralisation of cancer treatment and improved referral access. Five cancer research projects were funded, while 15 projects from the first research call were completed, reaching more than 3,400 beneficiaries across at least 19 counties and generating locally relevant evidence, tools and innovations. Cancer surveillance was strengthened through deployment of 12 National Cancer Registrars and development of a National Cancer Statistics Dashboard to support evidence-based planning and resource allocation. The Second National Cancer Summit further strengthened coordination and implementation of the National Cancer Control Strategy 2023–2027.

The major challenges have been budgetary constraints, late diagnosis where majority (75-80%) of the cancer cases present at advanced stages largely due to low levels of awareness, insufficient health infrastructure for cancer research, screening, diagnosis and treatment, compounded by low oncology human resource.

Division of Cancer and Non-Communicable Diseases

During the review period, the State Department made progress in strengthening prevention, early detection and management of priority NCDs, particularly diabetes, hypertension, kidney disease and sickle cell disease. NCD services were increasingly integrated into primary health care, while digitalization of NCD services advanced through electronic patient health records and development of diabetes and hypertension workflows in TaifaCare. During FY 2025/26, access to insulin was expanded to 70 facilities across 47 counties, 780 health-care providers were trained on diabetes and hypertension management across 15 counties, and 336 community health assistants and 2,183 community health promoters were trained on NCD education and screening. Data-quality audits were conducted in six counties to strengthen reporting and service monitoring. Progress was also made in kidney disease care through completion of national clinical guidelines and development of a comprehensive SHA renal benefit package, while sickle cell services were strengthened through training of health workers and community health promoters, infant screening in seven high-burden counties, and expansion of the SHIF package.

Service utilization for diabetes and hypertension showed an overall upward trend during the review period, although reported figures have fluctuated because of weaknesses in routine reporting. The number of patients receiving diabetes treatment, which had increased in the preceding years, was

reported at 240,518 against a FY 2025/26 target of 295,000, representing 81.5% achievement. The apparent decline in reported numbers is primarily attributable to underreporting rather than a reduction in patients receiving care, highlighting persistent weaknesses in data capture and reporting completeness. This underscores the need to strengthen routine data systems, reporting compliance and data-quality assurance, while ensuring that service targets and resource requirements reflect actual demand. Public awareness and advocacy were also strengthened through commemoration of national and international NCD days and awareness campaigns to promote prevention, early detection and uptake of services.

Despite these gains, implementation remains constrained by inadequate and fragmented NCD financing, gaps in SHA benefit packages, inconsistent availability of essential medicines, health products and diagnostics, limited human-resource capacity, and fragmented data and surveillance systems. Emerging priorities include strengthening integration of NCD prevention, screening and management at primary health-care and community levels; improving digital systems for patient care, reporting and surveillance; ensuring sustainable financing and financial protection for NCD services; and strengthening multisectoral action on modifiable risk factors. During the 2026/27–2028/29 MTEF period, resource allocation should therefore prioritize PHC-based integrated NCD services, reliable commodities and diagnostics, health-worker capacity, data-quality improvement and sustainable financing, alongside stronger prevention and early detection interventions.

National Cancer Control Programme

During the review period, the State Department, through the National Cancer Control Programme (NCCP), strengthened cancer prevention and early detection capacity across counties. Eight counties received support for capacity building and telementoring on integrated breast and cervical cancer early detection, reaching 780 community health personnel and 992 health and data personnel through in-person and e-learning modalities. Sixty-five facilities were supported for HPV testing. Cancer awareness was strengthened through the dissemination of over 4,000 IEC materials, advocacy training for 120 stakeholders across four counties, production of two documentaries, and sustained social media messaging.

The Programme strengthened policy, quality assurance, diagnosis, and treatment across the cancer care continuum. The National Cervical Cancer Elimination Action Plan 2025–2030 was launched, with implementation and dissemination now underway. Support was extended to three regional cancer centres and five facilities implementing Max Foundation access products, benefiting 1,944 patients. Additional support was provided for updating national cancer treatment guidelines and expanding the SHIF Oncology Benefits Package to include diagnostics. Quality and diagnostic capacity were further reinforced through data quality assessments in four counties and telepathology services at the National Oncology Reference Laboratory.

Implementation was constrained by inadequate financing, uneven county-level capacity, infrastructure and equipment gaps, and shortages of specialized oncology personnel. Limited resources for county-level implementation and guideline dissemination slowed the translation of national policies into routine service delivery, while gaps in radiotherapy infrastructure and

specialized workforce continued to constrain treatment capacity.

Division of Mental Health

The Division of Mental Health provided technical and operational support to 5 county governments in developing tailored County Mental Health Action Plans during the period of review in Mombasa, Nairobi, Kisumu, Lamu and Kilifi.

Kenya Board of Mental Health

During the period under review, the Kenya Board of Mental Health inspected a total of 10 mental health facilities using the WHO quality rights framework: Port Ritz Mental Health Unit, Kilifi County Referral Hospital, Tiwi Rural Teaching Hospital, Machakos Level 5 Hospital, Nyeri County Referral Hospital, Kerugoya Referral Hospital, Murang'a County Referral Hospital, Kiambu County Referral Hospital, and Wajir County Referral Hospital. (5 in FY 2023/24, and 5 in FY 2024/25). For FY2025/26 the board was non-operational as its awaiting for the appointment of the chairperson.

Violence and Injuries Prevention and Control

Progress on establishing a national trauma registry advanced to the design phase, achieving an estimated 25 percent of the target, with further implementation constrained by limited resource availability. The Division strengthened interagency coordination by aligning all Technical Working Groups (TWGs) under the Interagency Coordination Committee, with the Violence and Injuries TWG now active. On human resource capacity, 46 Emergency Medical Technician (EMT) trainings were conducted, reaching 796 doctors, against updated EMT and ambulance driver curricula. On community-level referral capacity, the Division trained 1000 boda boda riders across 10 counties on first aid to facilitate referral linkages and connect with health facilities within Primary Care Networks.

Division of National Referral Services

The development of national referral services policy and guidelines was not achieved due to resource constraints. Despite planned targets of three policy documents annually, none were finalized. However, preparatory planning has been undertaken, awaiting availability of resources for completion.

Division of Healthy Aging and Palliative Care

The Ministry developed and launched the Palliative Care Guideline (2025). 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 made notable progress in strengthening curative and referral services, despite challenges related to resource constraints, equipment maintenance, and policy delays.

Health and wellness services were maintained at Afya House, with 210 staff screened, while partial upgrades of the Afya House Clinic were achieved, The Service Access Index in radiology

and diagnostics reached 88, though performance declined in later years due to equipment breakdowns, Disability Medical Assessment Guidelines were rolled out to seven counties, and a draft policy on Assistive Technology was developed.

A national plan for phase-down of dental amalgam was completed, with phase-down tools incorporated into the national action plan, 150 nurses were enrolled annually in critical care specialty training, expanding capacity for intensive care and Refractive error and low vision services were established in multiple counties, with expansion efforts ongoing at KNH, MTRH, and Nakuru.

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

Maternal and Newborn Health

During the review period, maternal health service coverage experienced a declining trend. The proportion of pregnant women attending at least four ANC visits declined from 54% in FY 2023/24 to 49% in FY 2024/25 and 48% in FY 2025/26, representing a cumulative decline of 6 percentage points, against the FY 2025/26 target of 65%. Similarly, the proportion of mothers delivering with the assistance of a Skilled Birth Attendant (SBA) declined from 73% in FY 2023/24 to 69% in FY 2024/25 and 68% in FY 2025/26, representing a cumulative decline of 5 percentage points, against the target of 80%. The decline in service utilisation points to persistent barriers to timely access and continuity of maternal health services and underscores the need to strengthen demand generation, quality of care, referral systems and access to skilled services, particularly among underserved populations.

The facility-based maternal mortality rate increased from 88 per 100,000 deliveries in FY 2023/24 to 90 in FY 2024/25 and 94 in FY 2025/26. The FY 2025/26 target of 90 was therefore not achieved, with performance exceeding the target by 4 deaths per 100,000 deliveries. At population level, Kenya's maternal mortality ratio remains approximately 355 deaths per 100,000 live births, substantially above the SDG target of fewer than 70 deaths per 100,000 live births by 2030. Neonatal survival also remains a major concern, with the neonatal mortality rate at approximately 21 deaths per 1,000 live births, compared with the SDG target of 12 or fewer. This translates to approximately 92 newborn deaths per day, highlighting the urgency of scaling up evidence-based newborn survival interventions. Facility neonatal mortality data are also affected by significant underreporting in KHIS, limiting the reliability of performance assessment. The FY 2025/26 target of reducing facility neonatal mortality to below 5 deaths per 1,000 live births was not achieved, largely reflecting gaps in advanced newborn care capacity, including inadequate equipment and commodities and shortages of appropriately skilled healthcare workers.

EWENE Presidential Directives for MTEF Prioritization

The KSh 2.5 billion commitment made by the President for family planning commodities to be prioritized within the MTEF to address declining external financing and secure an adequate and predictable contraceptive supply.

The government should provide predictable multi-year allocations and timely disbursement, including counterpart financing, to allow early procurement given the 9–13-month lead time. This investment is key to reverse the decline in the “Proportion of Women of reproductive age receiving FP commodities,” currently at 38% against the 50% target, maintain contraceptive choice and strengthen Kenya's domestic ownership and sustainability of family planning commodity security.

Division of Family Planning

During the review period FY 2023/24–FY 2025/26, the “Proportion of Women of reproductive age receiving FP commodities” declined from 74% in FY 2023/24 to 29% in FY 2024/25, before partially recovering to 38% in FY 2025/26, against respective targets of 55%, 55% and 50% in the respective financial years. Performance was affected by stock-outs, supply-chain challenges and persistent commodity gaps. The programme reaches an estimated 6.5 million women of reproductive age, but reductions in development-partner support have contributed to stock-outs of commonly used injectables, pills and implants, which together account for approximately 80% of FP needs.

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Sub- programme 2.4 Immunization Management

National Vaccine and Immunization Program (NVIP)

The proportion of health facilities with functional cold chain equipment surpassed its target in FY 2023/24, achieving 93% against a target of 92%, driven by the procurement of additional equipment. Cold chain equipment was procured to replace obsolete units, supporting improved immunization and service continuity. This achievement reflects strengthened investment in the cold chain infrastructure essential for maintaining vaccine potency and supporting immunization programmes. Reporting challenges due to transition to digital health platforms contributed to slight data reporting challenges from KHIS to Taifa Care.

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, 355 clinical autopsies were undertaken as requested, surpassing planned targets of 30%, and 100% for FY 2023/24 to FY 2025/26. 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 histo-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.

Clinical Services

The nation's surgical services strategic plan was developed and launched. Draft national safe surgical guidelines are also developed, but await financial resources for validation before adoption.

Programme 3: Health Research And Innovations

Directorate of Digital Health, Health Financing Policy and Research

The directorate through the Divisions of Digital Health and Informatics and Policy and Research achieved the following : During the FY 2025/2026, developed strategic documents including duly signed Digital Health Strategy, Digital Health Solutions, Kenya Health Enterprise Architecture and Kenya Health Data Governance Framework; Standard Operating Procedures for International Classification of Diseases (ICD) Version 11 and Medical Certification of Cause of Death and mentorship guide for the same. A total of 5,873 public health facilities has been digitalized for services and operating on TaifaCare Health Management Information Systems across all 47 counties with 168 facilities providing telemedicine services. All the 20 requests to export biological samples for health research were processed and permits issued.

Digital Health Agency (DHA)

The Digital Health Agency is implementing health digitalization as an enabler for achievement of the Ministry of Health vision of Universal Health Coverage with the following achievements:

Health Information Exchange – The backbone of the Comprehensive and Integrated Health Information System. All six registers namely; Client Registry, Health Facility Registry, Health Worker registry, Terminology services, Shared Health Records and Interoperability Layer are developed and are at various levels of implementation. A total of 41,809 devices distributed to health facilities.

Digitization of health facilities - Deployment of Taifa Care Health Management Information System (HMIS) has been rolled out in all counties. Out of all the total government facilities of 6,171, a total of 5,077 have gone live in system usage representing 82.3 percent. Roll out of L5/6 HMIS has been done at Kenyatta National Hospital and this is now being cascaded to other L5 & L6 health facilities.

A total of 17,593 End-users have been trained on Tiba HMIS. To make sure there is system sustainability counties and sub county teams are being trained Taifa care system maintenance and support.

Integration of Taifa care claims with the SHA payer system has been done with 5,690 facilities having seamless integration, Transition from Provider Portal to use of HMIS for SHA transactions for FBOs and Private health facilities and Development of the National Logistics Management Information System (NLMIS) platform that is the main reference point for HPT reporting, tracking and tracing of quantities, statuses and location.

Kenya BioVax Institute (BIOVAX)

During the period under review, BioVax delivered the following key achievements in advancing Kenya's local vaccine manufacturing capability under its 2023–2027 Strategic Plan. The Institute successfully negotiated an Advance Purchase Agreement (APA) to advance commercialization and securing a pathway for market access for locally manufactured vaccines. It also secured a NEMA license for the Human Vaccine Manufacturing Facility.

In addition, it obtained Pharmacy and Poisons Board (PPB) no-objection approval for the updated concept facility engineering designs, enabling progression to the detailed design phase. Advanced Kenya's mRNA vaccine manufacturing capability by executing a Technology Transfer Agreement under the WHO Medicines Patent Pool (MPP) Programme securing KES. 237 million in grant funding and achieving 95% completion of the pilot-scale mRNA manufacturing laboratory to support local vaccine development and future pandemic preparedness. The Institute executed strategic partnership agreements with MPP, USP, University of Nairobi, PATH, KEMRI, Africa CDC, IVI, Bio Farma Indonesia and Bio-Usawa to advance technology transfer, research, quality systems, workforce development and local vaccine manufacturing capacity.

Kenya Medical Research Institute (KEMRI)

During the period under review, KEMRI generated substantial research and knowledge outputs across national health priorities, developing 597 new research proposals and approving 1,719 research projects for continuation. The portfolio covered biotechnology, infectious and parasitic diseases, reproductive, adolescent and child health, non-communicable diseases, public health and health systems, natural products and drug development, and One Health. Knowledge translation was strengthened through 31 policy and evidence briefs, 1,734 peer-reviewed publications and 803 scientific conference

abstracts, supporting evidence-informed policy and health guidelines. The Institute also contributed to UHC and local manufacturing through research on healthcare financing models, evaluation of the RTSS/AS01 malaria vaccine, health systems strengthening, disease surveillance and Health and Demographic Surveillance Systems in Kisumu, Siaya, Homa Bay and Kilifi. The KEMRI Annual Scientific Health Conference attracted over 1,200 participants and produced 12 resolutions addressing research, innovation, local manufacturing, digital health, genomic surveillance, workforce development and other health-system priorities. In addition, it co-hosted the inaugural Pan-African Conference on Environment, Climate Change and Health, resulting in the Nairobi Declaration on Health, Environment and Climate Action and establishment of the Pan African Environment, Climate and Health Action Network.

A major institutional achievement was the award of the KEMRI Charter, elevating the Institute to a Specialized Degree Awarding Institution and expanding its mandate in postgraduate education and training. In collaboration with JKUAT, KEMRI enrolled 391 postgraduate students and graduated 43 MSc and 15 PhD students, strengthening the national health research workforce. Capacity building continued through specialised programmes in research methodology, laboratory quality, cancer registry, leadership, biosafety, monitoring and evaluation, molecular techniques and data analysis. KEMRI advanced innovation and commercialisation through five stem cell and regenerative medicine research projects, 116 completed genome sequences and five indigenous technology research projects, and secured three trademarks and one patent from traditional medicine and natural products research. Infrastructure achievements included commissioning the WHO-accredited National and Inter-country Reference Polio Laboratory at a cost of KES.64 million, approximately 80% completion of Phase I of the Centre for Microbiology Research in Nairobi, and commencement of Phase I of the Kirinyaga Laboratories.

Programme 4: General Administration And Support Services

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

General Administration

In the reporting period, the General administration supported technical directorates as follows: - Developed and displayed the Service Charter to enhance transparency, accountability and efficiency in service delivery; Coordinated the identification, re-engineering and digitization of core services; Coordinated implementation of the Presidential Directives i.e. National - Tree growing and corruption prevention among others; Facilitated acquisition of medical equipment and infrastructure development; Undertook security and maintenance of buildings and health facilities supported by the National Government and Coordinated the transition of MKRH and JOOTRH to Level 6 National Referral Hospitals.

Human Resource Management & Development

The Sub Sector undertook workload analysis to strengthen the institutional frameworks for its different State Corporations to address duplication, overlap and harmonize the reporting relationships. The HR instruments for the following State Corporation below were developed and approved by Public Service Commission: -

- Mathari National Teaching and Referral Hospital;
- Kenya Biovax Institute;
- The Kenya Medical Research Institute (KEMRI)
- National Cancer Institute of Kenya
- Digital Health Agency
- Mwai Kibaki Referral Hospital; and
- Jaramogi Oginga Odinga Teaching and Referral Hospital

Training and Development

In the period under review, training was emphasized on increasing the pool of specialized health workforce. The Sector enrolled healthcare workers in various universities to undertake different specialized courses. The targets for training were surpassed over the reporting period due to prioritization of the mandatory courses for staff who require promotional course to move to the next job group as per the circular from the Public Service.

Sub-Programme 4.2 Finance and Planning

The Central Planning and Project Monitoring Department (CPPMD) led the State Department of Medical Services in the articulation of the BETA priorities as reflected in the Medium-Term Plan IV as well as playing a critical role in enabling the State Department to effectively absorb allocated funds, thereby facilitating the implementation of planned activities and achievement of its objectives.

The CPPMD further provided support and capacity development on planning, priority setting and costing of strategic plans and Annual Workplans to SAGAs and programs. In addition, it collaborated with the County Department of Health in the capacity development in planning and budgeting for various counties. At the National level, the department of Planning developed the Kenya Health Sector Strategic Plan 2023-2027 and the Ministerial Strategic Plan.

Sub-Programme 4.3 Social Protection in Health

Social Health Authority (SHA)

The Social Health Authority operationalized Kenya's health financing reforms through implementation of the Social Health Insurance Act, 2023, administering the Social Health Insurance Fund (SHIF), Primary Healthcare Fund (PHCF), Emergency, Chronic and Critical Illness Fund (ECCIF) and Public Officers Medical Scheme Fund (POMSF).

During the period, key achievements included:

Member Registration: The Authority grew beneficiary registration to 31.6 million in FY 2025/26, representing approximately 66.5 percent national coverage of the target population. A total of 449,494 indigent households were registered, and 44,101 indigent claims were processed, with KES 944.8M paid to Healthcare Providers (HCPs) under the program. Additionally, 73,472 teenage mother beneficiaries across 2,344 facilities in all 47 counties were supported under the Susan Thompson Buffett Foundation program.

Member Access to Benefits: The Authority expanded its provider network by empanelling 11,034 contracted health facilities, 97 percent of which were actively transacting, significantly enhancing member access to healthcare services. Claims amounting to approximately KES. 125.1 billion were paid to 9,699 facilities, translating to an 84.4 percent settlement rate. This comprises the Social Health Insurance Fund (SHIF) at KES 82.7 billion, Primary Health Care (PHC) claims at KES 15.3 billion, the Emergency, Chronic and Critical Illness Fund (ECCIF) at KES 2.4 billion, and the Public Officers Medical Scheme Fund (POMSF) at KES 24.6 billion. Under the Emergency, Chronic and Critical Illness Fund (ECCIF), 1,070 Level 4A–6 facilities were activated for Accident & Emergency care, with 8,105 claims amounting to KES 2.4B paid. Overseas treatment was launched on 14 April 2026 through the contracting of nine facilities across Turkey, India, Saudi Arabia, and Jordan, alongside the gazettement of 36 interventions, achieving a utilization of KES 0.38B within the period under review.

The Authority raised a total of KES 148.7B, translating to 94 percent of the KES 157.5B target across the PHC, ECCIF, SHIF, and POMSF funds, as well as sponsored programs, in FY 2025/26

2.1.2. State Department for Public Health and Professional Standards.

In FY 2023/24, 2024/25 and 2025/26, the sub-sector implemented four programmes:

- i. Preventive and Promotive Health Services.
- ii. Human Resource Development and Innovation.
- iii. Health Policy Standards and Regulations.
- iv. General Administration, Planning and Support Services.

A summary of achievements per programme is presented below:

Programme 1: Preventive and Promotive Health Services

Sub-Programme 1.1: Communicable Disease Control

National TB, Leprosy and Lung Diseases Control Programme

National TB, Leprosy and Lung Diseases Control Programme continued to strengthen the prevention, diagnosis, treatment, and management of TB, leprosy, and lung diseases across the country. TB case notification remained below the planned targets. The programme reported 97,126 cases against a target of 99,878 in FY 2023/24, 92,765 against 99,332 in FY 2024/25, and 91,448 against 98,038 in FY 2025/26. The shortfalls were mainly attributed to irregular availability of essential diagnostic commodities, largely resulting from reduced development partner funding. The shortages affected timely screening, diagnosis, and notification of TB cases.

MDR-TB case notifications were lower than the planned targets, with 706 cases reported against 1,085 in FY 2023/24, 834 against 1,081 in FY 2024/25, and 742 against 1,068 in FY 2025/26. The decline in MDR-TB cases was, however, a positive trend and was largely attributed to effective first-line TB treatment and strengthened preventive measures, which helped reduce the development and transmission of drug-resistant TB.

The proportion of TB cases successfully treated remained stable at 89% during the three financial years. The programme exceeded the FY 2023/24 target of 88%, achieving 89%, largely due to capacity building of healthcare workers, which improved early diagnosis and treatment outcomes. However, the 95% targets set for FYs 2024/25 and 2025/26 were not achieved, with performance remaining at 89%. The shortfall was mainly due to patient-related challenges, including loss to follow-up before completing treatment and progression of some patients to drug-resistant TB.

MDR-TB treatment success also remained below the planned targets. The programme achieved 78%, 87%, and 86% against targets of 81.5%, 95%, and 95% in FYs 2023/24, 2024/25, and 2025/26, respectively. The underperformance was mainly associated with delayed diagnosis and malnutrition among patients, which contributed to poor treatment outcomes.

The number of people in contact with TB patients who commenced preventive therapy was also below target. The programme reached 47,474 people against a target of 74,184 in FY 2023/24, 50,885 against 95,232 in FY 2024/25, and 77,886 against 116,623 in FY 2025/26. The shortfalls were mainly attributed to reduced support from development partners, which affected the implementation and scale-up of TB preventive therapy services.

Despite these challenges, the programme recorded notable progress in the integration of TB and lung disease services. In FY 2025/26, the programme surpassed its target of 500 facilities by reaching 560 facilities. This achievement was largely supported by development partners, who provided resources that enabled the expansion of integrated TB and lung disease services.

Leprosy treatment outcomes were affected by the long duration of treatment, which can take almost two years to complete. By the end of FY 2024/25, no patients had completed treatment. However, there was improvement in FY 2025/26, when 61 patients successfully completed treatment, while the remaining patients were still undergoing treatment.

National Malaria Control Programme

The malaria control programme continued to strengthen prevention, diagnosis, and treatment services, although performance varied across the three financial years. The number of Artemisinin Combination Therapy (ACT) doses distributed to public health facilities fell below target in FYs 2023/24 and 2024/25, with 5.7 million and 4.3 million doses distributed against targets of 6.9 million and 5.9 million, respectively. This was mainly due to reduced orders from health facilities and disruptions in the availability of medicines procured through the US Government. In FY 2025/26, performance improved, with 5.4 million doses distributed against a target of 5.0 million, reflecting increased demand from health facilities.

Malaria incidence was higher than the target in FY 2023/24, at 88.5 cases per 1,000 population against a target of 82, mainly due to increased transmission associated with climatic conditions and declining effectiveness of the 2021-distributed insecticide-treated nets. However, malaria incidence declined significantly in FY 2024/25 to 76 cases against a target of 105 and further to 72 cases against a target of 73 in FY 2025/26. The improvement was largely attributed to strengthened vector control interventions, including distribution of insecticide-treated nets and Indoor Residual Spraying (IRS), particularly in high-burden counties such as Busia and Siaya.

The proportion of suspected malaria cases tested also varied during the period. Performance was 87.1%, against a target of 100% in FY 2023/24, improved to 95% against a target of 89% in FY 2024/25, and declined to 90% against a target of 100% in FY 2025/26. The shortfalls in FYs 2023/24 and 2025/26 were mainly caused by intermittent stock-outs of malaria testing kits at health facilities. The target was exceeded in FY 2024/25 following stabilization of commodity supplies and training of healthcare workers, which improved adherence to malaria testing guidelines.

The proportion of confirmed malaria cases treated remained consistently high, with achievements of 99%, 99%, and 100% against a target of 100% in FYs 2023/24, 2024/25, and 2025/26, respectively. The slight shortfalls in the first two years were mainly due to some confirmed patients not proceeding to the pharmacy to collect their medicines, as well as occasional medicine stock-outs at health facilities. By FY 2025/26, the programme achieved the full 100% target.

The distribution of routine Long Lasting Insecticidal Nets (LLINs) remained below target throughout the three financial years. The programme distributed 1.7 million, 1.2 million, and 1.2 million nets against targets of 2.2 million, 1.9 million, and 1.9 million, respectively. The shortfall in FY 2023/24 was mainly due to inadequate quantities of nets procured, while FY 2024/25 was affected by disruptions in the supply of nets procured through the US Government. In FY 2025/26, distribution remained below target primarily because of budgetary constraints.

Sub-Programme 1.2: Disease Surveillance and Epidemic Response

Division of Disease Surveillance and Response

Non-Polio Acute Flaccid Paralysis (NPAFP) detection rate achieved 3.47, 2.5, and 2.39 per 100,000 population against targets of 3, 3.47, and 2.5 in FYs 2023/24, 2024/25, and 2025/26, respectively. The target was exceeded in FY 2023/24 due to strong development partner support. However, performance declined in the following two years as funding reduced, limiting surveillance activities.

Progress was also made in establishing Community Events-Based Surveillance Systems (CEBS). The division supported 8 counties against a target of 47 in FY 2023/24, mainly due to inadequate funding. Performance improved significantly in FYs 2024/25 and 2025/26, with 19 and 25 counties supported against targets of 8 and 11, respectively. The targets were surpassed due to increased development partner support, particularly from the CDC.

For hospitals supported to establish functional Event-Based Reporting Systems, the programme exceeded the FY 2023/24 target by supporting 463 hospitals against a target of 20. Performance declined in FY 2024/25, with 206 hospitals supported against a target of 463, largely due to inadequate funding and declining development partner support. In FY 2025/26, performance improved, with 72 hospitals supported against a target of 50, exceeding the target due to renewed development partner support.

The division also achieved 100% performance in detecting, investigating, and responding to public health event outbreaks against the planned target of 100% in FY 2025/26. This reflects continued efforts to strengthen surveillance, early detection, investigation, and timely response to public health threats.

Public Health Emergency Operations Centre (PHEOC)

A total of 123, 31, and 596 county PHEOC staff were trained in rapid response in FYs 2023/24, 2024/25, and 2025/26, respectively. Performance exceeded targets in FYs 2023/24 and 2025/26 due to development partner support but fell below target in FY 2024/25 because of inadequate funding. In FY 2025/26, 175 national and county emergency responders were also trained against a target of 50, supported by development partners. In FY 2023/24, 2024/25 and 2025/26, 23, 24, and 25 counties were to establish functional PHEOCs against targets of 24, 25, and 25 respectively. The Division responded to 100% of reported public health emergencies, demonstrating sustained capacity to detect and respond to emergencies.

Field Epidemiology and Laboratory Training Programme (FELTP)

FELTP contributed to strengthening epidemiological capacity through training of health care workers. In FY 2023/24 124 health workers were trained, 79 in FY 2024/25 and 108 in FY 2025/26, against a target of 30, 20 and 100 respectively with over-achievement attributed to partner

support. These included advanced, intermediate, and basic/frontline strengthening national capacity for disease surveillance and outbreak response.

Division of Vector-Borne and Neglected Tropical Diseases

The Division implemented interventions for trachoma, bilharzia, intestinal worms and lymphatic filariasis. Support to counties for trachoma treatment was not achieved in FY 2025/26 because the allocation of Ksh 23 million to facilitate the procurement of Azithromycin had not been communicated following signing of the MoU. Support for bilharzia and intestinal-worm control were at 50% and 45% against targets of 100% due to inadequate funding. However, the target for post-mass drug administration assessment for lymphatic filariasis was surpassed, reaching 11 counties against a target of 6, due to partner support.

Division of Zoonotic Diseases

The Division strengthened One Health and zoonotic disease surveillance. Ten counties were supported to establish One Health Units against a target of four in FY 2025/26, representing over-achievement attributed to partner support.

Division of Food Safety

The Division of Food Safety strengthened food safety and quality assurance through capacity building of county public health officers on food safety and quality standards, including the Kenya School Meals Programme. In FY 2025/26, 770 County Public Health Officers were capacity-built against a target of 540 target. The target was surpassed due to support from partners, which facilitated the implementation of the planned capacity-building activities.

Division of National Laboratory Services

The Division strengthened national laboratory capacity and quality improvement. The number of certified laboratories under the LCQI programme reached 40 against a target of 32, with over-achievement attributed to timely funding and additional partner support during the reporting period. In FY 2025/26, five laboratories were supported for AMR surveillance, five for molecular testing of priority diseases, five for standardized health data exchange and 100% of outbreak and referral specimens requiring sequencing were sequenced.

Division of National Emergency Preparedness and Disaster Response

Forty counties were supported to establish functional emergency and disaster committees against a target of 18 in FY 2024/25 with support from development partners. During FY 2025/26 there were no funds allocated. 104 health workers were trained on joint emergency services in FY 2024/25 while 17 were trained against a target of 104 in 2025/26 because of inadequate funding. The training on nuclear, biological and chemical incidents, ambulance accreditation standards and post-crash response training was not undertaken due to lack of funds in FY 2025/26.

Sub-Programme 1.3: Public Health Services

Division of Environmental Health

In FY 2023/24, 6 villages were certified as open-defecation-free against a target of 37, while in FY 2024/25 and FY 2025/26, 10 against 30 and 15 against a target of 15 respectively which was due to inadequate funding. The proportion of population accessing safely managed sanitation facilities was 29.98, 20 and 25 against targets of 30, 32.9 and 25 in FY 2023/24, FY 2024/25 and FY 2025/26 respectively.

During the reporting period, twenty health facilities with installed and compliant waste treatment equipment and three Centres of excellence for research evidence translation were established. Sixty health workers were capacity built on climate change and health against a target of 80 due to inadequate funding. Twenty-four counties were supported to implement the *Epuka Uchafu Afya Nyumbani* initiative. Six POEs were capacity built to undertake vector and vermin control services against a target of twenty-one due to inadequate funding. In FY 2025/26, 400 healthcare workers were capacity built on occupational health and safety standards against a target of 200 due to integration with other health campaigns.

Tobacco Control Board

During the reporting period, 300 Enforcement officers were trained on tobacco control and enforcement against a target of 500 due to inadequate funding. The tobacco control advisories were not issued due to the absence of a constituted Board, while only twenty-one county focal persons were capacity-built against a target of thirty due to inadequate funding. Eight multisectoral Points of Entry staff were trained against a target of 50 in FY 2025/26, also due to inadequate funding.

Division of Drugs and Substance Abuse Control

The Division undertook 143 awareness campaigns during forums such as Jamii Imara Mashinani, World No Tobacco Day, Devolution Conference, School awareness campaigns and Training of officers in 8 Points of Entry in the Coastal Region in FYs 2024/25 and 2025/26. 53 stakeholder engagement events were held against a target of 47 with support from the Tobacco Control Fund. The over-achievement was attributed to expanded awareness activities and stakeholder engagements. However, no new treatment and rehabilitation centre was established during the period under review, although the centres in Gilgil and Meru were reported to be 90% complete.

Division of Nutrition and Dietetics

The proportion of children aged 6–59 months who received two doses of Vitamin A supplementation was 85.2%, 75.3% and 77.2% in FY 2023/24, FY 2024/25 and FY 2025/26 respectively. A total of 697,470 children aged 6–23 months received Micronutrient Powders (MNPs), surpassing the target of 241, 977 while a total of 12,946 healthcare workers were trained on high impact nutrition interventions against a target of 11,800. Treatment cure rates for acutely and malnourished children and pregnant or lactating women consistently remained above 75%,

meeting international Sphere standards for effective nutrition management. However, specialized feeds (parenteral and enteral) were not provided due to withdrawal of partner support. Eight while guidelines were developed against a target of ten due to reduced support funding during the review period.

Building Resilient and Responsive Health Systems (BREHS)

In FY 2025/26 68.3% of women received postnatal care within 48 hours against a target of 78. 1,273,198 children were immunized with three doses of pentavalent vaccine against a target of 5,400,000 and 47.8% pregnant women attending 4 or more ANC visits against a target of 54 due to inadequate funding. The proportion of children under five with diarrhoea treated with zinc/ORS declined to 54.3% against a target of 57.7% indicating the need to sustain improvements in child health interventions.

Division of Health and Wellness

The training of county teams on mental health and mental wellness services was not done in FY 2025/26 due to lack of resources.

Division of Port Health

During the review period, all travelers were screened for notifiable diseases, all travelers were issued with vaccination certificates as per travel requirements, all consignments were processed as per health requirements at POEs and all conveyances were inspected and issued with disinfection certificates.

Sub-Programme 1.4: Radiation Safety and Nuclear Security

Kenya Nuclear Regulatory Authority (KNRA)

KNRA strengthened radiation safety and nuclear security regulation. During the review period, ten radiation protection, nuclear safety, nuclear security and nuclear safe guards' regulations developed against a target of fifteen due to inadequate funding. All Category I and II radiation facilities complied with physical protection measures. Compliance among radiation facilities remained at 75% against a target of 100%. Environmental radiological mapping reached 40% against a target of 100% in FY 2025/26, with funding constraints affecting performance.

Sub-Programme 1.5: Primary Health Care

Division of Primary Care Network (PCNs)

Functional PCNs increased to 278 against a target of 268, attributed to accelerated implementation Rapid Result Initiative (RRI) of PCN establishment. Fifty multidisciplinary teams were trained on PHC implementation and 50 PCNs received technical assistance on integrated PHC implementation, both achieving their targets. However, development of the PHC Strategic Plan was not achieved due to inadequate funding.

Division of Community Health

All 107, 831 Community Health Promoters were facilitated with stipends per month, while CHP kits and mobile phones were distributed/procured to support eCHIS implementation. Household coverage by CHPs increased to 9.4 million against a target of 8.9 million. The achievement was attributed to continuous facilitation and training by Government and development partners.

Sub-Programme 1.6: Health Promotion and Education

Division of Health Education and Promotion

During the review period, the Division developed eight health promotion strategic plan and guidelines against a target of six with support from development partners. The Ministry's 719 call centre was operationalized to 70%. IEC materials disseminated reached 65 against a target of 60, while 140 county staff were capacity-built against a target of 124. However, establishment of Health Promotion Advisory Committees was not achieved due to budgetary constraints.

Division of School Health

In FY 2025/26, the Kenya School Health Policy and National School Health Activity Register were not developed due to inadequate funding. Two school health modules were completed against a target of five due to budgetary constraints while technical support was provided to 10 CHMTs as planned.

Programme 2: Health Resource Development and Innovation

Sub-Programme 2.1: Capacity Building and Training

Kenya Medical Training College (KMTC)

During the review period, 96,121 students were enrolled against a target of 71,200 which is attributed to increased demand for KMTC courses and continued expansion of campuses. The proportion of admitted students who graduated reached 89.64% against 85.7%, supported by improved academic performance and student welfare initiatives.

However, recruitment of 900 staff was not achieved because no budget was allocated for recruitment. Evidence-based policy development reached twenty-six against a target of twenty-nine caused by budgetary constraints.

Kenya Hospital Authority Trust Fund (KHATF)

In FY 2025/26, three frameworks were developed towards operationalization of the Fund.

Sub-Programme 2.2: Research and Innovation in Health

Kenya Institute of Primate Research (KIPRE)

During the review period, ninety-three scientific publications were peer reviewed, 752 people were trained in biomedical knowledge and skills, 33 candidate drugs and vaccines were tested, seven

bacteriophages (phages) were isolated for treatment of multidrug resistant bacteria and 2,390 samples were tested at wildlife, human and livestock interface for zoonosis.

Snakebite interventions recorded 847 victims successfully rescued from snakebites, 18 snake venoms were profiled for anti-venom development, and 14 anti-venoms were generated for preclinical testing.

Sub-Programme 2.3: Health Professional Services

Division of Health Sector Coordination and Intergovernmental Relations

One health sector intergovernmental forum was held in each FY against a target of 4 due to inadequate funding. Only one MoU was signed with the Red Cross in FY 2025/26, for the others, negotiations were still ongoing. All resolutions from Intergovernmental Fora were implemented.

Division of International Health Relations

No treaties were signed during the review period, due to priority changes between member countries and discussions are still ongoing on the Pandemic Treaty. However, six international memoranda and agreements were concluded against a target of one, attributed to improved coordination between MDAs and increased bilateral engagements and all travel clearances were processed.

Programme 3: Health Policy, Standards and Regulations

Sub-Programme 3.1: Health Standards and Quality

Kenya Health Professions Oversight Authority (KHPOA)

The Authority was able to inspect 22% of the health facilities for compliance to professional norms and standards in FY 2023/24, 17.2% in FY 2024/25 and 14.7% in FY 2025/26. During the review period, 637 professional training institutions were assessed for compliance to norms and standards of training, 5,606 unregulated health professionals were registered while ten Scopes of Practice for previously unregulated health professional cadres were developed. All complaints and disputes received were processed, achieving 100%.

Kenya Health Human Resource Advisory Council (KHHRAC)

In FY 2023/24, 120 health workers were trained on the Integrated Human Resource Information System. During the review period, 397 health workers were trained on National Health Workforce Accounts with support from development partners. One Healthcare Providers Framework was developed in FY 2025/26 while the health workforce information system reached the planned 25% development level.

Kenya Medical Practitioners and Dentists Council (KMPDC)

During the review period, 2,981 Medical and Dental Officer Interns were placed, 2,315 new Medical, Dental and Community Oral Health Officers practitioners were registered, 39,642 Medical, Dental and Community Oral Health Officers were licensed, 41,246 health facilities were

licensed and 18,456 compliance inspections were carried out. All targeted medical, dental internship and specialist training centres were inspected and 51 new Continuous Professional Development (CPD) providers were accredited.

Nursing Council of Kenya (NCK)

During the review period, 34,098 nurses and midwives were newly registered, 50,362 eligible candidates were examined and 42,141 eligible candidates were indexed. The proportion of nurses and midwives licensed reached 65% against a target of 60% in FY 2025/26. However, training institution compliance audits reached 90% against 100% in FY 2025/26 while health facility audits reached 90% against 100% due to inadequate budgetary allocation.

Clinical Officers Council (COC)

The COC indexed 12,479 clinical officer trainees, registered 4,549 clinical officers and licenced 63,043 clinical officers during the review period.

Public Health Officers and Technicians Council – Kenya (PHOTC)

PHOTC licensed 10,245 public health professionals, inspected 185 health facilities and 43 training institution while no new CPD providers were accredited because no providers expressed interest and the Council was reviewing its outdated CPD guidelines.

Counsellors and Psychologists Board (CPB)

During the review period, 1,280 Counsellors & Psychologists were indexed, 7,195 were registered while 6,132 licensed. Further, 43 clinical facilities were registered and licensed, 6 training institutions were inspected, 7 institutions were accredited to offer Continuous Professional Development and the Strategic Plan was developed

Occupational Therapy Council of Kenya (OTCoK)

The Council licenced 16 clinical facilities, inspected one training institution offering occupational therapy, licensed 2,046 Occupational Therapists and accredited 12 new Continuous Professional Development (CPD) providers during the review period.

Physiotherapy Council of Kenya (PCK)

During the review period, 419 physiotherapy facilities were inspected, 3,636 practitioners were licensed and five policy documents were developed.

National Quality Control Laboratory (NQCL)

NQCL managed to test 45% of medical drugs against a target of 100% and didn't test medical devices. The non-achievement was due to inadequate funding which made it impossible to repair, replace and calibrate aging critical testing equipment; procure sufficient reagents and consumables; and address technical staffing gaps. Research activities reached 123 in FY 2024/25 against a target of 100, supported by a large collaborative research project but none was achieved in FY 2025/26 due to breakdown of equipment.

Health Records and Information Managers Board (HRIMB)

During the review period, HRIMB accredited 24 training institutions, licenced 2,275 HRIM professionals and developed five regulations and HR instruments which were approved by PSC.

Pharmacy and Poisons Board (PPB)

PPB registered 3,788 new products, licensed 4,859 Pharmacists and pharmaceutical technologists, conducted 73 Joint Market Surveillance and Regulatory inspections, approved 123 new clinical trials and approved 80,496 pharmaceuticals import and export permits during the review period.

Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB)

KMLTTB indexed 4,717 medical laboratory science students, examined 2,559 eligible candidates and registered 2,352 medical laboratory technologists, issued 41,428 MLS licenses and registered 15,317 labs during the review period

Sub-Programme 3.2: Health Policy and Regulations

Directorate of Health Standards, Regulation and Quality Assurance

The Directorate developed five health norms and standards during the review period. In FY 2025/26, one norm/standard was developed against a target of two, while 19 counties were trained on e-KQMH standards against a target of 15, supported by additional Global Fund financing. Two public health policies were developed. However, only one public health legislation was reviewed due to budgetary constraints.

Resilient Sustainable System for Health (RSSH) Unit

The systems readiness index for CHPs reached 62.5% against a target of 70% in FY 2025/26 with the shortfall attributed delayed payment of stipends from some counties and low supervision due to inadequate number of Community Health Assistants (CHAs). Reporting by health facilities remained approximately 98%, with the persistent gap partly attributed to the reporting denominator, which may include closed, non-functional or duplicate facilities.

Programme 4: Administration, Planning and Support Services

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

General Administration

Fifty CCTV cameras were installed in FY 2025/26, following earlier delays caused by financial constraints. 1,950 staff were sensitized on HIV prevention, citizen service delivery, alcohol and drug abuse, disability, gender, national values and principles of governance and corruption prevention. The National Gender Mainstreaming Workplace Policy was customized. No floor was constructed to enhance office accommodation due to budgetary constraints.

Records Management Division

In FY 2025/26, development of records management policies, records retention and disposal schedules and digitization of departmental records were not achieved as planned. The digitalization target was 20%, while only 10% was achieved, with inadequate resources cited as the main constraint.

Disability Mainstreaming Unit

In FY 2025/26 Disability Mainstreaming Action Plan and Disability Mainstreaming guidelines were developed. However, dissemination forums for the Disability Mainstreaming Guidelines and disability surveys were not conducted. In addition, capacity building on disability mainstreaming of staff at national and counties and monitoring and evaluation on disability initiatives were not undertaken while improvement of Infrastructure for inclusion of PWDs at MOH Headquarters was done to 5% due to budgetary constraints.

ICT Division

Two ICT systems were deployed as planned, including the Digital and eCHIS systems. However, development of the Workplace Digitalization and Automation Strategy was not finalized. A draft strategy was developed in FY 2024/25 and FY 2025/26 but remained subject to finalization and validation.

Human Resource Management and Development Department

Two cohorts of professional interns were onboarded in July 2023 and January 2024 totaling to 4,156 for FY 2023/24. In FY 2024/25 and FY 2025/26, 3,948 and 6,288 professional interns were engaged respectively covering medical officers, clinical officers, pharmacists, nurses, and dentists. During FYs 2024/25 and 2025/26 171 health workers were trained and 135 regular staff were trained with increase in the supplementary budget.

Public Communications Unit

During the review period 37 press releases, media briefing and engagements, official statements, media briefings and social media/ website posts and 39 articles published/photos/videos were done which were lower than the targets due to inadequate funding.

Supply Chain Management Unit

Across the FYs, the Unit continuously updated the List of Registered Suppliers and the Asset register and developed Annual Procurement Plan in each FY. In FYs 2023/24 and 2024/25, The State Department was newly established under executive Order No. 1 of 2023 and had not identified any assets for disposal which was done in FY 2025/26.

Sub-Programme 4.2: Financing and Planning

Finance Unit

Financial management performance remained below the 100% absorption target attributed to delays in exchequer releases. However, all four planned budget reports were submitted across the Financial Years.

Internal Audit Unit

The development of the Institutional Risk Management Policy Framework was initiated in FY 2024/25 and finalized in FY 2025/26.

Tax Exemption Unit

During the review period, the Unit processed 2,147 applications against a target of 1,470 which was attributed to partner-supported sensitization, which increased awareness and consequently the number of applications. Three sensitization forums were held in FY 2024/25 and FY 2025/26 each Financial Year.

Central Planning and Projects Monitoring Department

The Central Planning and Projects Monitoring Unit undertook eight monitoring and evaluation of capital projects. Training of officers on planning, budgeting and M&E and implementation of planned surveys were not achieved because of inadequate funding. The Unit conducted two surveys in FY 2023/24 and none in FYs 2024/25 and 2025/26 due to inadequate funding.

2.1.3 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 Target

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
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	Specialized health care services	Number of Heart surgeries done	491	691	784	609	677	630	FY 2023/24 target surpassed due to acquisition of new specialized theatre equipment. FY-2024/25 and FY-2025/26 Target not met due to Breakdown of critical equipment (image intensifier and cathlab); and Theatre Renovation works which interrupted theatre usage.
			Number of other cardiothoracic surgeries conducted	1,192	1,250	1,250	1,293	1,045	1,023	FY 2023/24 target surpassed due to acquisition of new specialized theatre equipment. FY-2024/25 and FY-2025/26 target not met due to Breakdown of critical equipment (image intensifier and cathlab); and Theatre Renovation works which interrupted theatre usage.
			Number of Kidney Transplants conducted.	20	25	25	19	22	22	In FY 2023/24, the target was not met due to patient dropped as a result of new infection.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										In FY-2024/25 and FY 2025/26, target not met due to unforeseen patient related transplant challenges and donor pull out after Screening, identification and preparation of patients for Kidney transplantation.
			Number of minimally invasive surgeries done	6,144	6,244	10,078	6,354	9,419	9,852	In FY-2023/24 and FY2024/25 target surpassed due to prioritizing dedicated theatres for minimal invasive surgeries and acquisition of specialized theatre equipment. In FY-2025/26, target not met due to Breakdown of critical equipment (image intensifier and cathlab); and Theatre Renovation works which interrupted theatre usage.
			Number of patients undergoing specialized Burns treatment (OBD)	570	587	587	589	478	439	In FY 2023/24, the target was met. In FY-2024/25 and FY-2025/26, targets were not met due to hospitals continuously receiving patients displaying a relative high TBSA(Total Burnt Surface Area).
			Average Length of Stay (ALOS) for trauma patients (days)	36	35	35.5	35	34.8	40.9	In FY-2023/24 and FY-2024/25 target was met due to operationalized 24 hour trauma theatre and expanded its pool of suppliers for outsourced

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										implants. In FY-2025/26 Targets not met due to multidisciplinary nature of patient conditions that require coordinated input from multiple specialties prior to theatre listing. The caseload includes indigent and unidentified patients with prolonged pathways of care as well for social work intervention
			Average waiting time (days) for radiotherapy	19	17	17	18	37.2	57	In the FY-2023/24 the target was surpassed due to sustained equipment availability. In FY-2024/25 and FY-2025/26 targets were not met due to frequent machine breakdown and repairs.
			Average waiting time (days) for chemotherapy	13	12	2	3	2.6	2.1	Targets surpassed in FY 2023/24 and 2024/25 due sustained availability of chemotherapy drugs, introduction of a 24-hour outpatient chemotherapy services in Oncology wards as well as implementation of the patient navigation program. In FY 2025/26, target not met due to frequent machine breakdown and repairs.
			Number of oncology sessions on (Chemotherapy and radiotherapy)	40,372	40,574	40,574	43,216	22,873	11,545	In the FY-2023/24 the target was surpassed due to sustained availability of chemotherapy drugs, introduction of a 24-hour

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										outpatient chemotherapy services in Oncology wards as well as implementation of the patient navigation program. In FY-2024/25 and FY-2025/26, targets were not met due to frequent machine breakdown and repairs.
		Health Research	Number of new research projects disseminated	20	4	6	27	6	3	In FY 2023/24 and FY 2024/25 targets surpassed due to expansion of knowledge repository and provision of a platform for research mentorship program. In FY-2025/26 targets not met due to priority listings of the high impact policies on programs at national scale as approved and reviewed by research division in MoH
		Multidisciplinary Outreaches Conducted	Number of Multi-disciplinary Outreaches with Counties	379	395	409	373	397	376	In FY 2023/24 and FY2025/26 targets were not met due to reduced collaboration with donor institutions significantly reducing funding. In FY2024/25 the target surpassed due to sustained health promotion campaigns.
	Mwai Kibaki Hospital	Specialized health care services	Number of Specialized Surgeries done	1,541	2,003	1,715	1,591	1,559	1,774	In FY 2023/24: Target exceeded, due to introduction of neurosurgical services and specialized surgical

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										initiatives, including the AVF surgical camp. In FY 2024/25: Target not met due to delays in operationalizing the Trauma, Maternity Theatres and the need for additional specialists. In FY 2025/26: Target not met. Performance remained constrained by theatre capacity and lack of an endoscopic tower for minimally invasive procedures.
			Number of dialysis sessions conducted	-	1,500	4,500	-	1,818	1,208	FY 2024/25, target was not met due to limited equipment capacity. FY 2025/26, target was not met as only one functional dialysis machine was available, limiting service capacity. The Renal Unit was renovated to accommodate additional machines, with three NESP dialysis machines received in June 2026 to enhance capacity from FY 2026/27.
			Number of operational speciality units established	23	24	20	16	19	24	In FY 2023/24, target was not met as the hospital was still progressively establishing and operationalizing specialized services.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										In FY 2024/25, target was not met due to staffing and infrastructure requirements affecting expansion. In FY 2025/26, target was surpassed following operationalization of additional services, including Psychiatry, Neonatology, Breast Oncoplastic, Audiology, and Plastic and Reconstructive Surgery.
			Average length of stay for trauma patient (days)	17	14	17.1	16	11.4	11.9	Target achieved over the reporting period due to improved patient management, supported by multidisciplinary case management and improved availability of medicines and strengthened clinical coordination, pharmaceutical supplies and equipment availability (CT Scan, dialysis machines) through KEMSA & NESP respectively.
			Number of oncology sessions on (Chemotherapy)	1,056	1,482	1,641	1,091	1,492	1,698	In FY 2023/24, FY 2024/25 and FY 2025/26, target surpassed due to growing uptake of oncology services and additional oncology specialists, diagnostic capacity and introduction of complete

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										treatment pathway to cater for the needs of the region.
			Number specialized imaging investigation conducted (CT scan & MRI)	-	-	3,510	-	-	1,765	In FY 2025/26, 1,765 investigations were conducted following operationalization of the CT scan received through NESP in the second half of the year. Preparatory works for the MRI unit were also undertaken in readiness for installation of the NESP MRI equipment.
			Number patients on follow for NCDs (Hypertension, Diabetes, Stroke, Heart and kidney conditions)	-	2,500	3,088	-	2,807	4406	In FY 2024/25, target surpassed reflecting increased demand for NCD services. In FY 2025/26, target surpassed driven by increased numbers of patients requiring continued management and follow-up of chronic conditions.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of researches completed and disseminated	1	2	4	2	2	2	In FY 2023/24, target surpassed with two research outputs completed and disseminated against one planned, reflecting strengthened research activities. In FY 2024/25, target was achieved with two research outputs completed and disseminated as planned. In FY 2025/26, target was not met with two research outputs completed against four planned, mainly due to extended timelines for completion, analysis and dissemination of ongoing studies.
	Jaramogi Oginga Odinga Teaching and Referral Hospital	Specialized health care services	Number of Red blood cell exchange procedures conducted	-	-	100	-	-	38	Target not achieved due to delayed installation of the apheresis machine, which became operational in the third quarter, coupled with intermittent shortages of compatible blood products required for the procedures.
			Number of minimally invasive surgical procedures performed.	-	-	1,300	-	-	300	The target was not achieved considering the specialists shared one tower which affected the scheduling of surgeries. However, the Hospital has acquired an additional tower.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of cardiothoracic procedures performed	-	-	100	-	-	88	The target was not fully achieved due to limited specialist staffing, as the trained cardiothoracic surgeon resumed duty during the second quarter of FY 2025/26 from training, resulting in reduced service capacity in the first part of the financial year
			Number of maxillofacial surgeries performed	-	-	402	-	-	226	Target not achieved due to inadequate specialist human resources, with only one surgeon available for most of the year while the second specialist reported later than planned.
			Number of orthopedic surgeries performed	-	-	753	-	-	829	The target was surpassed due to daily and consistent theatre utilization and two more orthopedic surgeons being engaged by the hospital
			Number of medical outreaches conducted	-	-	12	-	-	18	Target surpassed. The Hospital conducted 4 Neurosurgical camps, and Breast Camp, Colorectal camp, Pediatric surgical camp, Cleft lip and palate camp, and Fistula camp, 1 each. Additionally, the Facility organized 9 JOORH Mashinani, bringing total outreaches to 18.
			Nurse patient ratio	-	-	01:20	-	-	01:30	Target not achieved due to staffing gaps amid

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										increased patient load. However, the ratio eased since more new nurses were recruited.
			Percentage completion rate of Cath lab centre established	-	-	100	-	-	60	Target was not achieved due to lack of budgetary allocation in FY 2025/26. The hospital acquired a heart lung machine, currently being installed.
			Number of Neuro surgeries conducted	-	-	500	-	-	533	The Hospital remains a neurotrauma centre for the region, conducting 533 neurosurgical cases in the period under review against a target of 500. This performance exceeded expectations amid sustained regional demand for neurosurgical services
			Number of oncology patients receiving chemotherapy treatment	-	-	3,653	-	-	2,976	Performance was below target due to patient loss to follow-up, occasional drug stock outs, referrals out and transfers to other treatment centers, and interruptions arising from concurrent treatment modalities and clinical factors.
			Number of specialised clinic attendance	-	-	100,000	-	-	136,162	Specialised clinic attendance was above the planned target due to changes in referral patterns, increase in patient volumes as a result of the Hospital expanded mandate.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of dialysis sessions	-	-	5,500	-	-	6,257	The target surpassed due to expanded dialysis capacity, and availability of dialysis consumables.
			Average length of stay (days)	-	-	8	-	-	9	The average length of stay exceeded the target mainly due to management of more complex referral cases requiring multidisciplinary input, prolonged hospitalization, and extended post-operative care.
	Moi Teaching and Referral Hospital	Specialized Healthcare Services	Average Length of Stay for Orthopedic Surgery (Trauma Patients) Days	11.4	11.3	11.2	11	10	10	Target achieved during the reporting period due to timely specialised diagnostic services, adoption of 24 hrs. Theatres operations, consistent supply of drugs and non-pharmaceuticals.
			Average Length of Stay for Pediatric Burns Patients(days)	31.2	31.1	30	26	20	20	Target achieved during the reporting period due to timely interventions to patients (Consultant's daily ward rounds), availability of drugs/supplies, and timely discharges
			Average waiting time (days) for Radiotherapy	46	70	44	69	70	69	Target not achieved during the reporting period due to none operationalization of second LINAC-Equipment as a result of adequate funding, including the funding of maintenance of the

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										current LINAC-Equipment
		Specialized Healthcare Services	Number of Kidney Transplants undertaken	13	17	18	20	29	20	Target surpassed during the reporting period due to continued screening & recruitment of patients from the Clinics and Wards as well as investment in Specialized HRH and Medical Equipment
			Number of Brachytherapy Sessions	137	139	141	326	319	490	Target surpassed over the reporting period. This was due to training and employment of 2 medical physicist and adequate treatment planning, hence a reduced waiting time and increased efficiency
			Number of Minimally Invasive Surgeries	2,800	2,850	3,100	3,081	3,226	3,318	Target surpassed over the reporting period 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	16,850	16,870	16,900	20,379	20,175	20,922	Target over the reporting period surpassed due to Continued scheduling of patients and timely treatment planning and Continuous availability of Consultants at the

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										Clinics & adherence to chemotherapy sessions schedules.
			Number of Open-Heart Surgeries conducted	25	27	30	72	96	58	Target over the reporting period surpassed due to continuous investment in specialised Human Resources for Health (HRH), modern equipment, drugs, and supplies. Theatre Week assigned and adherence to Schedule.
			Number of External Beam Radiotherapy Sessions.	10,100	10,150	10,200	17014	21,482	22,222	Target 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 Corneal Transplants conducted	11	12	15	39	13	57	Target over the reporting period Surpassed due to highly trained staff, corneal tissue (imported), modern equipment, adequate drugs, and essential supplies. MTRH is the only Public Hospital in Kenya doing Corneal Transplants in Kenya
		Health Research Services	Number of Research Papers Published	28	27	29	100	127	128	Target over the reporting period surpassed due to allocation of Research Fund (Intramural Funds) by MTRH and other

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										Research Grants through Academic Model Providing Access to Healthcare (AMPATH)
			Number of Briefs to inform National Policy	4	5	6	4	5	5	Target achieved in FY 2023/24 and 2024/25. Target for FY 2025/26 not met due to delay to finalize on review of one policy, currently still under review.
		Multidisciplinary Outreaches Conducted	Number of Multidisciplinary Outreaches with Counties	60	29	60	61	76	78	Target surpassed over the reporting period due to continuous engagement with the County Governments. This was done in partnership with the County Health Services.
	Kenyatta University Teaching, Referral and Research Hospital	National Referral Services	Number of Open-Heart Surgeries conducted	30	40	50	42	62	69	Target surpassed over the reporting period due to expansion of specialist staffing and growing uptake of cardiac services.
			Number of Kidney Transplants conducted	15	15	15	0	4	4	Target not met over the reporting period. due to supply chain constraints affecting transplant operations.
			Number of minimally invasive surgeries conducted	1,000	1,300	1,350	3,624	1,407	4,798	Target surpassed over the reporting period. Achievement exceeded expectations because of increased service utilization and enhanced operating efficiency.
			Number of patients on Hemodialysis	10,200	10,500	12,000	10,311	11,751	11710	Target surpassed over the reporting period. Higher-than-projected

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										patient volumes drove performance above target.
			Number of patients receiving chemotherapy & radiotherapy treatment	20,500	22,000	23,000	21,640	19,561	33,608	FY 2023/24 and 2025/26, target surpassed due to increased service capacity, improved operational efficiency and rising patient uptake through SHA. In FY 2024/25: Achievement was below target due to temporary capacity constraints and shortage of drugs.
			Number of specialized Gynecology procedures conducted	600	1,400	500	650	621	806	FY 2023/24 and 2025/26: Target was surpassed due to increased uptake of specialized gynaecological services and increased uptake of SHA packages. In FY 2024/25: Performance was below target owing to lower referrals and fewer eligible cases requiring specialized procedures than projected.
			Average waiting time (days) for radiotherapy	50	12	55	60	18	90	Target was not achieved over the reporting period owing to capacity limitations in radiotherapy services. With only one LINAC machine in operation, demand continues to outstrip available capacity. Acquisition of

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										an additional LINAC machine through NESP is underway.
			Average waiting time (days) for Chemotherapy	6	6	12	6	14	2	In FY 2023/24: Target was achieved. In FY 2024/25: target not achieved due to increased patient load and demand for oncology services that exceeded available treatment capacity. In FY 2025/26: target achieved due to process optimization, improved scheduling, enhanced service delivery efficiency and expansion of oncology treatment capacity
			ALOS for orthopedic patients' (days)	14	10	9	14	8	9	Target achieved for FY 2023/24 & 2025/26 due to improved service delivery processes and operational efficiency. Target not achieved for FY 2024/25 due to staffing gaps
			ALOS (days) for surgery patients (days)	7	6	6	7	5	6	Target achieved for FY 2023/24 & 2025/26 due to improved service delivery processes and operational efficiency. Target not achieved for FY 2024/25 due to staffing gaps.
			Number of PET Scan examinations conducted	4500	5000	5,500	5,592	4,293	5561	Target surpassed for FY 2023/24 & 2025/26 due to increased uptake of PET/CT imaging services . Target for FY

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										2024/25 not met due to machine breakdown.
			Number of SPECT CT-Scan examinations conducted	1,000	1,800	600	155	597	616	Performance remained below target in FY 2023/24 and 2024/25 due to lower service uptake than anticipated. In FY 2025/26, the target was surpassed due to improved efficiency and increased uptake of SHA packages
			Number of Stereotactic Radiosurgeries conducted	600	800	250	349	150	269	Target was not attained in FY 2023/24 and 2024/25 because patient volumes were lower than projected. In FY 2025/26, target was surpassed as a result of increased capacity due to training of additional staff.
			Number of Brachytherapy sessions conducted	900	1,000	380	373	344	433	FY 2023/24 and FY 2024/25: Performance was below target due to the gradual uptake of the newly established service and lower referral volumes than projected. In FY 2025/26: Performance exceeded the target due to increased awareness, referrals and utilization of the service.
			Number of research conducted & completed	6	5	5	3	3	8	In FY 2025/26, the target was surpassed, demonstrating

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										strengthened research capacity and output.
										In FY 2023/24 and 2024/25: target not achieved due to limited funding and inadequate resources.
	Mathari National Teaching and Referral Hospital	Mental Health Services	Number of Patients receiving in-patients mental health care services	280,000	310,418	240,135	251,390	228,700	207,729	The target was not achieved for FY 2025/26, 2024/2025 and 2023/24 as almost 50% of patients in the forensic and civil unit access care in their respective county hospitals guided by the Court Users Committee resolution to decentralize forensic mental health assessments to be done in county hospitals with psychiatrists.
			Number of Electroconvulsive Therapy (ECTs) sessions done	450	565	1,016	490	986	1230	The target was surpassed in FY 2023/24,2024/25 and 2025/26 due to increased patient reviews by consultant psychiatrists identifying patients not responsive to pharmacological therapy, requiring ECT.
			Number of patients accessing child and adolescent services	-	3,500	3,390	-	3,168	3,189	Target was not met for the financial years 2024/25 and 2025/26 due to reduced awareness of children and adolescents' mental health services; however, low patient numbers do not reflect low demand. Instead, this highlights

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										widespread barriers to accessing this service; current funding levels are insufficient.
			Number of Patient with drugs/substance and alcohol addiction receiving rehabilitative mental health care services	1,000	1,100	1,330	1,093	1,267	1,133	The target was surpassed in 2023/24,2024/25 largely due to an enhanced multi-disciplinary on treatment of persons with substance and alcohol addiction approach in care. In FY 2025/26 target was not achieved due to reduced adherence to rehabilitative clinics, however the demand greatly outmatches the available resources
			Number of patients receiving out-patient mental healthcare services	230,329	190,453	190,273	243,368	181,212	179,116	FY 2023/2024 target was achieved due to increased sensitisation efforts. In FY 2024/25 and 2025/26 target was not achieved due to reduced outpatient clinic attendance, largely attributed to the prevailing economic challenges affecting our predominantly low- to middle-income patient population.
			Average Length of Stay for civil psychiatric inpatients (Days)	48	46	46	47	50	59	Target for FY 2023/24 surpassed due to improved operational efficiency. The target was not achieved for FY,2024/25 and 2025/26 due to the large number

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										of abandoned patients from economically disadvantaged backgrounds, leading to delays in leaving the hospital after discharge.
			Re-admission Rate (proportion of patients readmitted in a year)	40	32	32	47	43	42	Target for FY 2023/24,2024/25 and 2025/26 not met for due to lack of after care mental health services at primary healthcare levels and poor support at the family level
			Percentage of patients in need of forensic services attended to	100	100	100	100	100	100	Target for FY 2023/24,2024/25 and 2025/26 met. Review for all forensic patients referred for the service by court orders was achieved due to PSC hiring additional psychiatrists, and duty scheduling for consultant psychiatrists to offer this service was done
			Percentage of psychiatric medical drugs acquired	100	75	80	84	77	71	The target was achieved for FY 2024/25 due to the hospital's effective sourcing of essential drug supplies. However, FY 2023/24 & 2025/26 target not attained due to inadequate stocking of psychotropics by KEMSA
			Percentage of patients re-integrated into the community	90	95	80	70	73	75	Target not achieved for FY 2023/24,2024/25 and 2025/26 due to limited funding to facilitate the reintegration process.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										This resulted in a backlog of patients who are ready for discharge but still occupy ward space.
			Number of MNTRH Health Practitioners trained in sub specialty	10	3	3	2	0	1	Target not achieved for FY 2023/24,2024/25 and 2025/26. This is attributed to inadequate funding from the government.
			Number of new research conducted on mental health and disseminated	2	3	4	3	3	0	Target achieved for FY 2024/25 and surpassed in FY 2023/24 due to enhanced budgetary allocation. In FY 2025/2026 target not achieved due to lack of funds to support research
			Number of mental health outreaches conducted	6	35	40	30	59	40	Target achieved in FY 2025/26. In FY 2023/24 and 2024/25, the targets were surpassed due to increased sensitization campaigns and partnerships with institutions of higher learning and mental health advocacy groups.
			Percentage of completion of the Renovation/Equipping Buildings-Mathari Teaching & Referral Hospital	-	60	60	-	30	70	Target not Achieved for FY 2024/25 since The Hospital's Development Vote was subjected to severe budget cuts, and the exchequer was not realized. Target was surpassed in FY 2025/26 due to availability and timely release of funds

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of patients accessing integrated outpatient, rehabilitative, and diagnostic services	-	66,000	66,214	-	63,061	61,866	In FY 2024/25 and 2025/26 target not met due to reduced numbers
	Spinal Injury Hospital	Specialized spine services	Out-patient spine services utilization rate	1.2	1.5	2	1.2	2	2.5	Target was surpassed in FY 2024/25 and FY 2025/26. This is attributed to more awareness created by the hospital and hence more patients requiring spine services and the Spine Camp which was held within the reporting period. In FY 2023/24, the target was also achieved.
			ALOS for spine patients (days)	83	83	83	83	81	82	Target achieved in 2023/24 and surpassed in subsequent years due to interventions by the management to ensure that optimal rehabilitative care is offered to clients in an optimum amount of time.
			Average waiting time for spine services(days)	205	210	100	150	110	102	Target surpassed in 2023/24 & 2024/25 as the hospital has optimized its rehabilitative care plans. Target not met in FY 2025/26 due to operational inefficiency
			Proportion of patients re-integrated into community	30	60	80	90	95	98	Target surpassed over the reporting period. This was due to the optimized rehabilitative care plan that saw

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										patients discharged in a timely manner.
SP 1.2. Health Infrastructure and Equipment	Health Infrastructure Management	Hearth Infrastructure Management Services	Number of Public facilities supported with Health infrastructure (MES program)	80	50	33	118	121	239	In FY 2023/24, the target surpassed. On the MES project, the target was surpassed since MOH was able to negotiate with contractors on the closure of contracts and pending bills In FY 2024/25, the MES project was replaced by NESP
			Percentage of identified Maternal and new born units upgraded in 20 sites	30	50	100	50	70	85	Target achieved in FY 2023/24 and 2024/25. Target not achieved in FY 2025/26 due to delay in exchequer release and shipment of equipment from Finland which was affected by the Ukraine war. As of the end of the reporting period, 17 maternal and new born units have been upgraded representing 85% achievement.
			Percentage Completion and equipping of East Africa center of excellence in biomedical and tertiary education	50	75	100	50	80	100	Target surpassed in FY 2024/25 due to co-financing with ADB.
			Completion of Kisii cancer center in Kisii county	-	20	100	-	15	20	Target not achieved due to delayed approvals from the contractors resulting in late signing of specialized contracts for Plumbing, Heating,

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										Ventilation and Air Conditioning (HVAC), and Lifts.
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	-	100	50	-	30	60	Target in FY 2024/25 not achieved due to inadequate resources. Target surpassed in FY 2025/26 due to increased resource allocation
			HPT Supply Chain Strategy Completed	-	-	60	-	-	50	Target not met due to inadequate funding. The end-term evaluation has been completed and a draft report prepared.
			Pharmacy benefit package developed	-	-	100	-	-	80	Target not met due to inadequate funding. A draft package was developed and a report done. This should be forwarded to the Benefit Panel for rationalization and stakeholder engagements in order to finalize and launch.
			Proportion HPT portal for donation developed.	-	50	50	-	30	0	Target not met due to inadequate funding. The development of an online donation's portal is at the tail end.
			Percentage dissemination of Local manufacturing strategy/roadmap	-	-	100	-	-	100	Target met. The strategy was launched on 23rd June 2026 at an event with key stakeholders and additionally disseminated at the Pharmaceutical Society of Kenya Annual conference 2026.
			No. of Bilateral engagement	-	5	5	-	5	22	In FY 2024/25, the target was achieved.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			meetings on market shaping							Target was over-achieved in FY 2025/26 due to donor support and collaboration
		Technical assistance and capacity building to counties	Proportion of functional County Health Products and Technologies Units	-	100	100	-	98	100	Target achieved in FY 2025/26. All Counties have functional HPTUs. The roll out of the HPT scorecard enabled self-assessment on the functionality of HPT Units. Plans are underway to host the web based platform at MOH. Target not achieved in 2024/25. Only one County had no functional HPTs unit
			Number of staff capacity built on HPT supply chain management	200	200	200	217	128	57	Target surpassed during FY 2023/24 due to enhanced donor support. The FY 2024/25 and 2025/26 performance dropped due to resource constraints occasioned by exit of USAID.
	Pharmacy Services	Quality Health Products and Technologies services	Number of functional County Medicines Therapeutics Committees	-	4	20	-	17	30	Target over achieved in FY 2024/25 and 2025/26 due to self-assessment by Counties using the HPT scorecard which has enabled effective monitoring of this indicator.
			Number of JSS counties – led supportive supervision done	-	1	1	-	1	1	Target met. JSS supported in Cluster counties under GF RSSH conducted annually.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Quantification of HPT in 47 Counties	-	-	23	-	-	13	Target not met. 13 Counties supported in FY2025/26 were supported by various partners.
		Increased availability of Health Products and Technology	Percentage of health facilities with essential tracer medicines (>3 months of stock)	-	50	55	-	40.4	51	Target not met during the reporting period due to Limited budgetary allocation by counties and debt owed to KEMSA by Counties and MOH constraint procurement of sufficient HPT.
			Percentage of health facilities with essential tracer diagnostics	-	50	55	-	34.7	39	Target not met during the reporting period .A national annual average availability of tracer diagnostics of 39% is unacceptably low. 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 medical supplies	-	50	55	-	54.7	55	Target achieved in FY 2025/26 and surpassed in FY 2024/25 due to increased resource allocation.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
	Division of traditional and alternative medicine	traditional and alternative medicine services	Percent completion of the Traditional & Alternative Medicine Policy guideline	-	100	100	-	70	80	Target not met due to resource limitations. Internal and external validation done. Awaiting public participation.
			Percent completion of the Traditional and alternative medicine Bill	40	100	100	50	50	50	Target surpassed in FY 2023/24 due to increased donor support. Target not met in subsequent years due to resource limitations.
	Kenya Medical Supplies Authority	Medical Supply Services	Percentage of order fill rate for HPTs	90	90	90	62	55	86	Target not achieved throughout the entire reporting period 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	20.1	24.2	22.7	Target not met throughout the MTEF period. KEMSA has embarked on the business reengineering journey premised on the principles of KAIZEN (Continuous improvement) to improve the Order turnaround time. Target not met over the reporting period due to stock-out of essential HPTs
			Order turnaround time(days) Hospitals	7	7	7	16.9	19.5	17.8	
			Percentage of last mile deliveries	100	100	100	97.9	98.9	99.7	Target was not met in the entire MTEF period. At the time of this report

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			made to health facilities							there were facilities orders still in transit which account for 1% of the overall orders.
			Percentage completion rate (phase I – construction)	90	90	100	85	87	90	Target not achieved. During the FY 2023/24 and FY 2024/25 approved GoK budget allocation was KES. 155M and KES. 50M respectively. However, there were no disbursements in either of the FYs. This led to delayed implementation of the project. Further, in 2025/26 there was no sufficient funding for the completion of the project.
			Percentage (%) of completion of operationalization(p hase II)	64,27	80	80	6	23	23	Target not met. This was due to late disbursement of the Project development funds. Late approval of the development budget FY2024/25 (Supplementary 3) of Kshs. 600M led to lack of timely implementation of the project at the time. In 2025/26 there was insufficient budget allocation.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Percentage (%) of completion of Mombasa Regional Distribution Centre	50	80	80	1.4	25.5	25.5	Target not achieved. Late GIMIS approval (29th May 2025) of the development budget (AIA- KSh.29.660M) for FY2024/25 added to further delay in project implementation. In FY 2025/26, the underperformance was due to delay by the consultant.
SP 1.4 National Blood Transfusion Service, Tissue and Human Organ Transplant	Division of National Blood Transfusion Service	Adequate, quality and safe blood provided	Number of whole blood and blood components	400,000	400,000	400,000	412,868	449,689	458,689	Target was surpassed over the reporting period due to enhanced partner support.
			Proportion (%) of whole blood units collected and converted to safe blood components for transfusion	60	70	85	65	82	87	The target was surpassed in FY 2023/24, 2024/25 and 2025/26 due to the increased number of blood establishments with the capacity to prepare blood components as a result of the provision of blood component preparation equipment.
			Proportion (%) of blood components collected and screened for HIV, HBV, HCV and Syphilis	100	100	100	100	100	100	The target was achieved throughout the reporting period due to the hub and spoke model organization of blood transfusion services in Kenya. The service has also established an additional RBTC to serve north eastern Kenya.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of regional blood transfusion centres established	-	-	6	-	-	1	Target not achieved due to financial constraints. In Q4 of FY 2025/26, Garissa Satellite was upgraded to an RBTC.
			Number of blood banking equipment for 42 Satellite blood centres acquired	-	-	21	-	-	1	Target not achieved due to budget constraints.
			KBTTs quality management accreditation status maintained	-	-	1	-	-	6	Target surpassed. The 6 RBTCs were assessed and ISO 15189 accreditation maintained.
			Number of blood establishments and Transfusing Facilities requested and issued with blood through the Damu-KE system for accountability and Traceability of blood and blood products	200	200	250	80	100	160	Target not Achieved over the reporting period due to inadequacy of ICT equipment and Internet connectivity to some blood banks and transfusing health facilities.
	Division of Transplant Services		Completion status (%) of Transplant Standards and Guidelines	30	30	90	15	20	50	Target not achieved in the entire reporting period because no resources were allocated. Implementation is estimated at 50% (Draft standards and guidelines were developed with support from WHO).
			Percentage completion status of the National Transplant Registry (Concept note and TORS-10%, Hire consulatant-40%,	-	-	100	-	-	0	Target not achieved due to lack of funds

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Develop registry - 50%)							
			Number of Tissue and Organ Transplant centres mapped	5	5	5	0	23	23	Target surpassed in FY 2024/25 & 2025/26 due to availability of funding 2 and proposed to be retired. However, the Target was not achieved in FY 2023/24 due to lack of budgetary allocations
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)	50	42	26	30.	31.8	31.0	Target achieved in FY 2023/24 and FY 2024/25 attributed to the ongoing implementation of adolescent-focused interventions, including the Triple Threat Campaign, adolescent- and youth-friendly services. The target was not achieved in FY 2025/26, highlighting persistent prevention gaps and the need for sustained and targeted investment
			Number of condoms distributed in non-health settings	6,600,000	6,692,400	11,591,560	4,542,355	7,135,484	2,421,074	The FY 2024/25 target was exceeded, due to distribution efforts in non-health facilities including other ministries and departments, while performance in FY 2023/24 and FY 2025/26 remained below target. The decline in FY 2025/26 was associated

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										with the implementation of the Kenya Comprehensive Condom Strategy 2025–2030, which devolved ordering and distribution responsibilities to county governments and affected reporting through national systems.
			Mother to child transmission Rate (MTCT)	8.30	7.20	<5	7.30	9.30	8	Target achieved in FY 2023/24 due to enhanced technical assistance, implementation of the Adopt-a-County initiative, and continuous quality improvement interventions across high-burden counties. In FY 2024/25-25/26, the targets were not achieved due to delayed ANC attendance, missed opportunities for early infant diagnosis, and retention gaps along the PMTCT cascade.
			Proportion of counties visualizing real time HIV and Health Dashboards through Situation Room for decision making	60	67	10	100	100	100	Target achieved over the reporting period due to development of an integrated dashboard incorporating triple threat and other syndemic diseases which has ensured data is available to stakeholders for informed decision-making
			Proportion of implementing	65	72	73	58	69	82	In FY 2023/24 and 2024/25 target was not

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			partners reporting on HIV management and prevention interventions							achieved due to the fact that the system was new, having been rolled out in 2024 Performance in FY 25/26 exceeded the annual target due to continued investments in partner capacity building, system strengthening, and digital reporting.
			Proportion of counties implementing Human-centered Design - Community driven HIV interventions	-	43	-	-	94	-	Target surpassed in FY 24/25 through implementation of Human-Centred Design approaches in 44 counties (94%).
			Proportion of People Who Inject Drugs (PWID) reached with HIV Prevention Information	-	-	59	-	-	51	Target for FY 2025/26 not achieved due to constrained resources affecting the scale and frequency of peer-led outreach, community mobilization and prevention service delivery.
	NAS COP	HIV Prevention and Management Services	Proportion of Adolescents and Young People (AYP) living with HIV identified	-	-	22.4	-	-	19.31	In FY 2025/26, the target was not met due to funding cuts, which reduced outreach frequency and limited engagement with priority populations.
			Number of individuals from all high-risk populations who received any PrEP product	-	-	104,012	-	-	174,293	Target surpassed in FY 2025/26 due to strong demand and effective distribution,

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Proportion of HIV-positive pregnant women on ART	-	-	80.4	-	-	92.7	Target for FY 2025/26 not met due to retention gaps and stockouts of ART commodities at some facilities.
			Proportion of HIV-exposed infants (HEI) who received their first HIV test ≤2 months of age	-	-	57	-	-	71	Target for FY 2025/26 surpassed due to intensified early infant diagnosis campaigns.
			Proportion of HIV-exposed infants who are HIV-positive at 18 months (<5% target)	-	-	7.3	-	-	8	Target not achieved in FY 2025/26 due to intensified PMTCT interventions.
			Proportion of PLHIV (People Living with HIV) currently on ART (all ages)	-	-	98.5	-	-	91	Target not achieved in FY 2025/26 due to the transition to the new Social Health Authority system and intermittent ARV stockouts,
			Proportion of HIV-positive children <15 years currently on ART	-	-	66	-	-	54.5	Target not achieved in FY 2025/26 due to low index testing yield among adult PLHIV and weak community case finding for children.
			Proportion of PLHIV on ART with viral load <200 copies/ml	-	-	95	-	-	87	Target not achieved in FY 2025/26 due to reduced viral load monitoring and gaps in ARV supply.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Proportion of HIV-positive children <15 years with viral load <200 copies/ml	-	-	64	-	64	49.7	Target for FY 2025/26 not met due to limited availability of child friendly formulations, and inadequate adherence counselling for caregivers.
SP 2.2 Non-Communicable diseases prevention and control	National Cancer Institute of Kenya	Cancer Prevention and Control Services	Number of public Awareness Campaigns Conducted on Cancers, modifiable risk factors, HPV vaccination	-	30	35	-	25	18	Target not achieved for FY 2024/25 and 2025/26 due to budgetary constraints.
			Number of cancer research conducted (intramural and Extramural)	-	15	20	-	15	15	Target for FY 2024/25 achieved. In FY 2025/26, target not achieved due to budgetary constraints.
			Number of cancer policy briefs from Cancer data and Research Generated.	2	4	5	0	5	3	In FY 2023/24 & FY 2025/26 target not achieved due to budgetary constraints. Target for FY 2024/25 surpassed due to availability of resources
			Number of periodic trainings of healthcare workers on cancer care conducted (screening and early Detection)	-	-	12	-	-	17	Target surpassed for FY 2025/26 due to partner support.
			Number of multi-sectoral response and coordination in cancer prevention	-	-	30	-	-	51	Target surpassed due to robust effort which was put in place to engage more partners during the Second National Cancer Summit.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of Regional cancers centers established	5	2	1	0	2	0	Target not achieved in FY 2023/24 and 2025/26 due to budgetary constraints.
			Number of cancer registry hubs established	10	12	12	5	12	12	Target not achieved in FY 2023/24 due to budgetary constraints to establish more Cancer Registry hubs. Target achieved in FY 2024/25 and 2025/26
			Number of people reached with cancer Prevention & Control messages (Millions)	30	25	25	21	24	24	Target not achieved during the reporting period due to budgetary constraints.
			Number of MDAs trained to implement workplace cancer prevention and control programs	44	39	34	47	12	42	Target surpassed in FY 2023/24 and 2025/26 due to increased MDAs Trainings. Target not achieved in FY 2024/25 due to budgetary constraints.
			Proportion of counties with county specific cancer control frameworks	55	100	100	64	64	100	Target surpassed in FY 2023/24 due to technical support given to counties to develop County specific cancer controls frameworks. FY 2025/26 target achieved. Target not achieved in FY 2024/25 due to understaffing.
			Number of counties with comprehensive Cervical cancer elimination campaigns implemented	-	4	7	-	5	6	Target not achieved in FY 2025/26 due to budgetary constraints for technical support. Target surpassed in 2024/25 due to enhanced budgetary allocation

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Proportion of cancer treatment facilities that have met the minimum standards of care	-	29	77	-	57	78	Target surpassed due to enhanced budgetary allocations. Facilities invested more to be onboarded on SHA for Oncology packages.
			Number of Officers recruited to support cancer prevention and control operations and operationalize the regional offices	75	75	20	28	12	10	Target not achieved during the reporting period due to budgetary constraints.
	Division of Mental Health	Mental Health Services	Number of counties supported to develop mental health action plans	4	4	2	2	2	1	Target not achieved for the years because of the budgetary constraints.
	Kenya Board of Mental Health	Kenya Board of Mental Health services	Number of mental health units inspected against WHO Quality Rights standards	5	6	6	5	5	0	Target not met in the FY 2025/26 and FY 2024/25 due to budgetary constraints.
	Non-Communicable Diseases (NCD) Prevention and Control Unit	NCD prevention and control services	Number of diabetes patients receiving treatment	226,310	250,000	295,000	179,028	267,605	240,518	FY 2023/24 target not achieved due to slow uptake of registers. FY 2024/25 target surpassed as many facilities had been trained and started reporting. Target for FY 2025/26 not met due to poor reporting rates as a result of transition to digital health.
	Violence and Injuries Prevention and Control Division	Trauma registry established	Percentage completion of Trauma registry	100	75	50	0	25	25	Target not achieved during the reporting period. The work on the registry has been slow due to lack of allocation from MOH.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
SP 2.3 Reproductive Maternal Neonatal Child and Adolescent Health	Department of Family Health	Family Planning Services	Proportion of Women of reproductive age receiving FP commodities	55	55	50	74	29.3	38.46	Target for FY 2023/24 surpassed due to improved commodity distribution, demand creation, and effective outreach programs. Target for FY 2024/25 not met due to stockouts, weak supply chain management, and FY 2025/26 not met as a result of persistent commodity gaps and limited-service uptake in some Counties
		Maternal Neonatal and Child Health Services	Proportion of pregnant women attending at least 4 ANC visits	57	67	65	54	49	48.24	Target for reporting period not met due to service access challenges with transition to SHA while the population was not yet well sensitised on the existing benefits for ANC within the PHC fund. Challenges also exist due to systemic barriers in continuity of care and stock out of diagnostics for ANC profile
			Proportion of women receiving post-natal care within 2-3 days of delivery	50	60	70	67	67	68.31	Target for FY 2023/24 and FY 2024/25 surpassed due to strong facility-based follow-up and community health worker engagement and improved awareness and outreach. Target for FY2025/26 not achieved due to weak tracking of post-discharge follow-up

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Proportion of mothers delivered by Skilled Birth Attendant	80	89	80	73	69	67.55	Target not achieved over the reporting period due to workforce shortages, infrastructure gaps, and cultural preference for home deliveries.
			Facility based maternal mortality rate per 100,000 deliveries	100	97	90	88	90	94.01	Target for FY 2023/24 and FY 2024/25 improved due to strengthened emergency obstetric care and improvements in facility response capacity . Target for FY 2025/26 not met due to quality-of-care gaps, delayed referrals, and resource constraints
			Under five mortality rate per 1,000 live births	52	25	35	42	41	41	Target for FY 2023/24 surpassed due to expanded immunization and child health interventions . Target for FY 2024/25 and FY 2025/26 not met due to Stagnation, reflecting persistent gaps in neonatal survival and community-level interventions.
			Proportion of children under age 5 developmental milestones on track in health, learning, and psychosocial wellbeing.	70	100	80	79	78	78	Target Surpassed in FY 2023/24 due to strong early childhood programs and caregiver engagement . Target for FY 2024/25 and FY 2025/26 not met due to workforce shortages, infrastructure gaps, and cultural preference for home deliveries.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
SP 2.4 Immunization Management	Division of National Vaccines and Immunization program	Vaccines and Immunization Services	Proportion of fully immunized children under 1 year (Proxy Penta 3)	86	82	82	84.7	80	78	Target for FY 2023/24 and FY 2024/25 not met due to delayed procurement process and cultural issues. Target for FY 2025/26 not met as a result of transitioning in reporting from KHIS into Taifa care.
			Proportion of Health Facilities with Functional Cold Chain Equipment	94	92	94	92	93	93	Target for FY 2023/24 and FY 2025/26 not met due to removal of obsolete equipment. Target surpassed due to procurement of additional equipments
			Proportion of fully immunized adults with Covid19 vaccine	100	70	50	34	40	-	Target not met in the reporting period due to community resistance
		Community health services	Number of counties implementing community scorecard	10	12	-	8	0	-	Target moved to the State Department for Public Health and Professional Standards
			Number of CHVs equipped with kits	-	50,000	-	-	0	-	Target moved to the State Department for Public Health and Professional Standards
			Number of counties using e-CHIS to report	5	43	-	7	0	-	Target moved to the State Department for Public Health and Professional Standards
SP 2.5 Curative Services	Forensic and Pathology services	Forensic services for administration of justice	Proportion of Clinical and forensic autopsies performed	100	100	100	100	100	100	Target achieved. All clinical Autopsies requested during this period were done (352) Reduced volume because there was no mass disaster

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Proportion of Expert opinions given	100	100	100	100	100	100	Target achieved. All expert opinion requested during this period were given.
			Proportion of exhumations performed for medical forensics	100	100	100	100	100	100	Target achieved. All (22) exhumations requested during this period by the courts were executed
			Proportion of Criminal related death scenes viewed.	100	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 Histo-cytopathology examination for cancer diagnosis carried out	45	80	80	60	80	80	Target in FY 2023/24 was surpassed due to increased diagnostic demand. FY 2024/25 and FY 2025/26 target achieved.
			Proportion of scientific interpretations of pathology results for clinical decisions	45	10	20	100	20	20	Target in FY 2023/24 and FY 2024/25 was surpassed due to increased budgetary allocation. Target in FY 2025/26 was achieved
	Orthopedics and Trauma Unit	Orthopedics and Trauma services	National Orthopedic and Trauma career progression guidelines	-	-	1	-	-	1	Target for FY 2025/26 was met and career progression for ortho-trauma personnel has been developed and awaiting the approval from PSC
	Clinical Services	Clinical Services	Proportion of Afya House clinic service areas equipped and functional	-	80	80	-	0	80	Target for FY 2024/25 not met due non allocation of funds, however, target for FY 25/26 was met

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			National Clinical Guidelines on management and testing of Allergic conditions developed	-	1	1	-	0	1	Target for FY 2024/25 was not met since the guideline was at draft form. Target for FY 2025/26 was met.
			Safe Surgical Guidelines developed	-	1	1	-	0	0	Target for FY 2024/25 and FY 2025/26 not met due non allocation of funds
			National Surgical Strategic Plan developed	-	1	1	-	0	1	Target for FY 2024/25 not met since the strategic plan was underdevelopment. Target for FY 2025/26 was met.
	Radiology & Medical Diagnostic Services	Radiology & Medical Diagnostic Services	Operationalization of Radiographers act	30	60	100	30	60	100	Target achieved
			National Health Personnel Radiation Monitoring and Imaging Policy developed and operationalized	-	-	1	-	-	0	Target for FY 2025/26 not met due to non-allocation of fund
	Rehabilitative Services	Rehabilitative services	Number of counties sensitized on the Disability Medical Assessment and Categorization Guidelines (DMACG).	-	22	11	-	13	7	Targets in FY 2024/25 and FY 2025/26 not met due to budgetary constrains
			Rehabilitative services policy developed	-	-	1	-	-	0	Target in FY 2025/26 not met due to non-allocation of funds
			End term Rehabilitation Services Strategy 2022-2026 reviewed	-	-	1	-	-	0	Target for FY 2025/26 not met due to non-allocation of funds

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
	Oral health services	Dental amalgam phase down	National plan developed for amalgam phase down	1	1	1	1	1	1	Target achieved.
	Nursing services	Critical care services	Number of nurses sponsored for critical care services training	200	350	150	150	150	150	Target in FY 2023/24 and FY 2024/25 not achieved due to lack of resources.
	Ophthalmic Services	Expanding specialized eye care services	Number of New Diabetic eye care centers established in 10 facilities	3	9	9	1	0	9	Target Achieved in FY 2025/26. Target not achieved in FY 2023/24 and FY 2024/25 due to financial constraints
			Number of Centers offering Refractive Low Vision Services	5	15	9	5	9	10	Target not achieved in FY 2024/25 due to financial constraints. Target surpassed in FY 2025/26 due to increased allocation
		Eye health infrastructure upgraded	Number of eye Health Facilities Rehabilitated in National facilities	2	5	0	2	5	8	Target surpassed in FY 2025/26 due to increased financial allocation. Target for FY 2023/24 and FY 2024/25 achieved.
	Division of National Referral	National Referral Services Policy and Guidelines	National referral services policy developed	1	-	1	0	-	1	Target for FY 2023/24 and not achieved due to budgetary constraint. Target for FY 2025/26 achieved
			National referral strategy developed	1	-	1	0	-	0	Target for FY 2023/24 and FY 2025/26 not met due to non-allocation of funds
			Medical tourism policy developed	1	-	1	0	-	0	Target for FY 2023/24 and FY 2025/26 not met due to non-allocation of funds

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
	Healthy Aging and Palliative care	Healthy aging palliative care guideline	healthy aging strategy 2021 to 2025 reviewed	-	1	1	-	0	1	Target for FY 2024/25 not met due to lack of allocation. Target for FY 2025/26 achieved
			Healthy aging Strategy developed	-	-	1	-	-	0	Target for FY 2025/26 not met due to lack of funds
			Palliative care strategic plan developed	-	-	1	-	-	0	Target for FY 2025/26 not met due to lack of funds
Programmed 3: Health Research and Innovations										
Programme Outcome: Increased Health Research and Innovations										
SP:3.1 Health Innovations	Digital Health Programme	Integrated Health Information System Management Services	Number of national health registries	-	-	3	-	-	6	Target surpassed for FY 2025/26 due to increased allocation. client, healthcare worker registry and health facility registry were achieved within the period
			Proportion of level 4,5, &6 public health facilities implementing the digital health platform	-	-	20	-	-	0	This target was tracked under DHA
			Proportion of public health facilities with an integrated health information system	-	-	30	-	-	30	Target achieved
			Number of Data Quality Assessments conducted	-	-	1	-	-	0	Target not achieved because this function was transferred to DHA
			Number of Data Protection Impact Assessments on Integrated Health Information Systems conducted	-	-	1	-	-	6	The targets were surpassed for the FY 2025/26 due to the need to mitigate data privacy risks and data protection

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of Integrated Health Information Systems' Maturity Assessments conducted	-	-	1	-	-	0	Target not achieved because Taifa care is a newly implemented information system that currently does not require maturity assessment
	Digital Health Agency	Digital Health Innovations Services	Percentage of L2 - 4 Health Facilities digitalized through Taifa Care HMIS initiative	-	4	50	-	17.70	82.30	Target was surpassed in all the reporting period because of rapid facility digitization and activation in all the 47 counties. The Agency began the digitization process in the FY 2024/25 where a total of 1,094 Facilities out of the total of 6,171 had gone live. This represented a percentage coverage of 17.72. In the FY 2025/26 the Agency had touched ground in all the 47 counties. Out of all the total government facilities of 6,171, a total of 5,077 had gone live representing 82.3 percent.
			Percentage of Level 5 and 6 Health Facilities digitalized through Taifa Care HMIS initiative	-	-	20	-	-	3	Target not achieved because digitalization pilot roll out of L5/6 HMIS (Afya Apex) began at Kenyatta National Hospital towards the end of the FY 2025/26 and based on its success it is now being cascaded to other L5 & 6 health facilities.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of end user devices dispatched to health facilities for digital health transformation	-	1500	40,000	-	14,655	27154	The Target in FY 2024/25 was achieved since the digitization process was being launched in the counties and rapid activation process being done. Target not achieved in the FY 2025/26. The distribution plan for the devices was done on time but the actual procurement of the devices took longer than expected and this affected the overall target. The distribution plan will be attained in the next financial year.
			Percentage of surveyed Level 4,5, and 6 health facilities where LAN has been deployed	-	80	25	-	91.8	0	Target in the FY 2024/25 was achieved but was not in the FY 2025/26. The total surveyed facilities in the FY 2024/25 were 394 out of the total 429 that were targeted representing 91.8%. However there were 14 extra facilities that ranged between level 2-4 and those that belonged to the Military Facilities. The planned survey for the remaining facilities was undertaken in the FY 2025/26
			Number of Dashboards and Analytics to	-	3	3	-	20	80	Target Achieved over the reporting period due to the onboarding of 88 project staff by the

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Promote Data Use Developed							Safaricom Consortium that resulted in more work being done
			Number of end-users reached through capacity building & technical assistance initiatives on digital health transformation undertaken	-	4,763	10,000	-	12,697	4,896	Target was achieved in FY 2024/25 because the roll out of Taifacare was being started and the relevant trainings on system use was mandatory. System administration training covering both County Trainers of Trainers (ToTs) and end users had been conducted in 40 counties. In the FY 2025/26 the target was not achieved because of financial challenges. A total of 17,593 End-users had been trained on Tiberbu HMIS. Target not achieved in FY2025/26
			Number of Health Information Exchange (HIE) registries developed and maintained	-	6	6	-	6	6	Target achieved. All six registry are at different levels of implementation: Client Registry, Health Facility Registry, Health Worker registry, Terminology services, Shared Health Records and Interoperability Layer.
			Number of key personnel recruited	-	-	17	-	-	14	Target not achieved because the recruitment process began towards the end of the FY.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
		Certification of digital solutions	Number of digital health solutions certified	-	-	10	-	-	1	Target not achieved because out of 63 applied, 1 system was certified. The certification framework was approved towards the end of the FY
	Kenya Biovax Institute	Human vaccine Fill and Finish facility established	Percentage completion rate of human vaccine fill-and-finish facility Phase 1A (Engineering and Enabling works)	60	100	100	17	90	96	Target not met over the reporting period due to inadequate finances.
			Percentage completion rate of human vaccine fill-and-finish facility Phase 1B (GMP consultancy, civil works, clean rooms, production lines & QC Labs	-	-	40	-	-	25	Target not met due to insufficient funds
			Number of signed advance purchase agreements	-	-	1	-	-	1	Target Achieved: APA negotiated and approved by MoH; Submitted to the Office of the attorney general for concurrence. To be executed in the FY 2026/27.
			Number of technology transfers agreements	1	1	1	0	0	1	Target not met for FY 2023/24 & FY 2024/25 due to insufficient funds. Target met; In FY 2025/2026, a Technology Transfer Agreement was signed with WHO Medicines Patent Pool (MPP)
			Number of personnel trained in	20	10	10	20	30	19	Target achieved for FY 2023/24. Target for

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			biomanufacturing processes							subsequent years surpassed due to increased budgetary allocation
			Number of partnerships and collaborations	4	3	3	1	1	5	Targets surpassed For FY 2025/26 due to improved coordination. Target not achieved for FY 2023/24 and FY 2024/25 due to inefficiencies
SP 3.2 Medical Research	Kenya Medical Research Institute	Human Health Research services	Number of New research proposals approved	196	178	198	212	180	157	The over-achievement in FY2023/24 and FY2024/25 was due to increased protocol development and improved efficiency in Scientific and Ethics regulatory processes. The decline in FY2025/26 was attributed to reduced Exchequer funding which impacted innovation, research development and protocol submissions.
			Number of ongoing Research Projects	550	531	500	550	606	516	The over-achievement in FY 2023/24, FY 2024/25 and FY 2025/26 was due to increased external research funding, strengthened collaborations, and the continuation of multi-year research projects.
			Number of research Papers published	522	535	550	537	431	665	Target for FY 2023/24 & FY 2025/26 was due to strengthened collaborations and improved dissemination of research findings

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										through peer-reviewed publications. Target for FY 2024/25 not achieved due to insufficient funds
			Number of research Abstracts presented	210	280	200	274	249	280	Target For FY 2023/24 surpassed due to increased participation in local, regional, and international scientific conferences. Target for FY 2024/25 & FY 2025/26 not met due to insufficient funds.
			Number of Scientific & Health Conferences held	3	3	2	4	4	8	The over-achievement was attributed to enhanced strategic partnership, collaborations and increased research knowledge enabling the Institute to organize national, regional, and international scientific and health conferences that were initially planned.
			Number of policy/ Evidence briefs developed	17	8	6	8	14	9	The over-achievement in FY 2024/25 and FY 2025/26 was attributed to strengthened linkage to policy makers and support for research translation into policy and evidence briefs. The under-achievement in FY 2023/24 was due reduced external research funding to enable evidence analysis and policy engagement.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of Students enrolled MSc & PhDs	105	118	115	115	136	138	Target surpassed over the reporting period due to the increased scope of courses offered, enhanced student support and visibility
			Number of Diagnostic kits produced	180,487	220,460	145,500	200,459	113,188	34,721	Target surpassed for FY 2023/24 due to increased budgetary allocation. Target not met in FY 2024/25 & FY 2025/26 due to reduced funding for commodity supply
			Number of Specialized laboratory tests conducted	650,001	971,376	1,100,000	843,552	1,464,622	433,309	The over-achievement in FY 2023/24 & FY 2024/25 was driven by increased demand for specialized laboratory services and strengthened partnerships. The under-achievement in FY 2025/26 was mainly attributed to reduced funding, shortages of laboratory reagents and supplies, and inadequate staffing resulting from retirements that were not replaced.
			Number of Innovation incubated	-	-	1	-	-	3	Target surpassed in FY 2025/26 due to strengthened innovation support mechanisms that enhanced the development of innovations.
			Number of clinical trials/ product evaluations undertaken	-	-	60	-	-	92	Target surpassed in FY 2025/26 due to strengthened collaborations with local

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										and international partners, and enhanced capacity to conduct clinical trials and product evaluations.
			Number of commercializable Innovations Advanced to Prototype	-	1	1	-	0	0	Target was not achieved in FY2024/25 and FY 2025/26 due to lack of budgetary allocation
			Number of PhD's Students graduated	-	-	9	-	-	7	Target not achieved. The underachievement was attributed to delays in completion of research project, thesis examination and approval processes.
			Number of Masters Students graduated	-	-	13	-	-	15	The over-achievement in FY 2025/26 was attributed to improved supervision, timely completion of research and thesis examination, and enhanced academic support, enabling more students to meet the graduation requirements within the financial year.
			Number of partnerships and collaborations	86	86	86	86	86	86	The target was achieved across the three financial years through the sustained engagement of the Institute's existing strategic partnerships and collaborations.
			Number of New MOUs signed	-	-	3	-	-	4	The over-achievement in FY 2025/26 was driven by strengthened strategic collaborations, and increased opportunities for

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										partnerships in research, training, and innovation.
			Completion rate	100	100	100	50	50	100	The under-achievement in FY 2023/24 and FY 2024/25 was attributed to delays in the disbursement of exchequer funding, which affected the timely implementation of project activities. The FY 2025/26 target was achieved following the timely implementation of planned activities.
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	5	2	Target for FY 2025/26 not achieved due to insufficient budget to facilitate drafting and review of policies.
			Proportion of complaints addressed within 21 days from lodge	-	-	100	-	-	70	Target for FY 2025/26 not achieved due to insufficient budget to investigate and address public complaints and also lack of a functional public complaints committee due to transfer of committee staff
			Client satisfaction index	-	-	80	-	-	40	Target for FY 2025/26 not achieved due to lack of proper communication channels between the State Department and clients

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
	ICT Services	ICT networking and equipment provided	Ratio of staff to functional computers/laptops	03:01	3.01	02:01	3:01	3.01	02:01	Target achieved
			Proportion of institutions with functional LAN and WAN	-	-	50	-	-	20	The target for FY 2025/26 not achieved due to zero budget allocation.
	Human Resource Management & Development division	Capacity building of health care workers	Number of health care workers recruited	-	-	146	-	-	0	Target for FY 2025/26 not met due to lack of budget allocation
			Percentage of in-post employees trained	15	10	15	25.2	61	40.2	Target surpassed across the reporting period due to prioritization of mandatory courses for promotional purposes
		Operational efficiency in state corporations under Ministry of Health	Percentage of state corporations Organization structures reviewed.	-	-	100	-	-	58	Target not achieved in FY 2025/26. The State Department in conjunction with PSC initiated an Rapid Results Initiative (RRI) exercise to fast track the review of State Corporation's organization structures
	Technical Services Unit	Kenya Health Sector directors caucus operationalized	Proportion recommendations implemented	-	-	100	-	-	100	Target achieved as set
		Regional and International health governance forums facilitated	Proportion of Resolution implemented	-	-	100	-	-	100	Target achieved as set
		Health statistics published	Number of publications on Medically Certified	-	-	2	-	-	10	Target Surpassed as a result of using off budget partnerships

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Cause of Death (MCCoD) statistics							during the emergency periods
			Publish annual health statistics	-	-	1	-	-	1	Target achieved
SP4.2: Financing ,planning, Monitoring and Evaluation	Finance division	Finance Services	PPR, PBB & Sub-Sector Report prepared and submitted	1	1	1	1	1	1	Target achieved.
			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	Target not achieved during the report period due to financial constraints.
			Number of reports for capital projects monitored for progress	2	4	4	0	0	0	Target not achieved during the reporting period 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	47	0	30	0	Target not met over the reporting period due to financial constraints
			Number of SAGAs and regulatory bodies sensitized on planning, budgeting and M & E	-	15	15	-	0	0	Target not achieved. No SAGA was trained on planning and budgeting due to financial limitation
	Monitoring and Evaluation	Universal Health Coverage Index	Universal Health Coverage Index	100	80	85	79	-	-	This indicator is being tracked under the State Department for Public Health and Professional Standards from the reporting period.
			UHC service coverage index	100	90	90	87	-	-	
			UHC service access index	100	80	85	83	-	-	
			UHC quality index	100	65	70	60	-	-	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
		Increased capacity in data analytics	Number of Counties trained on data analytics	-	23	23	-	-	-	
		Primary Health Care Progress measured	Number of counties supported to strengthen PHC measurement mechanisms (Vital signs profiles)	-	47	47	-	-	-	
SP4.3 Social Protection in Health	Division of Health-Care Financing	Health Financing Services	Number of Counties sensitized on FIF guideline	47	47	-	23	23	-	Target not met over the reporting period due to inadequate resources
			Number of Counties implementing FIF fully.	47	47	47	3	13	40	FY 2023/24,FY 2024/25 and FY 2025/2026 the target was not achieved since the counties were still undergoing sensitization on FIF Act 2023
			Standard county Facility Improvement Fund Bill developed	1	1	-	1	1	-	Target Achieved.The Bill was enacted into an Act Facility Improvement Financing Act enacted in 2023/24. County Government are to develop regulations and align to the FIF Act 2023
			Proportion of Transition and Sustainability Plans progressively financed through domestic resources by directorates, programs and SAGAs	-	-	10	-	-	0	Target not achieved due to insufficient funds
			Number of health care providers trained in strategic	100	100	100	0	0	0	The targets were not achieved for FY 2023/24,FY 2024/25 and FY 2025/26 due to

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			purchasing for health care services							insufficient resources to undertake the capacity building exercise.
			Proportion Costing of Healthcare services done for Levels 1 - 6	-	50	25	-	50	25	Target achieved.
			Proportion of assessments conducted of topics selected by the selection working group towards the updating of the Essential Benefits Package	-	-	100	-	-	100	The target was achieved for FY 2025/26 due to the constitution of SWG and support from development partners and MOH.
			The Essential Benefit Package reviewed and operationalized	1	1	1	1	1	-	FY 2023/24 the Benefit Package and Tariffs were gazetted in September 2024. For FY 2024/25 the Panel was established to review the benefit package every two years. The next gazettelement to be done in FY 2026/27
			Social Health Insurance Fund operationalized	-	1	-	-	1	-	Target for FY 2024/25 achieved
			National FIF Bill and regulations developed enacted and disseminated	-	1	-	-	1	-	FY 2024/25 FIF Act 2023 was enacted and hence the target was achieved. For the regulations, Counties were guided and supported by COG /MOH and partners on how to develop.
	SHA	Financial barriers to access to	Number of indigent households	253,400	253,400	253,400	253,400	253,400	39,189	FY 2025/26, the number of households covered under HISP (OVC)

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
		healthcare Reduced	accessing healthcare through HISP.							dropped based on reduced funding for the programme
			Households of elderly & Persons with severe disabilities covered.	58,800	58,800	58,800	58,800	58,800	20,724	Target for FY 2025/26 not met. The number of households covered under HISP (OPPSD) dropped based on reduced funding for the programme
			Number of indigent members covered under taifa care	1.5M	1.5M	1.5M	1M	1M	449,494	Target not met across the reporting period due to unavailability of funds
			Number of elderly persons accessing services through the Inua Jamii subsidy program	484,086	531,086	0	0	0	0	Target not achieved.NHIF had registered 484,086 members but their premiums were not received from the exchequer hence the population was not covered. The programme was discontinued under SHA since data and funding was not available.

2.1.3b State Department for Public Health and Professional Standards

Table 2.1: Analysis of Programme Targets and Actual Target

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
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)	99,878	99,332	98,038	97,126	92,765	91,448	Targets were not fully achieved which was attributed to erratic supply of diagnostic commodities due to a reduction of development partner funding.
			Number of Multi Drug Resistant-TB cases notified	1,085	1,081	1,068	706	834	742	Target achieved. The declining numbers were attributed to effective first line TB treatment and prevention.
			Proportion of successfully treated TB cases (all forms of TB)	88	95	95	89	89	89	In FY 2023/24 target was surpassed due to capacity building of health care workers across all levels of care leading to early diagnosis that resulted to better outcomes. Targets were not fully achieved in FYs 2024/25 and

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										2025/26 due to patients related factors like lost follow ups before completing treatment and patients who progress to DRTB
			Proportion of Multi drug resistant TB successfully treated	81.5	95	95	78	87	86	Target not achieved due to delayed diagnosis and concomitant malnutrition contributed to adverse treatment outcomes across the Financial Years
			Number of people in contact with TB patients who began preventive therapy treatment	74,184	95,232	116,613	47,474	50,885	77,886	Targets were not achieved due to reduced partner support
			Number of Facilities offering integrated TB and lung diseases services	-	-	500	-	-	560	Target was surpassed due to development partner support
			Proportion of successfully treated Leprosy cases (all forms)	-	50	100	-	0	61	Treatment takes long (almost 2 years) and by the end of the FY 2024/25, no one had successfully completed treatment. In the

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										FY 2025/26 61 patients had successfully completed treatment while the rest were still undergoing treatment
	National Malaria Control Programme	Malaria promotive, preventive and curative services.	Number of Artemisinin Combination Therapy (ACTs) doses distributed to public health facilities (Millions)	6.9	5.9	5	5.7	4.3	5.4	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 Health Information System (HIS). In the FY 2025/26 over-achievement was due to higher demand of ACTs from the health facilities
			Malaria incidence per thousand population	82	105	73	88.5	76	72	In FY 2023/24, target was not achieved due to increased transmission driven by climatic factors and declining

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										effectiveness of 2021- distributed net. In FY 2024/25, target was surpassed as the impact of net distribution and Indoor Residual Spraying resulted in fewer cases. In the FY 2025/26 the target was surpassed due to effective vector control measures (Indoor Residue Spraying) in high burden counties, that is Busia and Siaya counties which lowered malaria transmission, reducing fever and clinical cases.
			Proportion of suspected cases tested	100	89	100	87.1	95	90	In FYs 2023/24 and 2025/26 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

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										stocks and conducted training which improved adherence to guidelines.
			Proportion of Confirmed Malaria Cases treated	100	100	100	99	99	100	In FYs 2023/24 and 2024/25 targets were not fully achieved due to some confirmed cases not presenting at pharmacy departments to receive medicines and also stock-outs in some health facilities
			Number of Routine Long Lasting Insecticidal Nets distributed (in Millions)	2.2	1.9	1.9	1.7	1.2	1.2	In FY 2023/24 target was not achieved due to insufficiency of nets procured. In addition, in 2024/25 FY there was disruption of US Government procured nets. In the FY 2025/26 target was not achieved due to budgetary constraints
SP 1.2 Disease Surveillance	Division of Disease	Disease surveillance and response services.	Non-Polio Acute Flaccid Paralysis Detection rate	3	3.47	2.5	3.47	2.5	2.39	Targets were surpassed in FY 2023/24 due to

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
and Epidemic Response	Surveillance and Response		(NPAFP) per 100,000							development partner support. During the FYs 2024/25 and 2025/26 there was inadequate funds due to declining development partner support
			Number of counties supported to establish functional Community Events-Based Surveillance Systems (CEBS)	47	8	11	8	19	25	Target was not achieved in FY 2023/24 due to inadequate funding. In FYs 2024/25 & 2025/26 targets were surpassed due to development partner (CDC) support.
			Number of hospitals supported to establish Functional Events Based Reporting System	20	463	50	463	206	72	Targets were surpassed in FYs 2023/24 and 2025/26 due to development partner support. Target was not achieved in FY 2024/25 due to inadequate funds and declining development partner support
			Proportion of public health	-	-	100	-	-	100	Target achieved

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			events outbreaks detected, investigated and responded to							
	Public Health Emergency Operations Centre (PHEOC)	Public Health Emergency services.	Number of County PHEOC staffs trained on Rapid Response	100	200	125	123	31	596	In FYs 2023/24 and 2025/26 there was additional support from development partners. The underachievement in FY 2024/25 was due to inadequate funding
			Number of national and county Public Health Emergency Responders trained in Public Health Emergencies Management	-	-	50	-	-	175	Target was surpassed in FY 2025/26 due to support from development partners
			Number of Counties supported to establish Functional PHEOCs	23	30	29	24	25	25	In FY 2023/24 target was surpassed due to additional funding from development partners. In FYs 2024/25 and 2025/26 targets were not achieved due to inadequate funding.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Proportion of Public Health Emergencies responded to.	100	100	100	100	100	100	Target achieved
	Field Epidemiology & Laboratory Training Program (FELTP)	Health Care workers trained on epidemiology services.	Number of Health care workers trained on Field Epidemiology	30	20	100	124	79	108	Targets were surpassed during the reporting period due to support from development partners
	Division of Vector Borne & Neglected Tropical Diseases	Vector Borne & neglected tropical diseases treatment services.	Number of trachoma endemic counties supported to treat trachoma	-	-	5	-	-	0	Target was not achieved due to late signing of MOU that led to delayed disbursement of funds.
			Proportion of the targeted counties supported on Bilharzia control	-	-	100	-	-	50	Target was not achieved due to inadequate funding
			Proportion of the targeted counties supported on intestinal worms' control	-	-	100	-	-	45	Target was not achieved due to inadequate funding
			Number of a Lymphatic Filariasis endemic counties supported to conduct post mass drug administration assessment III	-	-	6	-	-	11	Target was surpassed due to support from development partners

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
	Division of Zoonotic Diseases	Zoonotic diseases surveillance services.	Number of additional Counties supported to establish One Health Units (COHU)	-	-	4	-	-	10	Target was surpassed due to support from development partners
	Division of food safety	Food safety services	Number of County Public Health officers' capacity-built on Kenya School meals, Food Safety and Quality	-	-	540	-	-	770	Target was surpassed due to support from development partners
	Division of National Laboratory Services	National laboratory services.	Number of certified laboratories in the Laboratory Continuous Quality Improvement (LCQI) program	30	32	6	31	40	8	Targets were surpassed over the reporting period due to timely funding and additional development partner support
			Number of medical laboratories supported to participate in AMR surveillance	-	-	5	-	-	5	Target achieved
			Number of medical laboratories supported to conduct molecular testing for priority diseases	-	-	5	-	-	5	Target achieved

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of medical laboratories supported to successfully exchange standardized health data	-	-	5	-	-	5	Target achieved
			Proportion of sequencing conducted on outbreak and referral specimens	-	-	100	-	-	100	Target achieved
	Health emergency and disaster preparedness and response	Health emergency and disaster preparedness and response services	Number of counties supported to establish functional emergency and disaster committees	-	18	40	-	40	0	Target surpassed in FY 2024/25 due to support from development partners. During FY 2025/26 there were no funds allocated
			Number of health workers trained on joint emergency services and structured approach to major incidents	-	104	104	-	104	17	During the FY 2025/26, there was inadequate funding.
			Number of Health workers trained on nuclear, biological and chemical incidents	-	-	104	-	-	0	Target not achieved due to lack of funds

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
SP 1.3: Public Health Services	Division of Environmental Health	Sanitation and hygiene services	Proportion of villages certified as open defecation free	37	30	15	6	10	15	In FYs 2023/24 and 2024/25 targets were not achieved due to inadequate funding.
			Proportion of population accessing safely managed sanitation facilities	30	32.9	25	29.98	20	25	In FYs 2023/24 and 2024/25 targets were not achieved due to inadequate funding.
		Waste management and climate change mitigation services	Number of health facilities with installed and compliant waste treatment equipment	11	5	6	10	4	6	In FYs 2023/24 and 2024/25 targets were not achieved due to inadequate funding.
			Number of Centre of excellence for research evidence translation established	-	1	2	-	1	2	Target achieved with support from development partners
			Number of health workers capacity built on climate change and health	-	50	30	-	20	40	In FY 2024/25 target was not achieved due to inadequate funding while in FY 2025/26 target was surpassed due to support from development partners
			Number of counties implementing	-	10	8	-	8	16	In FY 2024/25 the target was not achieved due to

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Epuka Uchafu Afya Nyumbani initiative							inadequate funding. In FY 2025/26 the target was surpassed due to integration with other health campaigns
		Occupational Health and Safety standards	Number of healthcare workers capacity built on occupational health and safety standards	-	-	200	-	-	400	In FY 2025/26 the target was surpassed due to integration with other health campaigns
		Vector and vermin infestations control services	Number of POEs capacity built to undertake vector and vermin control services	8	10	3	2	1	3	In FY 2023/24 and FY 2024/25 targets were not achieved due to inadequate funding
	Tobacco Control Board	Tobacco control and enforcement services.	Number of Enforcement officers trained on tobacco control and enforcement	400	100	100	0	200	100	Target was not achieved in FY 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 Advisories issued	-	-	10	-	-	0	Target was not achieved due to lack of Board of Directors
			Number of county tobacco control	-	15	15	-	15	6	Target was not achieved in FY

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			focal points capacity built							2025/26 due to inadequate funding.
			Number of multisectoral POEs staff capacity built	-	50	50	-	30	8	Targets were not achieved due to inadequate funding.
	Division of Drugs and Substance Abuse Control	Drugs and substance abuse control services.	Number of awareness campaigns conducted	-	25	56	-	56	87	Targets were surpassed in FY FY 2024/25 & FY 2025/26 due to increased awareness forums conducted such as Jamii Imara Mashinani, World No Tobacco Day, Devolution Conference, School awareness campaigns and Training of officers in 8 Points of Entry in the Coastal Region
			Number of Stakeholder engagement events conducted	-	25	22	-	22	31	In the FY 2024/25, the target was not achieved due to inadequate funding. In the FY 2025/26, the target was surpassed due to additional funding from

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										Tobacco Control Fund which enabled more stakeholders' engagement
			Number of new treatment and rehabilitation centres established	-	10	2	-	0	0	Targets not achieved in FY2024/25 due to insufficient funds. Targets were not achieved however construction of two centres in Gilgil and Meru were at 90% completion as at the end of FY 2025/26.
	Division of Nutrition and Dietetics	Malnutrition prevention & Nutrition promotion services.	Proportion of children 6-59 months who received 2 doses of Vitamin A Supplementation (VAS)	80	86	80	85.2	75.3	77.2	The overachievement in FY 2023/24 was as a result of acceleration activities (for malezi bora) and outreaches. The underachievement for FYs 2024/25 and 2025/26 was as a result of reduced funding including from development partners.
			Number of children 6-23 months receiving	218,977	13,000	10,000	361,781	190,918	144,771	The over achievement was as a result of

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Micronutrient Powders (MNPS)							development partner support in some counties.
			Number of healthcare workers trained on high impact nutrition interventions	6,800	2,500	2,500	3,545	9,268	133	Target was not achieved in FY 2023/24 due to inadequate funding. In FY 2024/25 some interventions were scaled up by support of development partners. In FY 2025/26 there was a drastic reduction of financial support from development partners
			Treatment cure rate of acutely malnourished children 6-59 months	83	86	83	86	82.7	81	The overachievement for FY 2023/24 was a result of financial support from both donor and GoK for procurement of commodities. There was inadequate funding in FYs 2024/25 and 2025/26 from GoK leading to a

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										slight drop in performance.
			Treatment cure rate of moderate acute malnourished children 6-59 months	83	85	85	84	87.1	73	The achievement for FY 2023/24 was due to financial support from development partners. In FY 2024/25 surpassed the target due to financial support from GoK funds which were used to procure and distribute commodities. There was a major decline in development support and lack of GOK funding leading to the underachievement for FY 2025/26.
			Treatment cure rate of acutely malnourished pregnant and lactating women	90	90	90	88	90	70.6	Target was not achieved in FY 2023/24 due to reduced support from development partners which affected the procurement of Moderate Acute Malnutrition

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										(MAM) commodities. In FY 2025/26 there was a major decline in support from development partners which led to the underachievement
			Percentage of eligible patients who received specialized feeds (parenteral and enteral)	-	100	100	-	0	0	Targets were not achieved due to withdrawal of development partner support
			Number of guidelines developed	3	4	3	4	3	1	The overachievement for FY 2023/24 was due to increased need for more guidelines and existing donor support. The underachievement for FYs 2024/25 and 2025/26 was due to decline in development partner support funding.
	Building Resilient and Responsive Health Systems (BREHS)	Ante-natal, post-natal and early-childhood health services	Percentage of women receiving postnatal care within 48 hours.	-	-	78	-	-	68.3	Target was not fully achieved due to inadequate funding, which

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										constrained technical assistance to counties.
			Number of children immunized with three doses of pentavalent vaccine.	-	-	5,400,000	-	-	1,273,198	Target was not achieved due to inadequate funding for immunization outreach and cold-chain logistics support.
			Percentage of pregnant women attending 4 or more ANC visits.	-	-	54	-	-	47.8	Target was not achieved due to inadequate funding for community-based antenatal care outreach services.
			Proportion of children under 5 with diarrhea treated with zinc/Oral Rehydration Salts (ORS) Co-pack.	-	-	57.7	-	-	54.3	Target was not achieved due to inadequate funding for procurement and distribution of zinc/ORS co-packs to health facilities.
	Division of Health and Wellness	Mental health and Mental Wellness services	Number of Training of Trainers (TOTs) in counties trained on Mental health and Mental Wellness services	-	-	35	-	-	0	Target was not achieved due to lack of resources
	Division of Port Health	Port health services.	Proportion of travelers screened	100	100	100	100	100	100	Target achieved

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			for notifiable diseases							
			Proportion of travelers issued with vaccination certificates as per travel requirements	100	100	100	100	100	100	Target achieved
			Proportion of consignments processed as per health requirements at POEs	100	100	100	100	100	100	Target achieved
			Proportion of conveyances inspected and issued with disinfection certificates	100	100	100	100	100	100	Target achieved
SP 1.4- Radiation Safety and Nuclear Security	Kenya Nuclear Regulatory Authority	Nuclear and radiation safety, and security services.	Number of radiation protection, nuclear safety, nuclear security and nuclear safe guards' regulations developed	2	5	8	2	4	4	Targets were not achieved in FYs 2024/25 and 2025/26 due to inadequate funding
			Proportion of category I and II radiation facilities complying with physical protection measures	100	100	100	100	100	100	Target achieved

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Percentage of compliant radiation facilities	80	85	100	70	75	75	Targets were not achieved during the reporting period due to inadequate funding.
			Percentage of environmental radiological mapping and characterization of High Background Radiation Areas	20	15	100	10	40	40	Target was not achieved in FYs 2023/24 and 2025/26 due to inadequate funds. Target was surpassed in FY 2024/25 due to support from development partners.
SP 1.5 Primary Health Care	Division of PCNs	Primary health services.	Cumulative number of functional Primary Care Networks (PCNs)	47	50	268	158	228	278	Targets were surpassed due to accelerated Rapid Result Initiative (RRI) for PCN establishment.
			Number of Multi-Disciplinary Teams (MDTs) Trained on Primary Health Care (PHC) implementation	-	-	50	-	-	50	Target achieved
			Number of PCNs offered Technical Assistance (TA) on integrated implementation of PHC	-	-	50	-	-	50	Target achieved

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			PHC Strategic Plan developed	-	-	1	-	-	0	Target was not achieved due to inadequate funding
	Division of Community Health		Number of Community Health Promoters (CHPs) facilitated with stipend	100,000	107,831	107,831	94,390	100,000	107,831	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
			Number of CHP Kits distributed	100,000	7,831	7,831	100,000	0	7,831	Target was not achieved in FY 2024/25 due to lack of funding
			Number of Mobile Phones to support e-CHIS procured	100,000	7,381	7,831	100,000	0	7,831	Target was not achieved in FY 2024/25 due to lack of funding
			Number of Households supported by CHPs (in Millions)	-	7.8	8.9	-	8.8	9.4	Targets were surpassed due to continuous facilitation and training by both GoK and development partners.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
SP 1.6 Health Promotion and Education Management	Division of Health Promotion and Education Management	Health promotion and advocacy services.	Number of health promotion and advocacy policies, strategies and guidelines developed	3	1	2	3	4	1	Target was surpassed in FY 2024/25 due to development partner support. In FY 2025/26 target was not achieved due to inadequate funding
			Percentage of MOH 719 call centre operationalized.	40	60	70	50	70	75	Targets were surpassed due to development partner support.
			Number of IEC materials on priority health issues disseminated	-	-	60	-	-	65	Target was surpassed due to development partner support and collaboration with other MoH divisions.
			Number of counties supported to establish Health Promotion Advisory Committees (HPACs)	-	-	8	-	-	0	Target was not achieved due to budgetary constraints.
			Number of county staff capacity built on health promotion	-	-	124	-	-	140	Target was surpassed through virtual platforms
	Division of School Health	School health services.	Kenya School Health Policy 2025-2030 developed	-	-	1	-	-	0	Target was not achieved due to budgetary constraints.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of School health Modules completed	-	-	5	-	-	2	Target was not achieved due to budgetary constraints.
			Number of County Health Management Teams (CHMTs) technically supported to implement school health initiatives	-	-	10	-	-	10	Target achieved with financial support from development partners
			National School Health Activities Register developed	-	-	1	-	-	0	Target was not achieved due to budgetary constraints.
Programme 2: Health resource development and innovation										
Programme Outcome: Enhanced Health human resources for quality healthcare										
SP 2.1 Capacity Building and Training	Kenya Medical Training College (KMTC)	Capacity development and training services.	Number of students enrolled	17,200	24,000	30,000	27,426	35,513	33,182	Targets were surpassed due to growing demand for KMTC courses and the continued expansion of campuses
			Proportion of admitted students who graduate	-	-	85.7	-	-	89.64	Target was surpassed due to improved academic performance, resulting from enhanced student welfare initiatives
			Number of staff recruited	-	-	900	-	-	0	Target not achieved. There was no budgetary

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										allocation for recruitment
			Number of evidence-based policies developed	10	10	9	8	9	9	In FYs 2023/24 and 2024/25 targets were not achieved due to inadequate budget
	Kenya Hospital Authority Trust Fund (KHATF)	KHATF operationalized	No. of frameworks developed	-	-	3	-	-	3	Target achieved
SP 2.2 Research and innovation on Health	Kenya Institute of Primate Research (KIPRE)	Primate research and innovation services	Number of peer reviewed scientific publications	34	34	20	33	18	42	In FY 2023/24 & 2024/25 target was not achieved due to review processes from publishers while in FY 2025/26 target exceeded due to increased effort to publish
			Number of people trained on biomedical knowledge and skills	52	100	100	99	129	524	Targets were surpassed due to additional training provided on bio-ethical conduct for research
			Number of candidate drugs and vaccines tested	6	6	6	11	12	10	Targets were surpassed due additional funding from development partners that enabled the expansion to cover non-communicable

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										diseases in addition to infectious diseases
			Number of bacteriophages (phages) isolated for treatment of multidrug resistant bacteria	-	3	3	-	3	4	In FY 2025/26 target was surpassed due to increased effort to find intervention for antimicrobial resistance (AMR)
			Number of samples tested at wildlife, human and livestock interface for zoonosis	300	300	300	1,296	400	694	Targets were surpassed due to increased effort to map hotspot zoonotic areas
		Snakebite rescue & intervention services	Number of victims successfully rescued from snake bites	265	290	350	288	364	195	Targets were surpassed in FYs 2023/24 and 2024/25 due to enhanced emergency rescue response system. In FY 2025/26 target was not achieved because of fewer Counties visited as compared to previous years with more focus on laboratory snake venom analyses.
			Number of snake venom profiled	-	12	4	-	12	6	In FY 2025/26 target was

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			for anti-venom development							surpassed due to increased effort in developing snakebite anti-venom and enhanced laboratory technology
			Number of anti-venoms generated for preclinical testing	2	2	2	2	8	4	In FYs 2024/25 and 2025/26 targets were surpassed due to increased effort in developing snakebite anti-venom and enhanced laboratory technology
SP 2.3 Health Professional services	Division of Health Sector Coordination & Intergovernmental Relations	Intergovernmental health Coordination services.	Number of health sector intergovernmental fora held	4	4	4	1	1	1	Targets were not achieved due financial constraints
			Number of local partnerships memoranda and agreements signed	-	-	5	-	-	1	Target not achieved. Only one MoU was signed with the Red Cross. For the others, negotiations are ongoing
			Proportion of resolutions from IGF implemented	100	100	100	100	100	100	Target achieved
	Division of International Health Relations	International health relations services.	Number of treaties signed	1	1	1	0	0	0	Targets were not achieved due to priority changes

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										between member countries and discussions are still ongoing on the Pandemic Treaty
			Number of International memoranda and agreements negotiated and signed	-	-	1	-	-	6	Target was surpassed due to improved coordination between MDAs and increased bilateral engagements
			Proportion of travel clearances processed	-	-	100	-	-	100	Target achieved
	Public Division of Research Development Coordination	Research Development co-ordination services	No. of Public Health Research completed	-	-	1	-	-	0	Target not achieved due to inadequate funding
Programme 3: Health Policy Standards and Regulations										
Programme Outcome: Strengthened quality health standards and regulations										
SP:3.1 Health Standards and Quality	Kenya Health Professions Oversight Authority (KHPOA)	Health Professionals regulatory services.	Percentage of health facilities inspected for compliance to professional norms and standards	30	25	25	22	17.2	14.7	Target not achieved due to inadequate technical staff, compounded by logistical, and operational constraints that limited inspection coverage
			Number of Health professional training institutions	40	150	160	76	153	408	Targets were surpassed due to the Authority working closely

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			assessed for compliance to norms and standards of training							with MOH and Regulatory bodies to carry out joint assessment
			Number of unregulated health professionals registered	1,500	2,500	2,000	1,975	1,308	2,323	Targets were surpassed in FYs 2023/24 and 2025/26 due to intensified regulatory notices, sustained campaigns, and strengthened oversight however the FY 2024/25 target was not met due to regulatory transition delays and coordination challenges that constrained enforcement.
			Number of Scopes of Practice for previously unregulated health professional cadres developed	-	6	7	-	6	4	Target was not achieved in FY 2025/26 due to inadequate funding
			Percentage of complaints and disputes received and processed	100	100	100	100	100	100	Target achieved

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
	Kenya Health Human Resource Advisory Council (KHHRAAC)	Health Professionals management and advisory services.	Number of health workers trained on integrated Human Resource Information System.	100	100	100	120	0	0	Target was surpassed in FY 2023/24 due to training of additional health workers from National with support from development partners. However, in FYs 2024/25 and 2025/26 targets were not achieved due to withdrawal of donor funding resulting to shut down of the integrated Human Resource Information System (iHRIS)
			Number of Health Care Workers (HCWs) capacity built on National Health Workforce Accounts	100	100	150	120	100	177	Targets were surpassed in FYs 2023/24 and 2025/26 due to additional training to national health workers with support from partners.
			Number of Healthcare Providers Frameworks developed	1	1	2	0	0	1	Targets were not achieved across the FYs due to inadequate funding.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Percentage of health workforce information system developed	-	-	25	-	-	25	Target achieved
	Kenya Medical Practitioners and Dentist Council (KMPDC)	Health Professionals (medical practitioners, dentists, and COHOs) Regulatory services.	Number of Medical and Dental Officer Interns placed	912	950	1,240	466	1,240	1,275	In 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 FYs 2024/25 and 2025/26 target was surpassed due to higher number of graduands produced from various training institutions which included previous year candidates
			Number of new Medical, Dental and Community Oral Health Officers practitioners registered.	1,325	1,025	566	1,025	566	724	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. In

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										FY 2025/26 more applications were received from qualified practitioners
			Number of Medical, Dental and Community Oral Health Officers licensed	11,960	12,507	12,978	12,507	12,978	14,157	Targets were surpassed due to the Council's relentless efforts in conducting regular compliance checks and online registration.
			Number of health facilities licensed	8,000	12,406	14,860	12,406	14,860	13,980	Targets were surpassed in FYs 2023/24 and 2025/26 due to automation of license renewal process hence more facilities were able to renew remotely. In FY 2025/26 there was delayed license renewals and non-compliance with licensing requirements by some facilities.
			Number of compliance inspections carried out	3,560	5,025	7,156	5,025	7,156	6,275	Targets were in FYs 2023/24 and 2024/25 surpassed due to

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										enhanced collaboration with counties and additional inspections linked to SHA rollout preparations. In 2025/26, budgetary and logistical constraints affected the planned inspection schedule.
			Proportion of medical, dental internship and specialist training centres inspected.	100	100	100	100	100	100	All targeted training centres were inspected as planned across all three years
			Number of new Continuous Professional Development (CPD) providers accredited.	10	17	19	17	19	15	Targets were surpassed in FYs 2023/24 and 2024/25 due to revised mandatory requirements for renewal of licensing. However, in FY 2025/26, fewer accreditation applications were received with some applicants failing to meet

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										accreditation standards.
	Nursing Council of Kenya (NCK)	Health Professionals (Nurses) regulatory services.	Number of nurses and midwives newly registered	6,238	6,400	6,600	12,583	9,273	12,242	Over the period, the Council surpassed the targets due to increased demand for the nursing courses in Kenya
			Number of eligible candidates examined	11,418	12,000	12,500	19,383	14,456	16,523	
			Number of eligible candidates Indexed	10,000	12,000	13,000	13,678	15,000	13,463	
			Percentage of nurses and midwives licensed	49	55	60	58.96	68.9	65	Targets were surpassed due to enhanced compliance audits.
		Compliance audits on Nurses training institutions	Proportion of training institutions that are audited for compliance	80	100	100	89	92	90	Target for FY 2023/24 was surpassed due to enhanced compliance audits. Targets were not achieved in FYs 2024/25 and 2025/26 due to inadequate budgetary allocation to undertake compliance audits.
			Proportion of health facilities audited for compliance	100	100	100	100	100	90	Target was not achieved in FY 2025/26 due inadequate

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										budgetary allocation to undertake compliance audits.
	Clinical Officers Council (COC)	Health Professionals (clinical officers) regulatory services.	Number of Clinical Officers trainees Indexed	2,500	3,400	3,500	4,958	3,442	4,079	Targets were surpassed due to increased demand for clinical medicine program
			Number of Clinical Officers Registered	3,000	3,000	3,100	777	2,658	1,114	Targets were not achieved due to delayed internship posting of interns hence late registration
			Number of Clinical Officers Licensed	15,000	20,000	21,000	19,851	22,051	21,132	Targets were surpassed due to increase in compliance audits on license renewal.
	Public Health Officers and Technicians Council - Kenya (PHOTC)	Public Health Professionals regulatory services.	Number of public health professionals licensed	1,420	4,370	3,900	3,900	3,295	3,050	In FY 2023/24, the target was surpassed due to enforcement across the counties. In FYs 2024/25 and 2025/26 the targets were not achieved due to inadequate funds to carry out enforcement activities.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of Health Facilities inspected	90	5	50	0	0	185	In FYs 2023/24 and 2024/25 targets were not achieved due to budgetary constraints. In FY 2025/26, the target was surpassed due to joint inspections conducted
			Number of training institutions inspected	15	5	7	19	7	17	Targets were surpassed due to higher demand for accreditation from training institutions expressing interest in accreditation
			Number of new Continuous Professional Development (CPD) providers accredited	5	5	2	0	0	0	Across the FYs, there was no uptake from the CPD providers. The Council has endeavored to undertake activities to increase awareness as well as review the CPD guidelines, 2015.
	Counsellors and Psychologists Board (CPB)	Health Professionals (Counsellors and Psychologists)	Number of Counsellors & Psychologist Indexed	4,000	5,000	2,000	0	0	1,280	Targets were not achieved since the indexing framework was

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
		regulatory services.								still being developed, finalized in May 2026
			Number of Counsellors & Psychologist Registered	5,000	5,000	7,000	2,864	2,509	1,822	Targets were not achieved due to inadequate human resource capacity and slow uptake of registration.
			Number of Counsellors & Psychologists Licensed	5,000	3,000	4,000	134	3,293	2,705	Target was not achieved in FY 2023/24 because the institution 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	20	25	20	2	20	21	Targets were not achieved in FY 2023/24 and FY 2024/25 due to inadequate funds to carry out the inspections. In FY 2025/26 target was surpassed due to increased sensitization
			Number of Counsellors and Psychologists	35	25	25	0	5	1	Targets were not achieved due to inadequate

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			training institutions inspected							funding and human resource capacity
			Number of institutions accredited to offer Continuous Professional Development (CPD)	5	5	5	2	4	1	Targets were not achieved due to few applications received
			Strategic plan developed	-	-	1	-	-	1	Target achieved
	Occupational Therapy Council of Kenya (OTCoK)	Health Professionals (Occupational therapists) regulatory services.	Number of occupational therapy students indexed	-	50	50	-	0	0	Targets were not achieved since the indexing framework was still being developed
			Number of clinical facilities licensed	5	5	5	0	4	12	In FY 2023/24 target was not achieved because the framework was not developed yet. In FY 2024/25 target was not achieved as few facilities applied for licensing. In FY 2025/26 target was surpassed due to strict follow-ups on licensed practitioners, framework in place

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of training institutions offering occupational therapy inspected	1	2	4	0	0	1	In FY 2023/24 target was not achieved due to lack of framework while in FYs 2024/25 and 2025/26 targets were not achieved due to inadequate funds to carry out inspections.
			Number of Occupational Therapists licensed	200	400	700	350	546	1,150	Targets were surpassed due to more public awareness through social media, webinars with training institutions and KOTA organized AGM
			Number of new accredited Continuous Professional Development (CPD) providers	2	5	10	0	4	8	In FY 2023/24 target was not achieved because the framework had not been developed. In FYs 2024/25 and 2025/26 targets were not achieved due to few providers applying for accreditation and inadequate funding to carry

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										out awareness activities
	Physiotherapy Council of Kenya (PCK)	Health Professionals (Physiotherapists) regulatory services.	Number of physiotherapy facilities inspected	30	45	230	38	150	231	Targets were surpassed since the Council hired more technical staff and also a surge in application for facility licensure.
			Number of practitioners licensed	200	260	2,000	236	425	2,975	Targets were surpassed due to sensitization workshops carried out across counties.
			Number of policies developed	1	2	3	1	1	3	In FY 2024/25 target was not achieved due to insufficient funds.
	National Quality Control Laboratory (NQCL)	HPTs Quality assurance services.	Proportion of medical drugs tested for quality and safety of the citizens	100	80	100	62.6	61.4	45	Target not achieved due to inadequate funding which made it
			Proportion of medical devices tested for quality, safety of the citizens.	100	100	100	76.9	79.4	0	impossible to repair, replace and calibrate aging critical testing equipment; procure sufficient reagents and consumables; and address technical staffing gaps.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of research activities undertaken	100	5	100	0	123	0	In FY 2023/24 target was not achieved due to unavailability of samples for research. In FY 2024/25 target was significantly surpassed following a large collaborative research project that boosted capacity and output. In FY 2025/26, target was not achieved due to equipment breakdown
	Health Records and Information Managers Board	Health Professionals (Health Records and Information Managers) regulatory services.	Number of training institutions accredited	5	10	12	2	17	5	Target was not achieved in FY 2023/24 due to inadequate human resources. Target was surpassed in FY 2024/25 due to more sensitization being done on accreditation. In FY 2025/26 target was not achieved due to inadequate funding

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of HRIM professionals licensed	3,000	3,500	3,700	1,263	3,459	2,275	Targets were not achieved due to inadequate funding to carry out sensitization and enforcement activities
			Number of policy documents developed	3	2	2	1	2	2	Target was not achieved in FY 2023/24 due to inadequate funding.
	Pharmacy and Poisons Board (PPB)	Health professionals (Pharmacists) and HPTs regulatory services.	Number of new products registered	2,000	1,400	1,600	740	661	2,387	In FYs 2023/24 and 2024/25, the targets were not achieved due to the introduction of WHO guidelines for screening new product applications, which resulted in some applications not progressing to registration. In FY 2025/26 target was surpassed because more products complied to the issued guidelines
			Number of Pharmacists and pharmaceutical technologists licensed	1,000	800	1,000	1,987	1,156	1,716	Targets were surpassed due to increased enforcement activities

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Number of Joint Market Surveillance and Regulatory inspections done	36	24	40	8	25	40	Target in the FYs 2023/24 was not achieved due to transition to WHO's Global Benchmarking Tool guidelines for risk-based inspection planning and reporting. In FY 2024/25 target was surpassed because more joint operations were conducted
			Number of new clinical trials approved.	12	30	50	9	56	58	In FY 2023/24 the target was not achieved due to reduced number of new applications recorded. In the FYs 2024/25 and 2025/26 targets were surpassed due to increased number of applications.
			Number of pharmaceuticals import and export permits approved.	29,512	28,066	20,000	28,260	27,650	24,586	In the FYs 2023/24 and 2024/25 targets were not achieved due to decline in the number of import and export permits

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										applications. In the FY 2025/26 target was surpassed due to more permits approvals.
	Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB)	Health professionals' (laboratory technicians and technologists) regulatory services.	Number of medical laboratory science students indexed	1,200	1,400	1,750	1,246	1,723	1,748	In FYs 2023/24 and 2024/25 there was a higher placement of students by KUCCPS to training institutions while in FY 2025/26 the placement was lower
			Number of eligible candidates examined for MLS licensure examination.	1,700	2,000	1,050	692	1,042	825	Targets were not achieved due to inadequate funding to carry out enforcement activities
			Number of Medical Lab Technologists registered	1,300	1,400	1,450	597	1,318	437	Targets were not achieved due to inadequate funding to carry out enforcement activities
			Number of MLS licenses issued	15,000	16,000	16,100	12,814	14,944	14,120	Targets were not achieved due to inadequate funding to carry out enforcement activities
			Number of labs registered	4,500	5,350	5,500	5,094	3,771	6,452	Targets were surpassed in FYs

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										2023/24 and 2025/26 since more enforcement activities were done. Target was not achieved in FY 2024/25 there was less enforcement activities due to inadequate funding
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	1	1	2	0	1	1	In FYs 2023/24 and 2025/26 targets were not achieved due to inadequate funding
			Number of counties trained on e-KQMH Standards	-	-	15	-	-	19	Target was surpassed due to additional funding from Global Fund
			Number of Public Health Policies developed.	1	1	2	0	0	0	Target not met in the reporting period . However, Health Workforce Policy and Health Workforce Strtegic plan were developed awaiting ffinalization.
			Number of public health legislations reviewed	2	1	2	0	0	1	Targets were not achieved due to inadequate funding

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
	Resilient Sustainable System for Health (RSSH) Unit	Strengthened community responses and systems	Percentage development of Systems readiness index for CHPs	-	-	70	-	-	62.5	Target was not achieved due to the delayed payment of stipends from some counties and low supervision due to inadequate number of Community Health Assistants (CHAs)
		Completeness of reporting in the KHIS	Percentage of Health Facilities submitting reports in the KHIS	-	100	100	-	97.8	97.9	Targets were not achieved due to reporting which may include closed, non-functional, or duplicate facilities that are still captured as expected reporting units.
Programme 4: General Administration and Human Resource Management										
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 cameras installed	50	30	50	0	0	50	Targets were not achieved in FYs 2023/24 and 2024/25 due to inadequate funding
			Number of staff sensitized on HIV Prevention; citizen service delivery	500	700	750	500	700	750	Target achieved

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			charter/process; resolution of public complaints; alcohol and drug abuse; disability; gender; National values and principles of governance; and corruption prevention							
			Number of floors constructed to enhance office accommodation	-	-	1	-	-	0	Target was not achieved due to inadequate funding
			National Gender mainstreaming workplace policy Customized	-	-	1	-	-	1	Target achieved
	Records Management	Records Management Services	Number of Records management Policies developed	-	-	1	-	-	0	Target was not achieved due to lack of adequate resources
			Number of Records Retention and Disposal schedule manual developed	-	-	1	-	-	0	Target was not achieved due to lack of adequate resources
			Percentage digitalization of Departmental records	-	-	20	-	-	10	Target was not achieved due to inadequate funding
	Disability Mainstreaming	Disability Mainstreaming services	Number of Disability Mainstreaming	-	-	1	-	-	1	Target achieved

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Action Plans developed							
			Number of Disability Mainstreaming guidelines developed.	-	-	1	-	-	1	Target achieved
			Number of dissemination forums for the Disability Mainstreaming Guidelines conducted	-	-	10	-	-	0	Targets were not achieved due to budget constraints
			Number of disability surveys conducted	-	-	2	-	-	0	
			Number of staff at National and county capacity built on disability mainstreaming	-	-	100	-	-	0	
			Percentage improvement of Infrastructure for inclusion of PWDs at MOH Headquarters.	-	-	20	-	-	5	Target was not achieved due inadequate funding
			Number Monitoring and Evaluation on disability initiatives done	-	-	2	-	-	0	Target was not achieved due to inadequate funds and lack of qualified personnel
	ICT Division	ICT Services	Number of Information Communication	2	1	1	2	1	1	Target achieved

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
			Technology (ICT) Systems deployed							
			Workplace Digitalization and Automation Strategy developed	1	1	1	0	0	0	Target not met across the reporting period due to inadequate funds.
	Human Resource Management & Development division	Human resources management services.	Number of health care Professional interns engaged.	1,159	8,578	6,484	4,156	3,948	6,288	Target was surpassed in FY 2023/24 since two cohorts were on boarded (July 2023 and January 2024). Targets were not achieved in FYs 2024/25 and 2025/26, due inadequate budgetary allocation.
			Number of Health workers trained	261	120	55	0	50	121	Targets were not achieved in FYs 2023/24 and 2024/25 due to inadequate funding. In FY 2025/26 the target was surpassed due to increased funding from supplementary budget
			Number of regular staff trained	-	309	65	-	65	70	Target was not achieved in FY 2024/25 due to inadequate funding while in

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										FY 2025/26 the target was surpassed due increase funding from supplementary budget
	Public Communication Division.	Public Communication Services	Number of press releases, media briefing and engagements, official statements, media briefings and social media/ website posts	20	20	25	10	12	15	Targets were not achieved due to inadequate funding.
			Number of articles published/photos/ videos	30	20	18	15	14	10	Targets were not achieved due to inadequate funding.
	Supply Chain Management Unit	Supply chain management services	List of Registered Suppliers updated	1	1	1	1	1	1	Target achieved
			Annual Procurement Plan developed	1	1	1	1	1	1	Target achieved
			Asset register updated	1	1	1	1	1	1	Target achieved
			Percentage of obsolete/surplus assets disposed	100	100	100	0	0	100	In FYs 2023/24 and 2024/25, The State Department was newly established under executive Order No. 1 of 2023 and had not identified any assets for disposal.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
SP4.2: Financing and planning	Finance Division	Financial management services	Absorption Rate determined	100	100	100	87	85.5	85.5	Targets were not achieved due to delay in exchequer releases
			Number of budget reports submitted	4	4	4	4	4	4	Target achieved
			Institutional Risk Management Policy Framework developed	-	1	1	-	0	1	Development of the Institutional Risk Management Policy Framework was initiated in FY 2024/25 and finalized in FY 2025/26
	Internal Audit Unit									
	Tax Exemption Unit		Number of tax exemption applications processed	420	520	530	502	525	1,120	Targets were surpassed due to support from partners on sensitization on tax exemption leading to more applications being received
			Number of sensitization forums held	-	3	3	-	3	3	Target achieved
	Central Planning & Projects Monitoring Department	Planning and M&E services.	Number of monitoring and evaluations on capital projects carried out.	4	10	3	4	2	2	Targets were not achieved in FYs 2024/25 and 2025/26 due to

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2023/24	2024/25	2025/26	2023/24	2024/25	2025/26	
										inadequate funding
			Number of officers trained on planning, budgeting and M&E	300	200	50	0	0	0	Targets were not achieved in due to inadequate funding
			Number of surveys conducted	2	2	1	2	0	0	Targets were not achieved in FYs 2024/25 and 2025/26 due to inadequate funding

2.2 Expenditure Trend Analysis

This section analyses trends in the approved budget and actual expenditure over the review period. Government expenditure is broadly classified into recurrent and development expenditure. Recurrent expenditure primarily comprises personnel emoluments, the procurement of medical drugs and non-pharmaceuticals, and the provision of goods and services for operations and maintenance (O&M). Development expenditure relates to non-recurrent spending on physical assets, infrastructure, and other capital investments.

2.2.1 Analysis of Recurrent Expenditure

State Department for Medical Services

The approved estimates for state department of medical services was at KSh 127 Billion in 2025/26 which represented a 21 percent increase from KSh 105 Billion in 2023/24. The actual expenditures for the same period was at KSh 85 billion, KSh 94 billion and KSh 123 billion respectively for the years 2023/24, 2024/25 and 2025/26.

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)

Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	66,219	76,467	93,491	44,525	73,089	93,257
AIA	20,627	25,826	27,343	19,426	22,400	27,343
NET	45,592	50,641	66,148	25,099	50,689	65,913
Compensation to Employees	8,716	7,798	10,711	8,403	7,748	10,673
Transfers	54,146	67,375	81,682	32,984	63,938	81,656
Other Recurrent	3,358	1,294	1,098	3,138	1,403	882
<i>Insurance Costs</i>	-		-	-		-
<i>Utilities</i>	109	126	123	99	125	109.89
<i>Rent</i>	4	6	7	4	6	2.76
<i>Contracted Professionals (Guards & Cleaners)</i>	75	68	63.18	73	67	63.19
<i>Others</i>	3,169	1,094	904	2,962	1,205	705.87

State Department for Public Health and Professional Standards

The approved gross recurrent estimates for the State Department were Kshs. 22,612.10 million, Kshs. 27,777.22 million and Kshs. 33,522.61 and the actual expenditures were Kshs. 19,258.15 million, Kshs. 24,233.02 million and 32,132.54 million, translating to 85%, 87% and 95% absorption rates for the FY 2023/24, 2024/25 and 2025/26 respectively. Table 2.3. Analysis of Recurrent Expenditure (Kshs Million).

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

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	22,612.10	27,777.22	33,522.61	19,258.15	24,233.02	32,132.54
AIA	7,976.25	8,247.87	9,286.80	6,847.46	7,948.50	8,862.01
NET	14,635.85	19,529.35	24,235.81	12,410.69	16,284.52	23,270.53
Compensation to employees	6,579.14	7,035.54	11,746.78	6,118.61	6,727.29	11,324.85
Transfers	14,654.62	19,686.84	20,211.37	12,058.68	16,518.57	19,722.56
Other Recurrent	1,378.34	1,054.84	1,564.46	1,080.86	987.16	1,085.13
<i>Of which</i>						
<i>Utilities</i>	-	19.33	5.60	-	2.19	5.43
<i>Rent</i>	-	-	-	-	-	-
<i>Insurance</i>	-	-	-	-	-	-
<i>Subsidies</i>	-	-	-	-	-	-
<i>Gratuity</i>	-	-	-	-	-	-
<i>Contracted Professional (Guards& Cleaners)</i>	-	-	-	-	-	-
<i>Others</i>	70.14	33.39	26.74	62.15	25.39	12.10
Total Expenditure	22,612.10	27,777.22	33,522.61	19,258.15	24,233.02	32,132.54

2.2.2 Analysis of Development Expenditure (KSh. Million)

State Department for Medical Services

The approved development budget declined from KSh 39,104 Million in FY 2023/24 to KSh 26,256 Million in FY 2024/25, a 32.8 percent reduction, before increasing by 28.4 percent to KSh 33,704 Million in FY 2025/26. Actual expenditure remained relatively stable at KSh 21,031 million and KSh 21,056 million, respectively, before rising by 41.5 percent to KSh 29,804 million in FY 2025/26. This is as per the table 2.3.a

Table 2.3a: Analysis of Development Approved Budget Vs Actual Expenditure (Kshs. Million)

Description	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	39,104	26,256	33,704	21,031	21,056	29,804
GOK	27,548	19,009	20,410	15,471	17,124	19,664.77
Loans	6,092	3,320	10,429	4,092	298	9,903.26
Grants	5,464	3,927	2,865	1,468	3,634	236.46
Local AIA						

State Department for Public Health and Professional Standards

The approved gross development budget for the State Department were Kshs. 6,502 million, Kshs. 4,689 million and Kshs. 4,202 million and the actual expenditure was Kshs. 5,987 million, Kshs. 3,521 million and Kshs. 3,525.42 million translating to rates as follows 92%, 75% and 83% for the FY's 2023/24, 2024/25 and 2025/26 respectively.

Table 2.3b. Analysis of Development Approved Budget Vs Actual Expenditure (Kshs. Million)

Description	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	6,501.69	4,689.31	4,202.02	5,987.08	3,520.82	3,525.42
GOK	3,892.59	1,591.00	2,509.40	3,888.11	1,575.32	1,534.05
Loans	-	10.00	125.00	-	13.00	74.37
Grants	2,609.10	3,088.31	1,567.62	2,098.97	1,932.50	1,917.00
Local AIA	-	-	-	-	-	-

2.2.3 Analysis of Programme Expenditure (KSh. Million)

This section shows the breakdown of approved and actual expenditures in the FY 2023/24 to 2025/26 disaggregated by programmes and sub-programmes.

State Department for Medical Services

The total health expenditure recorded a steady increase in the approved budget from KES 105.323 billion in 2023/24 to KES 127.195 billion in 2025/26, while actual expenditure rose from KES 65.556 billion to KES 123.061 billion, indicating a substantial improvement in budget absorption. National Referral and Specialized Services remained the largest allocation, with its budget increasing to KES 59.793 billion and expenditure reaching KES 59.267 billion in 2025/26, largely driven by National Referral Services. Curative and RMNCAH recorded the most significant growth in allocation, from KES 16.854 billion to KES 29.741 billion, with expenditure rising to KES 26.164 billion, particularly reflecting increased investment in immunization and communicable disease control. Programme 3 (Health Research and Development) maintained relatively stable expenditure at about KES 3.333 billion in 2025/26, while Programme 4 (General Administration) increased to KES 34.328 billion, mainly due to Social Protection in Health. Overall, expenditure in 2025/26 represented approximately 96.8% of the approved Health Vote budget

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

Sub-Programme	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Programme 1 - National Referral and specialized Services						
SP.1.1 - National Referral Services	49,641.00	45,217.00	48,895.47	29,355.00	44,139.00	48,681.59
SP.1.2 - Health Infrastructure and Equipment	2,796.00	3,215.00	4,106.61	2,097.00	3,020.00	3,846.92
SP.1.3 – National Blood Transfusion Service	2,194.00	563.00	1,152.80	1,510.00	561.00	1,120.24
SP.1.4 - Health Products and Technologies	5,701.00	8,081.00	5,637.94	1,534.29	5,989.00	5,617.79
Total Expenditure Programme 2	60,332.00	57,076.00	59,792.81	34,496.29	53,709.00	59,266.54
Programme 2 – Curative and Reproductive Maternal New Born Child Adolescent Health						
SP.2.1 -Communicable Disease Control	5,734.00	5,186.00	8,626.32	2,463.00	5,021.00	8,187.90
SP.2.2 - Non-communicable disease prevention & control	1,521.00	546.00	762.84	1,151.00	507.00	720.84

Sub-Programme	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
SP.2.3 - Reproductive Maternal and New Born	1,984.00	4,892.00	4,753.59	1,163.00	2,686.00	4,295.02
SP.2.4 - Immunization Management	7,615.00	9,459.00	15,598.28	3,371.00	6,751.00	12,960.58
Total Expenditure Programme 1	16,854.00	20,083.00	29,741.03	8,148.00	14,965.00	26,164.34
Programme 3 - Health Research and Development						
SP3.1 - Medical Reseach	3,907.00	2,904.00	2,949.28	3,287.00	2,904.00	2,949.28
SP3.2 – Health Innovations	882.00	331.00	383.85	882.00	424.00	383.85
Total Expenditure Programme 3	4,789.00	3,235.00	3,333.13	4,169.00	3,328.00	3,333.13
Programme 4 - General Administration						
SP 4.1 General Administration & Human Resource Management	3,572.00	3,399.00	3,002.22	3,234.00	3,388.00	2,953.37
SP 4.2 - Finance & Planning	1,039.00	160.00	61.50	545.00	160.00	58.88
SP 4.3 - Social Protection In Health	18,737.00	18,770.00	31,264.10	14,964.00	18,595.00	31,284.84
Total Expenditure Programme 4	23,348.00	22,329.00	34,327.81	18,743.00	22,143.00	34,297.10
Total Expenditure Health Vote	105,323.00	102,723.00	127,194.78	65,556.29	94,145.00	123,061.11

State Department for Public Health and Professional Standards

During the period under review, the total cumulative allocation for the State Department was **Kshs. 99,304.95 million**, the cumulative appropriations were as follows: Preventive and Promotive Health Services **Kshs. 25,036.98 million (25%)**; Health Resource Development and Innovation **Kshs. 54,917.75 million (55%)**; Health Policy, Standards and Regulations **Kshs. 12,793.89 million (13%)**; and General Administration, Planning and Support Services **Kshs. 6,556.33 million (7%)**. This implies that most of the funds were allocated to the Health Resource Development and Innovation programme. This programme has Kenya Medical Training College (KMTTC) entrusted with training various disciplines in the Health Sector conducting research and consulting.

The State Department utilized **Kshs. 88,534.56 million** translating to an average absorption rate of **89%**.

Table 2.4b: Analysis of Programme Approved Budget Vs Actual Expenditure (Kshs. Million)

Programme	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Programme:1 Preventive and Promotive Health Services						
Sub-Programme 1.1: Communicable diseases control	3,605.10	4,086.37	2,762.52	3,106.21	2,932.30	2,126.18
Sub-Programme 1.2: Disease surveillance and response	153.90	585.52	621.55	126.74	553.73	415.76
Sub-Programme 1.3: Public Health Services	1,212.16	1,488.81	1,710.09	657.49	1,219.72	1,072.87
Sub-Programme 1.4: Radiation safety and nuclear security	339.00	283.81	199.18	174.00	233.81	199.18
Sub-Programme 1.5: Primary Health Care	826.02	3,346.50	3,816.45	662.40	3,338.46	3,563.28
Total Programme 1	6,136.18	9,791.01	9,109.79	4,726.84	8,278.02	7,377.27
Programme 2: Health Resource Development and Innovation						
Sub-Programme 2.1: Capacity building and training (Preservice and In-service training)	11,619.00	9,462.44	9,990.72	10,379.00	7,435.17	9,989.61
Sub-Programme 2.2: Research and Innovation on health	598.14	787.93	1,030.40	598.14	779.59	1,030.40
Sub-Programme 2.3: Health Profession Services	5,955.44	5,471.50	10,002.18	5,560.14	5,461.22	9,942.85
Total for Programme 2	18,172.58	15,721.87	21,023.30	16,537.28	13,675.98	20,962.86
Programme 3: Health Policy, Standards and Regulations						
Sub-Programme 3.1: Health Standard Quality Assurance	3,961.92	4,147.32	4,402.57	3,261.60	3,242.09	4,287.54
Sub-Programme 3.2: Healthy Policy and Regulations	98.54	94.10	89.44	94.86	93.69	54.84
Total for Programme 3	4,060.46	4,241.42	4,492.01	3,356.46	3,335.78	4,342.38
Programme 4: General Administration and Human Resource Management						
Sub-Programme 4.1: General administration Human resource management and development	696.73	2,676.38	3,063.27	597.76	2,432.43	2,956.55
Sub-Programme 4.2: Finance and Planning	47.84	35.85	36.26	26.89	31.63	18.89
Total for Programme 4	744.57	2,712.23	3,099.53	624.65	2,464.06	2,975.44
GRAND TOTAL	29,113.79	32,466.53	37,724.63	25,245.23	27,753.84	35,657.95

2.2.4 Analysis of Programme Approved Budget Vs Actual Expenditure by 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.

State Department for Medical Services

Table 2.5 a: Analysis of Programme Approved Budget Vs Actual Expenditure (KSh. Millions)

Expenditure Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Programme 1: National Referral and specialized Services	60,333	57,075	59,793	34,496	53,709	59,266.54
Current Expenditure	49,532	51,337	50,306	28,136	48,168	50,153.95
Compensation to Employees	1,120	619	628	872	593	627.77
Use of Goods and Services	1491	215	281	1326	234	233.21
Subsidies						
Current Govt Agencies	46,798	50,315	49,241	25,815	47251	49,189.54
Social Benefits	49	0	101	49	0	101.00
Other Recurrent- Non-financial	74	188	55.50	74	90	2.43
Capital Expenditure	10,801	5,738	9,487	6,360	5,541	9,112.59
Compensation to Employees						-
Use of Goods and Services	2,431	0		1,851	-	
Subsidies						
Capital Govt Agencies	6,186	3,478	8,827	3,937	3,495	8,513.69
Other Development (Non financial)	2,184	2,260	660	572	2,046	598.90

Expenditure Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Programme 2: Curative and Reproductive Maternal & Newborn Child Adolescent Health	16,853	20,083	29,741	8,148	14,965	26,164.34
Current Expenditure	1,398	1,722	5,784	1,316	1,702	5,732.36
Compensation to Employees	98	114	100	43	111	99.65
Use of Goods and Services	133	484	129	107	448	77.71
Subsidies						
Current Govt Agencies	1,167	1,122	5,555	1,166	1,122	5,555.00
Social Benefits						
Other Recurrent		2			21	
Capital Expenditure	15,455	18,361	23,957	6,832	13,263	20,431.98
Compensation to Employees						
Use of Goods and Services	3,387	0	3,727	635	0	1,126.62
Subsidies						
Capital Govt Agencies	11,565	15,043	17,490	5,739	11,637	16,632.13
Other Development (Non financial)	503	3,318	2,740	458	1,626	2,673.23
Programme 3: Health Research and Innovations	4,789	3,236	3,333	4,169	3,328	3,333.13
Current Expenditure	3,457	3,126	3,073	3,768	3,125	3,073.13
Compensation to Employees	0					
Use of Goods and Services	0					
Subsidies						
Current Govt Agencies	3,457	3,126	3,073	3,768	3,125	3,073.13
Other Recurrent-						
Capital Expenditure	1,332	110	260	401	203	260.00
Compensation to Employees						
Use of Goods and Services						
Subsidies						
Capital Govt Agencies	600	110	260	200	203	260.00
Other Development	732	0		201	0	
Programme 4: General Administration	23,348	22,329	34,328	18,743	22,143	34,297.10
Current Expenditure	11,832	20,280	34,328	11,305	20,094	34,297.10
Compensation to Employees	7,498	7,066	9,983	7,497	7,013	9,947.85
Use of Goods and Services	1,551	529	525	1,030	573	491.47
Subsidies						
Current Govt Agencies	2723	12,471	23,814	2723	12,298	23,852.83
Other Recurrent-	60	214	5,810.68	55	210	4.95

Expenditure Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Capital Expenditure	11,516	2,049	0	7,438	2,049	-
Compensation to Employees	0			0		
Use of Goods and Services	803			676		
Subsidies						
Capital Govt Agencies	5,713	2,049		4144	2049	
Other Development	5000			2618		
Total Expenditure for the programme	105,323	102,723	127,195	65,556	94,145	123,061.11

State Department for Public Health and Professional Standards

In the FY 2025/26 the Preventive and Promotive Health Services programme approved recurrent budget was **Kshs. 6,492.77 million**, out of which **Kshs. 1,014.12 million** was for compensation of employees, **Kshs. 799.11 million** on use of goods and services, **Kshs. 4,652.80 million** for transfers and **Kshs. 26.74 million** for other recurrent expenditures. The utilization of funds stood at **Kshs. 679.25 million**, **Kshs. 451.79 million**, **Kshs. 4,293.71 million** and **Kshs. 12.10 million** respectively. The absorption rate for compensation of employees, use of goods and services, transfers and other recurrent expenditures stood at **67%**, **56%**, **92%** and **45%** respectively. The approved development budget under this programme was **Kshs. 2,617.02 million** while the expenditure stood at **Kshs. 1,940.42 million** translating to **74%** absorption rate.

Secondly, under the Health Resource Development and Innovation programme, the approved recurrent budget was **Kshs. 19,488.30 million**, of which **Kshs. 9,771.15 million** was for compensation, **Kshs. 112.64 million** for use of goods and services, **Kshs. 9,604.51 million** for transfers and no appropriation for other recurrent expenditures. Utilization of funds stood at **Kshs. 9,711.82 million**, **Kshs. 112.64 million**, and **Kshs. 9,603.41 million**, respectively. The absorption rate for employee compensation, use of goods and services, and transfers stood at **99%**, **100%** and **100%** respectively. The approved development budget under this programme was **Kshs. 1,535.00 million**, while the expenditure stood at **Kshs. 1,534.99 million**, translating to a **100%** absorption rate.

In addition, the Health Policy, Standards and Regulation programme approved the recurrent budget of **Kshs. 4,442.01 million**, of which **Kshs. 220.36 million** is for compensation **Kshs. 17.59 million** for use of goods and services, **Kshs. 4,204.06 million** for transfers and no allocation for other recurrent expenditures. Utilization of funds stood at **Kshs. 201.37 million**, **Kshs. 15.57 million**, and **Kshs. 4,075.44 million** respectively. The absorption rate for compensation of employees, use of goods and services, and transfers stood at **91%**, **89%** and **97%**, respectively. The approved development budget under this programme was **Kshs. 50 million**, while the expenditure stood at **Kshs. 50 million**, translating to a **100%** absorption rate.

Finally, under the General Administration, Planning and Support Services programme the approved recurrent budget was **Kshs. 3,099.53 million**, of which **Kshs. 741.15 million** was for compensation to employees, **Kshs. 602.78 million** for use of goods and services, **Kshs. 1,750 million** for transfers and **Kshs. 5.6 million** for other recurrent expenditures. Utilization of funds stood at **Kshs. 732.41 million**, **Kshs. 487.60 million**, **Kshs. 1,750 million** and **Kshs. 5.43 million** respectively. The absorption rate for compensation of employees, use of goods and services, transfers and other recurrent expenditures stood at **99%**, **80%**, **100%** and **97%**, respectively. There was no approved development budget under this programme.

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

Economic classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Programme 1: Preventive and Promotive Health Services						
Current Expenditure	2,564.83	5,759.95	6,492.77	1,670.10	5,415.45	5,436.85
Compensation of Employees	245.54	784.12	1,014.12	228.36	782.90	679.25
Use of Goods	703.29	518.37	799.11	549.02	446.01	451.79
Transfers	1,616.00	4,450.87	4,652.80	892.72	4,186.31	4,293.71
Other Recurrent	-	6.59	26.74	-	0.23	12.10
Capital Expenditure	3,571.35	4,031.06	2,617.02	3,056.74	2,862.57	1,940.42
Acquisition of Non-Financial Assets	40.00	-	-	15.47	-	-
Capital Transfers Govt. Agencies	3,531.35	4,031.06	2,597.02	3,041.27	2,862.57	1,923.52
Other Development	-	-	20.00	-	-	16.90
TOTAL PROGRAMME 1 Preventive and Promotive Health Services	6,136.18	9,791.01	9,109.79	4,726.84	8,278.02	7,377.27
Programme 2: Health Resource Development and Innovation						
Current Expenditure	15,492.24	15,113.62	19,488.30	13,856.94	13,067.73	19,427.87
Compensation of Employees	5,786.42	5,211.30	9,771.15	5,381.37	5,249.53	9,711.82
Use of goods	167.47	203.87	112.64	177.22	155.36	112.64
Currents and other Transfers Govt. Agencies	9,536.80	9,696.90	9,604.51	8,296.80	7,661.29	9,603.41
Other Recurrent	1.55	1.55	-	1.55	1.55	-
Capital Expenditure	2,680.34	608.25	1,535.00	2,680.34	608.25	1,534.99
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	2,680.34	608.25	1,535.00	2,680.34	608.25	1,534.99
Other Development	-	-	-	-	-	-
TOTAL PROGRAMME 2: Health Resource Development and Innovation	18,172.58	15,721.87	21,023.30	16,537.28	13,675.98	20,962.86

Economic classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Programme 3: Health Policy, Standards and Regulations						
Current Expenditure	3,810.46	4,191.42	4,442.01	3,106.46	3,285.78	4,292.38
Compensation of Employees	227.03	354.07	220.36	211.14	354.07	201.37
Use of Goods	73.61	38.15	17.59	18.16	3.94	15.57
Currents and other Transfers Govt. Agencies	3,501.82	3,789.07	4,204.06	2,869.16	2,926.54	4,075.44
Other Recurrent	8.00	10.13	-	8.00	1.23	-
Capital Expenditure	250.00	50.00	50.00	250.00	50.00	50.00
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	250.00	50.00	50.00	250.00	50.00	50.00
Other Development	-	-	-	-	-	-
TOTAL PROGRAMME 3 Health Policy, Standards and Regulations	4,060.46	4,241.42	4,492.01	3,356.46	3,335.78	4,342.38
Programme 4: General Administration and Human Resource Management						
Current Expenditure	744.57	2,712.23	3,099.53	624.65	2,464.06	2,975.44
Compensation of Employees	320.15	686.05	741.15	297.74	340.79	732.41
Use of goods	363.83	241.73	602.78	274.31	354.27	487.60
Currents and other Transfers Govt. Agencies	-	1,750.00	1,750.00	-	1,744.43	1,750.00
Other Recurrent	60.59	34.45	5.60	52.60	24.57	5.43
Capital Expenditure	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	-	-	-	-	-	-
Other Development	-	-	-	-	-	-
TOTAL PROGRAMME 4 General Administration and Human Resource Management	744.57	2,712.23	3,099.53	624.65	2,464.06	2,975.44
TOTAL VOTE	29,113.79	32,466.53	37,724.63	25,245.23	27,753.84	35,657.95

2.2.5 Analysis of Recurrent Approved Budget Vs Actual Expenditure for SAGAs (Kshs. Millions)

The Table 4.6a and 4.6b provides a summary of actual expenditure against the approved budget for the Semi-Autonomous Government Agencies per economic classification

State Department for Medical Services

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

Summary of SAGAs Recurrent Budget Vs Actual Expenditure

Economic Classification	Approved Budget			Actual Expenditure		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	147,137.00	246,782.00	212,635.00	125,570.00	157,382.00	204,504.00
AIA-Internally Generated Revenue	101,578.00	99,512.00	153,715.00	83,476.00	108,071.00	141,141.00
NET-Exchequer	45,079.00	146,179.00	55,709.00	41,645.00	46,456.00	55,709.00
Compensation to Employees	37,489.00	39,121.00	39,849.00	37,296.00	39,482.00	40,881.00
Use of Goods and Services	109,649.00	207,661.00	172,786.00	88,274.00	117,900.00	163,622.00
<i>of which</i>						
<i>Insurance</i>	1,595.00	1,753.00	1,908.00	1,519.00	1,430.00	1,559.00
<i>Utilities</i>	1,073.00	1,092.00	1,075.00	1,099.00	957.00	1,297.00
<i>Rent</i>	492.00	505.00	369.00	658.00	496.00	296.00
<i>Contracted Guards and Cleaners Services</i>	971.00	936.00	1,021.00	933.00	984.00	1,060.00
<i>Others</i>	105,518.00	203,375.00	168,412.00	84,064.00	114,032.00	159,411.00

SAGAs Recurrent Budget Vs Actual Expenditure

Kenya Medical Supplies Authority (KEMSA)

Economic Classification	Approved Budget			Actual Expenditure		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	4,452.00	6,707.00	5,153.00	5,157.00	5,168.00	3,942.00
AIA-Internally Generated Revenue	4,032.00	4,948.00	5,018.00	4,767.00	3,438.00	3,807.00
NET-Exchequer	420.00	1,759.00	135.00	390.00	1,730.00	135.00
Compensation to Employees	1,218.00	1,250.00	1,250.00	1,018.00	1,095.00	1,223.00
Use of Goods and Services	3,234.00	5,457.00	3,903.00	4,139.00	4,073.00	2,718.00
<i>of which</i>						
<i>Insurance</i>	231.00	270.00	270.00	222.00	237.00	227.00
<i>Utilities</i>	36.00	40.00	40.00	32.00	32.00	37.00
<i>Rent</i>	14.00	30.00	30.00	11.00	20.00	1.00
<i>Contracted Guards and Cleaners Services</i>	344.00	386.00	386.00	330.00	386.00	357.00
<i>Others</i>	2,609.00	4,731.00	3,177.00	3,544.00	3,398.00	2,096.00

Kenya Biovax Institute Ltd (KBI)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	150.00	346.00	284.00	198.00	344.00	280.00
AIA-Internally Generated Revenue	-	65.00	31.00	48.00	62.00	27.00
NET-Exchequer	150.00	282.00	253.00	150.00	282.00	253.00
Compensation to Employees	83.00	223.00	209.00	109.00	112.00	197.00
Use of Goods and Services	67.00	123.00	75.00	89.00	232.00	83.00
<i>of which</i>						
<i>Insurance</i>	-	19.00	22.00	-	10.00	21.00
<i>Utilities</i>	-	-	1.00	-	1.00	1.00
<i>Rent</i>	5.00	13.00	26.00	10.00	14.00	15.00

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
<i>Contracted Guards and Cleaners Services</i>	2.00	8.00	6.00	-	7.00	2.00
<i>Others</i>	61.00	82.00	20.00	79.00	200.00	44.00

Kenyatta National Hospital (KNH)

Economic Classification	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	22,374.00	21,153.00	18,718.00	21,225.00	20,882.00	17,809.00
AIA-Internally Generated Revenue	9,853.00	10,897.00	10,041.00	8,756.00	10,626.00	9,132.00
NET-Exchequer	12,521.00	10,256.00	8,677.00	12,469.00	10,256.00	8,677.00
Compensation to Employees	13,927.00	14,384.00	13,748.00	13,866.00	14,915.00	14,483.00
Use of Goods and Services	8,446.00	6,769.00	4,970.00	7,506.00	7,440.00	5,423.00
<i>of which</i>						
<i>Insurance</i>	12.00	12.00	122.00	12.00	12.00	121.00
<i>Utilities</i>	398.00	361.00	342.00	386.00	361.00	291.00
<i>Rent</i>	-	-	-	-	-	-
<i>Contracted Guards and Cleaners Services</i>	194.00	165.00	110.00	194.00	165.00	110.00
<i>Others</i>	7,842.00	6,231.00	4,396.00	6,914.00	6,902.00	4,901.00

Moi Teaching and Referral Hospital (MTRH)

Economic classification	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	12,774.00	12,436.00	10,780.00	13,256.00	13,004.00	11,902.00
AIA-Internally Generated Revenue	3,785.00	4,274.00	4,580.00	4,267.00	4,842.00	5,302.00
NET-Exchequer	8,989.00	8,162.00	6,200.00	8,989.00	8,162.00	6,600.00
Compensation to Employees	9,006.00	9,289.00	9,648.00	9,006.00	9,330.00	9,525.00
Use of Goods and Services	4,267.00	4,274.00	4,580.00	4,267.00	4,871.00	5,302.00
<i>of which</i>						

Economic classification	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
<i>Insurance</i>	367.00	432.00	476.00	367.00	414.00	411.00
<i>Utilities</i>	197.00	204.00	217.00	197.00	204.00	205.00
<i>Rent</i>	2.00	2.00	2.00	2.00	2.00	2.00
<i>Contracted Guards and Cleaners Services</i>	-	-	-	-	-	-
<i>Others</i>	3,684.00	3,606.00	3,881.00	3,684.00	4,222.00	4,682.00

National Cancer Institute (NCI)

Economic classification	Approved Budget Allocation			Actual Expenditure		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	200.00	270.00	293.00	200.00	270.00	293.00
AIA-Internally Generated Revenue	-	-	-	-	-	-
NET-Exchequer	200.00	270.00	293.00	200.00	270.00	293.00
Compensation to Employees	10.00	51.00	84.00	3.00	51.00	72.00
Use of Goods and Services	190.00	219.00	209.00	189.00	209.00	170.00
<i>of which</i>			-			-
<i>Insurance</i>	-	-	20.00	-	-	-
<i>Utilities</i>	-	-	-	-	-	-
<i>Rent</i>	12.00	14.00	15.00	12.00	14.00	15.00
<i>Contracted Guards and Cleaners Services</i>	-	-	4.00	-	-	-
<i>Others</i>	178.00	205.00	170.00	177.00	195.00	155.00

Kenyatta University Teaching Referral and Research Hospital (KUTRRH)

Economic classification	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	6,138.00	7,556.00	6,961.00	6,634.00	7,303.00	6,760.00
AIA-Internally Generated Revenue	3,152.00	4,540.00	4,500.00	3,648.00	4,286.00	4,299.00
NET-Exchequer	2,986.00	3,017.00	2,461.00	2,986.00	3,017.00	2,461.00
Compensation to Employees	3,531.00	4,160.00	4,367.00	3,824.00	4,322.00	4,758.00

Economic classification	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
Use of Goods and Services	2,607.00	3,396.00	2,594.00	2,810.00	2,981.00	2,002.00
<i>of which</i>						
<i>Insurance</i>	312.00	363.00	406.00	307.00	310.00	363.00
<i>Utilities</i>	314.00	367.00	234.00	364.00	234.00	430.00
<i>Rent</i>	-	-	-	-	-	-
<i>Contracted Guards and Cleaners Services</i>	198.00	203.00	325.00	212.00	243.00	357.00
<i>Others</i>	1,783.00	2,463.00	1,629.00	1,927.00	2,194.00	

Kenya Medical Research Institute (KEMRI)

Economic Classification	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	3,307.00	2,843.00	2,789.00	3,307.00	2,843.00	2,789.00
AIA-Internally Generated Revenue	220.00	220.00	220.00	220.00	220.00	220.00
NET-Exchequer	3,087.00	2,623.00	2,569.00	3,087.00	2,623.00	2,569.00
Compensation to Employees	2,713.00	2,769.00	2,789.00	2,769.00	2,927.00	2,987.00
Use of Goods and Services	594.00	74.00		580.00	53.00	537.00
<i>of which</i>						
<i>Insurance</i>	2.00			5.00	5.00	14.00
<i>Utilities</i>	16.00	-	-	14.00	14.00	110.00
<i>Rent</i>	101.00	74.00	-	123.00	84.00	3.00
<i>Contracted Guards and Cleaners Services</i>	52.00	-	-	59.00	45.00	71.00
<i>Others</i>	423.00	-	-	521.00	8.00	

Digital Health Agency (DHA)

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	-	100.00	394.00	-	96.00	142.00
AIA-Internally Generated Revenue	-	-	224.00	-	-	-

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
NET-Exchequer	-	100.00	170.00	-	96.00	142.00
Compensation to Employees	-	-	66.00	-	-	6.00
Use of Goods and Services	-	100.00	328.00	-	96.00	136.00
<i>of which</i>	-		-	-		-
<i>Insurance</i>	-		2.00	-	-	1.00
<i>Utilities</i>	-	1.00	3.00	-	1.00	-
<i>Rent</i>	-	5.00	30.00	-	5.00	11.00
<i>Contracted Guards and Cleaners Services</i>	-	-	-	-	-	-
<i>Others</i>	-	94.00	292.00	-	90.00	124.00

National Syndemic Diseases Control Council (NSDCC)

Economic classification	Approved Budget			Actual Budget		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	967.00	1,172.00	1,307.00	967.00	1,138.00	1,307.00
AIA-Internally Generated Revenue	-	-		-	-	
NET-Exchequer	967.00	1,172.00	1,307.00	967.00	1,138.00	1,307.00
Compensation to Employees	593.00	616.00	619.00	503.00	598.00	617.00
Use of Goods and Services	374.00	556.00	688.00	464.00	540.00	690.00
<i>of which</i>	-	-		-	-	
<i>Insurance</i>	77.00	80.00	60.00	57.00	50.00	60.00
<i>Utilities</i>	54.00	60.00	83.00	54.00	58.00	82.00
<i>Rent</i>	60.00	69.00	55.00	60.00	70.00	55.00
<i>Contracted Guards and Cleaners Services</i>	27.00	28.00	35.00	28.00	30.00	34.00
<i>Others</i>	156.00	319.00	455.00	266.00	332.00	459.00

Mwai Kibaki Teaching and Referral Hospital (MKTRH)

Economic Classification	Approved Budget			Actual Expenditure		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	1,381.00	1,379.00	1,429.00	1,227.00	1,333.00	1,411.00
AIA-Internally Generated Revenue	593.00	599.00	697.00	439.00	553.00	679.00
NET-Exchequer	788.00	780.00	732.00	788.00	780.00	732.00
Compensation to Employees	798.00	906.00	733.00	887.00	924.00	861.00
Use of Goods and Services	583.00	473.00	695.00	876.00	731.00	861.00
<i>of which</i>			-			-
<i>Insurance</i>			-			-
<i>Utilities</i>	44.00	44.00	35.00	38.00	41.00	33.00
<i>Rent</i>			-			-
<i>Contracted Guards and Cleaners Services</i>	23.00	23.00	24.00	20.00	20.00	23.00
<i>Others</i>	516.00	401.00	636.00	409.00	333.00	805.00

Social Health Authority (SHA)

Economic Classification	Approved Budget			Actual Expenditure		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	94,914.00	191,728.00	157,524.00	72,949.00	102,145.00	148,686.00
AIA-Internally Generated Revenue	79,943.00	73,969.00	126,545.00	61,330.00	84,043.00	116,169.00
NET-Exchequer	14,971.00	117,758.00	30,979.00	11,619.00	18,102.00	32,516.00
Compensation to Employees	5,610.00	5,473.00	4,999.00	5,311.00	5,208.00	4,814.00
Use of Goods and Services	89,304.00	186,255.00	152,526.00	67,638.00	96,938.00	143,872.00
<i>of which</i>						
<i>Insurance</i>	594.00	577.00	451.00	549.00	392.00	300.00
<i>Utilities</i>	15.00	15.00	14.00	14.00	11.00	5.00
<i>Rent</i>	298.00	298.00	210.00	441.00	287.00	194.00
<i>Contracted Guards and Cleaners Services</i>	132.00	123.00	86.00	91.00	89.00	62.00
<i>Others</i>	88,265.00	185,242.00	151,765.00	66,543.00	96,159.00	143,310.00

Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH)

Economic Classification	Approved Budget			Actual Expenditure		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
GROSS	-	-	3,791.00	-	-	3,360.00
AIA-Internally Generated Revenue	-	-	1,860.00	-	-	1,507.00
NET-Exchequer	-	-	1,931.00	-	-	1,854.00
Compensation to Employees	-	-	1,337.00	-	-	1,337.00
Use of Goods and Services	-	-	2,223.00	-	-	1,832.00
<i>of which</i>	-	-		-	-	
<i>Insurance</i>	-	-	80.00	-	-	40.00
<i>Utilities</i>	-	-	107.00	-	-	103.00
<i>Rent</i>	-	-		-	-	
<i>Contracted Guards and Cleaners Services</i>	-	-	45.00	-	-	44.00
<i>Others</i>	-	-	1,991.00	-	-	1,644.00

State Department for Public Health and Professional Standards

The State Department of Public Health & Professional Standards during the period under review had twenty (20) SAGAs. During this reporting period transfers to SAGAs budget and expenditures were as follows; In the FY 2023/24 current transfers to SAGAs was **Ksh. 13,241.15** million against an expenditure of **Kshs. 12,833.16** representing and absorption rate of **96%**. Secondly, FY 2024/25 had current transfers to SAGAs amounting to Ksh. **14,533.18** million against an expenditure of **Kshs. 13,653.33** representing and absorption rate of **94%**. Finally, FY 2025/26 had current transfers to SAGAs amounting to **Ksh. 15,145.11** million against an expenditure of **Kshs. 14,722.37** representing and absorption rate of **97%**. Below is a detailed analysis of the SAGAs appropriated budgets vs actual expenditures: -

Table 2.6b. Analysis of Recurrent Approved Budget Vs Actual Expenditure for SAGAs (Kshs. Millions)

Economic Classification	Approved Budget			Actual Expenditure		
Column1	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	13,241.15	14,533.18	15,145.11	12,833.16	13,653.33	14,722.37
<i>AIA - Internally Generated Revenue</i>	7,024.45	8,017.83	9,100.84	6,618.94	7,190.76	8,680.74

NET - Exchequer	6,216.69	6,475.35	6,044.27	6,214.21	6,462.57	6,041.63
Compensation to Employees	5,264.25	6,105.84	6,519.22	5,131.39	6,092.72	6,469.89
Use of Goods & Services	7,976.90	8,427.34	8,625.89	7,701.77	7,560.61	8,252.48
Of Which	-	-	-	-	-	-
<i>Insurance</i>	769.20	613.70	659.43	699.26	602.46	655.55
<i>Utilities</i>	276.79	315.69	235.97	265.70	288.66	211.45
<i>Rent</i>	44.10	41.02	62.73	36.17	39.82	63.39
<i>Contracted Professional Services (Guards & Cleaners)</i>	459.11	502.55	615.15	409.33	498.13	595.92
<i>Others Specify</i>	6,427.70	6,954.38	7,052.62	6,291.31	6,131.54	6,726.17
CLINICAL OFFICERS COUNCIL						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	132.28	202.28	179.36	140.79	200.72	179.36
AIA - Internally Generated Revenue	132.28	132.28	132.28	140.79	159.61	132.28
NET - Exchequer	0.00	70.00	47.08	0.00	41.11	47.08
Compensation to Employees	19.80	21.04	20.00	8.92	20.10	20.00
Use of Goods & Services	112.48	181.24	159.36	131.87	180.62	159.36
Of Which						
<i>Insurance</i>	0.80	0.56	1.50	0.57	0.56	1.50
<i>Utilities</i>	58.66	0.86	4.20	58.66	0.41	4.20
<i>Rent</i>	-	-	-	-	-	-
<i>Contracted Professional Services (Guards & Cleaners)</i>	-	-	-	-	-	-
<i>Others Specify</i>	53.02	179.82	153.66	72.65	179.65	153.66
COUNSELLORS AND PSYCHOLOGISTS BOARD						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	0.00	36.00	48.55	0.00	36.00	48.02
AIA - Internally Generated Revenue	0	16.00	30.50	0.00	16.00	29.97
NET - Exchequer	0.00	20.00	18.05	0.00	20.00	18.05
Compensation to Employees	-	7.14	10.86	-	7.14	10.86
Use of Goods & Services	0.00	28.86	37.69	0.00	28.86	37.16
Of Which						
<i>Insurance</i>	-	-	-	-	-	-
<i>Utilities</i>	-	2.00	0.60	-	2.00	0.60
<i>Rent</i>	-	-	-	-	-	-

<i>Contracted Professional Services (Guards & Cleaners)</i>	-	-	-	-	-	-
<i>Others Specify</i>	-	26.86	37.09	-	26.86	36.56
HEALTH RECORDS & INFORMATION MANAGERS BOARD						
Economic Classification Column1	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	0.00	25.00	18.00	0.00	25.00	18.00
AIA - Internally Generated Revenue	0	25.00	18.00	0.00	25.00	18.00
NET - Exchequer	0.00	0.00	0.00	0.00	0.00	0.00
Compensation to Employees	-	0.57	-	0.00	0.57	-
<i>Use of Goods & Services</i>	0.00	24.43	18.00	0.00	24.43	18.00
<i>Of Which</i>						
<i>Insurance</i>	-	-	-	-	-	-
<i>Utilities</i>	-	-	-	-	-	-
<i>Rent</i>	-	-	-	-	-	-
<i>Contracted Professional Services (Guards & Cleaners)</i>	-	-	-	-	-	-
<i>Others Specify</i>	-	24.43	18.00	-	24.43	18.00
KENYA NUCLEAR REGULATORY AUTHORITY						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	274.00	208.81	199.18	265.00	197.50	199.18
AIA - Internally Generated Revenue	100	110.00	110.00	91.00	98.69	110.00
NET - Exchequer	174.00	98.81	89.18	174.00	98.81	89.18
Compensation to Employees	60.00	92.70	115.66	62.70	92.68	115.66
<i>Use of Goods & Services</i>	214.00	116.11	83.52	202.30	104.82	83.52
<i>Of Which</i>						
<i>Insurance</i>	4.30	2.60	3.70	2.20	2.56	3.70
<i>Utilities</i>	6.00	3.00	4.70	4.00	2.90	4.70
<i>Rent</i>	18.50	17.50	18.00	17.50	17.40	18.00
<i>Contracted Professional Services (Guards & Cleaners)</i>	7.00	6.52	7.10	9.10	6.52	7.10
<i>Others Specify</i>	178.20	86.49	50.02	169.50	75.44	50.02
KENYA HEALTH HUMAN RESOURCE COUNCIL						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	0.00	54.78	81.39	0.00	34.10	81.29
AIA - Internally Generated Revenue	0	0.00	0.00	0.00	0.00	0.00

NET - Exchequer	0.00	54.78	81.39	0.00	34.10	81.29
Compensation to Employees	-	-	-	0.00	0.00	-
Use of Goods & Services	0.00	54.78	81.39	0.00	34.10	81.29
Of Which						
<i>Insurance</i>	-	-	2.50	-	-	2.50
<i>Utilities</i>	-	19.30	3.20	-	2.90	3.20
<i>Rent</i>	-	-	10.50	-	-	10.50
<i>Contracted Professional Services (Guards & Cleaners)</i>	-	-	3.00	-	-	-
<i>Others Specify</i>	-	35.48	62.19	-	31.20	65.09
KENYA HEALTH PROFESSIONS OVERSIGHT AUTHORITY						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	65.56	220.03	178.96	65.56	212.84	178.96
AIA - Internally Generated Revenue	15.00	20.00	25.00	15.00	12.81	25.00
NET - Exchequer	50.56	200.03	153.96	50.56	200.03	153.96
Compensation to Employees	3.63	30.87	49.75	3.63	27.39	48.20
Use of Goods & Services	61.93	189.16	129.21	61.93	185.45	130.76
Of Which						
<i>Insurance</i>	0.00	2.98	7.63	-	2.98	6.63
<i>Utilities</i>	0.76	0.83	0.50	0.76	0.83	0.46
<i>Rent</i>	2.70	6.62	7.44	2.70	6.62	9.10
<i>Contracted Professional Services (Guards & Cleaners)</i>	1.08	0.13	9.65	1.08	0.13	3.40
<i>Others Specify</i>	57.40	178.60	104.00	57.40	174.89	111.17
KENYA INSTITUTE OF PRIMATE RESEARCH						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	273.80	580.42	630.40	273.80	580.42	626.90
AIA - Internally Generated Revenue	0.00	8.33	3.50	0.00	8.33	3.50
NET - Exchequer	273.80	572.09	626.90	273.80	572.09	623.40
Compensation to Employees	-	180.90	180.90	0.00	180.90	180.90
Use of Goods & Services	273.80	399.52	449.50	273.80	399.52	446.00
Of Which						
<i>Insurance</i>	-	40.46	56.00	-	40.46	57.00
<i>Utilities</i>	7.90	12.54	8.20	7.90	12.54	7.70
<i>Rent</i>	-	-	-	-	-	-

<i>Contracted Professional Services (Guards & Cleaners)</i>	12.00	12.00	16.00	12.00	12.00	12.00
<i>Others Specify</i>	253.90	334.52	369.30	253.90	334.52	369.30
KENYA MEDICAL LABORATORY TECHNICIANS & TECHNOLOGIST BOARD (KMLTTB)						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	0.00	150.00	160.00	0.00	150.00	160.00
AIA - Internally Generated Revenue	0	150.00	160.00	0.00	150.00	160.00
NET - Exchequer	0.00	0.00	0.00	0.00	0.00	0.00
Compensation to Employees	-	31.56	31.20	0.00	31.56	31.20
<i>Use of Goods & Services</i>	0.00	118.44	128.80	0.00	118.44	128.80
<i>Of Which</i>						
<i>Insurance</i>	-	-	-	-	-	-
<i>Utilities</i>	-	46.14	-	-	46.14	-
<i>Rent</i>	-	-	8.00	-	-	8.00
<i>Contracted Professional Services (Guards & Cleaners)</i>	-	-	-	-	-	-
<i>Others Specify</i>	-	72.30	120.80	-	72.30	120.80
KENYA MEDICAL TRAINING COLLEGE						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	9,263.00	9,061.00	8,855.72	9,073.00	9,034.00	8,854.62
AIA - Internally Generated Revenue	4,240.00	4,040.00	4,287.94	4,050.00	4,013.00	4,286.83
NET - Exchequer	5,023.00	5,021.00	4,567.78	5,023.00	5,021.00	4,567.79
Compensation to Employees	4,719.00	5,245.00	5,510.00	4,636.00	5,237.00	5,510.00
<i>Use of Goods & Services</i>	<i>4,544.00</i>	<i>3,816.00</i>	<i>3,345.72</i>	<i>4,437.00</i>	<i>3,797.00</i>	<i>3,344.62</i>
<i>Of Which</i>						
<i>Insurance</i>	660.00	450.00	450.00	600.00	445.00	450.00
<i>Utilities</i>	150.00	162.00	162.00	138.00	161.00	160.00
<i>Rent</i>	4.00	4.00	4.00	3.00	3.00	3.00
<i>Contracted Professional Services (Guards & Cleaners)</i>	367.00	445.00	445.00	355.00	443.00	440.00
<i>Others Specify</i>	3,363.00	2,755.00	2,284.72	3,341.00	2,745.00	2,291.62
NURSING COUNCIL OF KENYA						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	723.48	655.00	651.00	763.47	640.29	648.60
AIA - Internally Generated Revenue	538.48	650.00	651.00	581.07	635.29	648.60

NET - Exchequer	185.00	5.00	-	182.40	5.00	-
Compensation to Employees	116.82	109.29	147.13	112.56	108.71	118.45
Use of Goods & Services	606.66	545.71	503.87	650.91	531.58	530.15
Of Which						
<i>Insurance</i>	21.60	27.60	27.60	21.43	21.50	23.72
<i>Utilities</i>	42.50	24.17	33.23	45.77	15.59	11.25
<i>Rent</i>	-	-	-	-	-	-
<i>Contracted Professional Services (Guards & Cleaners)</i>	4.08	5.00	5.00	3.71	3.78	4.02
<i>Others Specify</i>	538.48	488.94	438.04	580.00	490.71	491.16
OCCUPATION THERAPY COUNCIL OF KENYA						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	0.00	18.00	23.50	0.00	14.94	15.81
AIA - Internally Generated Revenue	0	8.00	14.00	0.00	4.94	5.07
NET - Exchequer	0.00	10.00	9.50	0.00	10.00	10.74
Compensation to Employees	-	-	-	0.00	0.00	-
Use of Goods & Services	0.00	18.00	23.50	0.00	14.94	15.81
Of Which						
<i>Insurance</i>	-	-	-	-	-	-
<i>Utilities</i>	-	0.55	0.50	-	0.35	0.50
<i>Rent</i>	-	-	-	-	-	-
<i>Contracted Professional Services (Guards & Cleaners)</i>	-	-	-	-	-	-
<i>Others Specify</i>	-	17.45	23.00	-	14.59	15.31
PHYSIOTHERAPY COUNCIL OF KENYA						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	0.00	58.00	55.08	-	58.00	55.08
AIA - Internally Generated Revenue	0	18.00	18.00	0.00	18.00	18.00
NET - Exchequer	0.00	0.00	37.08	-	40.00	37.08
Compensation to Employees	-	12.73	5.87	-	12.73	5.87
Use of Goods & Services	0.00	45.27	49.21	0.00	45.27	49.21
Of Which						
<i>Insurance</i>	-	-	1.00	-	-	1.00
<i>Utilities</i>	-	0.55	2.00	-	0.55	2.00
<i>Rent</i>	-	-	1.30	-	-	1.30

<i>Contracted Professional Services (Guards & Cleaners)</i>	-	-	0.20	-	-	0.20
<i>Others Specify</i>	-	44.72	44.71	-	44.72	44.71
PHARMACY AND POISONS BOARD						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	1,609.70	1,614.22	2,059.00	1,352.87	1,018.00	2,059.00
AIA - Internally Generated Revenue	1,609.70	1,614.22	2,059.00	1,352.87	1,018.00	2,059.00
NET - Exchequer	-	-	-	-	-	-
Compensation to Employees	140.00	163.30	201.00	104.73	163.20	201.00
<i>Use of Goods & Services</i>	1,469.70	1,450.92	1,858.00	1,248.14	854.80	1,858.00
<i>Of Which</i>	-	-		0.00	0.00	
<i>Insurance</i>	55.00	54.50	60.40	47.63	54.40	60.40
<i>Utilities</i>	8.00	7.00	6.34	7.64	6.70	6.34
<i>Rent</i>	10.00	4.00	3.39	4.11	3.90	3.39
<i>Contracted Professional Services (Guards & Cleaners)</i>	64.00	30.00	103.30	24.49	28.80	103.30
<i>Others Specify</i>	1,332.70	1,355.42	1,684.57	1164.26	761.00	1,684.57
PUBLIC HEALTH OFFICERS AND TECHNICIANS COUNCIL						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	0.00	50.00	69.50	0.00	50.00	66.15
AIA - Internally Generated Revenue	0	30.00	30.00	0.00	30.00	26.93
NET - Exchequer	0.00	20.00	39.50	0.00	20.00	39.22
Compensation to Employees	-	5.20	3.60	0.00	5.20	2.65
<i>Use of Goods & Services</i>	0.00	44.80	65.90	0.00	44.80	63.50
<i>Of Which</i>						
<i>Insurance</i>	-	-	3.10	-	-	3.10
<i>Utilities</i>	-	29.77	4.00	-	29.77	4.00
<i>Rent</i>	-	-	1.20	-	-	1.20
<i>Contracted Professional Services (Guards & Cleaners)</i>	-	-	0.40	-	-	0.40
<i>Others Specify</i>	-	15.03	57.20	-	15.03	54.80
TOBACCO CONTROL BOARD						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	0.00	30.00	0.00	0.00	30.00	0.00
AIA - Internally Generated Revenue	0	0.00	0.00	0.00	0.00	0.00

NET - Exchequer	0.00	30.00	0.00	0.00	30.00	0.00
Compensation to Employees	-	2.54	-	0.00	2.54	-
Use of Goods & Services	0.00	27.46	0.00	0.00	27.46	0.00
Of Which						
Insurance	-	-	-	-	-	-
Utilities	-	-	-	-	-	-
Rent	-	-	-	-	-	-
Contracted Professional Services (Guards & Cleaners)	-	-	-	-	-	-
Others Specify	-	27.46	-	-	27.46	-
TOBACCO CONTROL FUND						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	-	831.00	1,100.55	-	636.09	748.76
AIA - Internally Generated Revenue	-	831.00	1,100.55	-	636.09	748.76
NET - Exchequer	-	-	-	-	-	-
Compensation to Employees	-	-	-	-	-	-
Use of Goods & Services	-	831.00	1,100.55	-	636.09	748.76
Of Which						
Insurance	-	-	-	-	-	-
Utilities	-	3.48	2.50	-	3.48	2.50
Rent	-	-	-	-	-	-
Contracted Professional Services (Guards & Cleaners)	-	-	22.00	-	-	22.00
Others Specify	-	827.52	1,076.05	-	632.61	724.26
KENYA MEDICAL PRACTITIONERS AND DENTIST COUNCIL						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	899.33	705.00	625.38	898.66	705.00	625.38
AIA - Internally Generated Revenue	389	365.00	390.00	388.21	365.00	390.00
NET - Exchequer	510.33	340.00	235.38	510.45	340.00	235.38
Compensation to Employees	205.00	203.00	203.00	202.84	203.00	203.00
Use of Goods & Services	694.33	502.00	422.38	695.82	502.00	422.38
Of Which						
Insurance	27.50	35.00	46.00	27.43	35.00	46.00
Utilities	2.98	3.50	4.00	2.97	3.50	4.00
Rent	8.90	8.90	8.90	8.86	8.90	8.90

<i>Contracted Professional Services (Guards & Cleaners)</i>	3.96	3.90	3.50	3.95	3.90	3.50
<i>Others Specify</i>	651.00	450.70	359.98	652.60	450.70	359.98
KENYA HOSPITAL AUTHORITY FUND						
Economic Classification	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	0.00	0.00	37.00	0.00	0.00	20.00
AIA - Internally Generated Revenue	0	0.00	17.00	0.00	0.00	0.00
NET - Exchequer	0.00	0.00	20.00	0.00	0.00	20.00
Compensation to Employees	-	-	-	0.00	0.00	-
<i>Use of Goods & Services</i>	0.00	0.00	37.00	0.00	0.00	20.00
<i>Of Which</i>						
<i>Insurance</i>	-	-	-	-	-	-
<i>Utilities</i>	-	-	-	-	-	-
<i>Rent</i>	-	-	-	-	-	-
<i>Contracted Professional Services (Guards & Cleaners)</i>	-	-	-	-	-	-
<i>Others Specify</i>	-	-	37.00	-	-	20.00
NATIONAL QUALITY CONTROL LABORATORIES						
Economic Classification Column1	Approved Budget			Actual Expenditure		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	0.00	0.00	84.83	0.00	0.00	49.55
AIA - Internally Generated Revenue	0.00	0.00	54.07	0.00	0.00	18.80
NET - Exchequer	0.00	0.00	30.76	0.00	0.00	30.75
Compensation to Employees	0.00	0.00	40.25	0.00	0.00	22.10
<i>Use of Goods & Services</i>	0.00	0.00	44.58	0.00	0.00	27.45
<i>Of Which</i>						
<i>Insurance</i>	0.00	0.00	-	0.00	0.00	-
<i>Utilities</i>	0.00	0.00	-	0.00	0.00	-
<i>Rent</i>	0.00	0.00	-	0.00	0.00	-
<i>Contracted Professional Services (Guards & Cleaners)</i>	0.00	0.00	-	0.00	0.00	-
<i>Others Specify</i>	0.00	0.00	44.58	0.00	0.00	27.45
KENYA NATIONAL PUBLIC HEALTH INSTITUTE						
Economic Classification	Approved Budget			Actual Expenditure		
Column1	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
Gross	0.00	33.64	87.71	0.00	30.43	87.71
AIA - Internally Generated Revenue	0.00	0.00	-	0.00	0.00	-

NET - Exchequer	0.00	33.64	87.71	0.00	30.43	87.71
Compensation to Employees	0.00	0.00	-	0.00	0.00	-
<i>Use of Goods & Services</i>	0.00	33.64	87.71	0.00	30.43	87.71
<i>Of Which</i>						
<i>Insurance</i>	0.00	0.00	-	0.00	0.00	-
<i>Utilities</i>	0.00	0.00	-	0.00	0.00	-
<i>Rent</i>	0.00	0.00	-	0.00	0.00	-
<i>Contracted Professional Services (Guards & Cleaners)</i>	0.00	0.00	-	0.00	0.00	-
<i>Others Specify</i>	0.00	33.64	87.71	0.00	30.43	87.71

2.2.6 Analysis of Capital Project (Ksh. Million)

State Department for Medical Services

The State Department for 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 FY2023/24-2025/26.

ANNEX 4(C) a: PERFORMANCE ANALYSIS OF CAPITAL PROJECTS FY 2023/24 - 2025/26 (KSH. MILLION)

State Department for Medical Services

Table 2.7a: Performance Analysis of Capital Projects - State Department for Medical Services

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion stage as at 30th June 2026	
	Kshs Million					Kshs Million				Kshs. Millions									
1082100100 KNH Burns and Pediatrics Centre	5,459.00	3,482.00	1,977	03/03/2018	20/08/2026	701	1,242	2,218.00	41%	163.12	105	2,486.12	46%	300	963	3,749.12	1,709.88	69%	The structural work is complete with plastering of all the rooms awaiting painting, partitioning and equipping.

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
1082100200 National Commodities Storage Center (KEMSA)- (Initial Contract value)	6,124	5,545	579.1	1/26/2018	12/30/2026	155	-	5,214	85	-	-	5,337	87	-	-	5,502	622	90	As at 30th June 2026,

Equipping, Warehouse Layout, Automation & Operationalization of the New Warehouse & Depots) National Commodities Storage Centre (KEMSA)	3,448	3,054	394	1/26/2021	12/30/2027	0	208	208	6	600	-	808	23	-	-	808	2,640.00	23	flooring, racking, Business Management System (BMS), generator, AVS and UPS installations, lift installation, linkage of the new and existing warehouses, and equipping with Material Handling Equipment (MHE). The key items that are pending are; operationalisation of the cold room flooring and racking, Supply and Installation of dock doors, in rack fire fighting and installation of the gatehouse and weigh bridge. Completion
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																			of this project and proper equipping of the warehouse will ensure improvrd HPT delivery
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Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Finance	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
1082100300 East Africa's Centre of Excellence for Skills & Tertiary Education	3,674.00	334	3,340	18/10/2016	18/02/2024	118	1,082	2,075.40	56	105	520	2,485	68	201	400	3086	588	84	The project is complete with structural work and equipping for ground, 1st and 2nd floor. Currently the order paper has been prepared for consideration to SAGA status.
1082100500 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital	79,502.00	79,502.00		07/10/2013	30/06/2025	3,375.00	-	75,452.00	94	450	-	75,902	95.5	380		76282	3,220.00	95.9	The project ended in June 2025 and was extended for services of the fund to June 2026.

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion stage as at 30th June 2026	
	Kshs Million					Kshs Million				Kshs. Millions									
																			However four contracts remain unpaid.
1082100600 Free	70,088.00	70,088.00		7/10/	07/10/2002	4,098.00		42,635.00	61	4,098	-	44,635	64	245		44880	25,208.00	64	The free maternity program lapsed in December 2024. Currently expected mothers registered with SHA are covered under Taifa care
Maternity Program (Strategic Intervention)	0	0		2013	26	0		30									0		

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	For e ign Fin a nce d	Start Date	Exp Comp lection Date	GoK	For e ign	Actua l Cumu l ative Exp up to 30th June 2024	Com p lection stage as at 30th June 2024 (%)	GoK	F or e i g n	Actu al Cum ul ative Exp up to 30th June 2025	Co mp letio n stag e as at 30t h Jun e 202 5 (%)	GoK	For e i g n	Actu al Cum u lative Exp up to 30th June 2026	Outst a nding Balan c e as at 30th June 2026	co mp leti on Sta ge as at 30t h Jun e 202 6	
	Kshs Million					Kshs Million					Kshs. Millions								
1082100700	1,650.00	1,650.00		30-Jul	30/06/	550		486	29	41	-	527	32	100		627	1,023.00	34	The Project grant funded the renovation and modernizati on of the old dilapidated infrastructure at MNTRH including male and female wards, road networks, doctors

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
Modernize Wards & Staff house- Mathari Teaching & Referral Hospital	0	0		/2013	2025												0		consultation rooms and supplies warehouse. The project also funded construction of new outpatient units(9)

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
1082100800	791.3	791.3		30-Jul	30/06/	53		125.5	16	103	-	212	27	50		262	529.3	33.1	The project is ongoing for procurement of Medical Equipment to support spine services by reducing the waiting time for the patients to access spine surgeries and reducing the average length of stay in the hospital.

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
Construct a Wall, renovation & Procure Equipment at National Spinal Injury Hospital				/2014	2026														Spine rehabilitation process includes reintegrating the patient back to the community of which the procurement of the van will be done to enhance this.

1082101000	100	100		01/07/2002	30/06/	100		50	50	25	-	75	75	-		75	25	75	The project for procurement of chemotherapy drugs distributed to regional cancer treatment centers; Garissa, Mombasa and Nakuru, which were completed in June 2022. Drugs were procured by KEMSA and distributed to facilities from 2023. AIE sent by MOH to KEMSA. Drugs procured worth 75 Million. Pending unpaid AIE to KEMSA of KES.
Establishing of Regional Cancer Centers				23	2026														25Million. No disbursement for 2025/26

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Finance	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
1082100900	8,396.30	8,396.30	-	01/07/2002	30/12/2029	920	-	2,981.00	36%	300	-	3,281	39%	100	-	3,381	5,015.00	40%	The project implementation is at 40% with the procurement of equipment and commodities for the continued provision of blood transfusion services in the country.
Procurement of Equipment at the National Blood Transfusion Services	0	0		15	2029			0									0		
MOH/NSIRH/RT/001/2023-2024 :	19,164,	19,164,	0	4/10/	5/31/2	19,164,	0	19,164,	100	19,164,	0	0	100	0	0	0	0	100	Project is complete and the

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
Proposed refurbishment of office space at the current Orthopedic Technology office at National Spinal Injury Referral Hospital - Nairobi	203	203		2024	24	203		203		203									offices are currently in use
MOH/NSIRH/RT/02	24,832 ,	24,832 ,	0	3/21/	8/30/2	0	0	0	0	24,832,	0		50	24,832,	0	0	24,832 ,	100	The section is complete, awaiting allocation of
/2024-2025 :	226.72	226.72		2025	25					226.72				226.72			226.72		

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
Proposed erection of first floor and ramp in existing outpatient at National Spinal Injury Referral Hospital																			funding to complete 3rd & 4th floors.
MOH/NSIRH/RT/00 3/2023-2025 :	250,000	250,000	0	5/21/	6/30/2	29,686,	0	0	10	29,686,	0	29,686,	40	0	0	0	0	50	Project stalled at the second floor

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million					Kshs. Millions								
Proposed erection of Outpatient facility at National Spinal Injury Referral Hospital - Nairobi	,000.00	,000.00		2024	26	550				550		550							due to lack of funds
MOH/NSIRH/RT/00 2/2023-2024 :	16,300,	16,300,	0	4/18/	6/30/2	16,300,	0	13,855,	85	0		16,300,	100	0	0	0	0	100	The project is complete and the

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million					Kshs. Millions								
Proposed erection of additional floor and partitioning of offices at National Spinal Injury Referral Hospital - Nairobi	911.6	911.6		2024	25	911.6		774.86				911.6							building is in use.
MOH/NSIRH/RT/00 2/2023-2024 :	4,494,3	4,494,3	0	4/18/	6/27/2	4,494,3	0	4,494,3	100	4,494,3	0	0	100	0	0	0	0	100	Project is complete and

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Finance d	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
Proposed refurbishment of roof cover at National Spinal Injury Referral Hospital - Nairobi	0	0		2024	24	0		0		0									utilization of the office spaces undertaken
1082101300	350	350		1/10/	30/06/	45.8		80.5	23	139	0	150	43			150	200	42.9	The amount allocated has been spent on procurement of 10 delivery beds and 3 maternity ICU beds. The balance is required for maternity theatre.
Equipping Maternity Unit(Mother & Baby Unit) -MTRH				2019	2026														

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million					Kshs. Millions								
1082101400	484	484		07/01/2002	06/06/2020	52.3		249	51	70	-	284	59			284	200	58.7	The amount allocated, Ksh 284 million, has been spent on completion of ICU and HDU beds. The balance of Ksh 200 M is required for cardiac monitors and suction machines
Expansion and Equipping of ICU-MTRH				15	25														

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million					Kshs. Millions								
1082101500	3450	3450		07/01/2002	07/01/2020	57		232.4	7	80	0	312	9	160		472.4	2977.6	14	Overall project implementation reached 14% as at 30th June 2026. the following components were undertaken: 1.
Construction and upgrading of KEMRI Laboratories (Nairobi, Kwale, Busia, Kirinyaga & Kombewa)				16	26														Construction of Phase I of the Laboratories, Research and Training facility in Nairobi. and Kwale

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million				Kshs. Millions									
																			2. Completion of design works and the tendering process for the phase 1 of Kirinyaga Laboratory
																			project. Continued investment is therefore critical to complete the remaining upgrades and achieve full project objectives.

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
1082101700	4,424.50	-	4,42	9/24/	6/30/2	50	200	344.5	3%	50	190	528.74	12%	-	460	947.1	3,477.40	45%	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.

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Finance d	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million				Kshs. Millions									
Construction of a Cancer Center at Kisii Level 5 Hospital	9		5	2025	28											7	2		Currently designs have been completed and approved and construction has been initiated
1082101800	2,000.00	2,000.00		23/8/	06/09/2020	300	0	521	26%	141.5		662.5	33%	164.6		827.1	1,172.90	41%	Phase one of the project is completed with underground, ground and 1st floor complete, equipped and operational.

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million					Kshs. Millions								
Strengthening of Cancer Management at KNH	0	0		2018	25												1		Phase two will entail building expansion that will host consultation rooms, wards and treatment rooms.
1082101900	6,400.00	6,400.00		07/01/2002	07/01/2020	292		1,410.80	22	0	0	1,561	24	0	0	1561	4,839.00	24.4	The funding supported 126 research projects addressing diseases of national health priority across 34 counties.

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million					Kshs. Millions								
Research and Development - KEMRI	0	0		14	25			0									0		The research encompassed innovation, drug and health product development, disease surveillance, and evaluation studies, resulting in 11 policy briefs, 63 publications in peer-reviewed journals, 49 abstracts presented at scientific conferences

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million					Kshs. Millions								
																			, three trademarks, and one patent. Additional resources are required to undertake more studies and conclude stalled projects.
1082102000	2,332.00	2,332.00		01/07/2002	01/06/2020	250	-	2,132.00	91	150	0	2132	91			2132	200	91.4	The project commenced 1/7/2021 and 2.3B was allocated FY 2021/2022. An

Integrated Molecular Imaging Centre	0	0		20	24			0											allocation of KES. 150 Million during the reporting period was utilized to construct and equip the Centre to provide specialized diagnostic and treatment services for cancer patients. The project has been successfully completed and is operational
1082102100	770	770		01/07/2002	30/06/	276		376	49	74	0	400	52			400	370	51.9	The project commenced 1/7/2021 and 770M was allocated FY 2021/2022. An

renovation & Improvement for Gatundu Level 5 Hospital				20	2026														allocation of Kshs 74M during the reporting period for renovation and improvement of the hospital facilities was successfully completed. Construction of the second tower, which was to accommodate the Accident and Emergency Centre, Outpatient Clinics, Pharmacy, Radiology Department, Plaster Room, Laboratory, and inpatient wards, are currently ongoing.
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Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
1082102200	400	400		01/07/2002	30/06/2026	100	-	150	38	103	0	222	56	50		272	128	68	The structural work is complete with plastering, painting and partitioning.
Infrastructural Support to Kigumo Hospital				20	2026														However, mechanical works are at 30% completion, and electrical works at 80% completion.

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million					Kshs. Millions								
1082102300	685	685		01/07/2002	30/06/	300		650	95	150	0	400	58			400	285	58.4	The construction phase is now complete. Some of the equipment have been procured such as 20 patient beds, 2 automated biosafety cabinets for chemotherapy mixing and 20 chemotherapy chairs, thereby enhancing KUTRRH's capacity to

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million				Kshs. Millions									
Procurement of Cyberknife Radiotherapy Equipment for KUTRRH				21	2024														provide safe, efficient and high-quality cancer treatment services while reducing congestion in the existing oncology facility.

1082102400-	8,059.00	8,059.00		01/01/2002	30/06/	1,050	-	1,050	13	249		1,299	16	100		1,399.00	6,660.00	17	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 old and obsolete service lifts and replacement of obsolete equipment and working tools in 7th and 8th floor and 6th floor ongoing.
Refurbishment/Renovation of Infrastructure -KNH	0	0		22	2027											0	0		

1082102500-	300	300		01/01/2002	30/06/	100		100	33	100		150	50	25		175	125	58.3	The construction phase is now complete. Some of the equipment have been procured such as 20 patient beds, 2 automated biosafety cabinets for chemotherapy mixing and 20 chemotherapy chairs, thereby enhancing KUTRRH's capacity to provide safe, efficient and high-quality cancer treatment services while reducing congestion in the existing oncology facility
Expansion of Comprehensive Cancer Centre - KUTRRH				22	2022														
1082102700	3,000.00	3,000.00		07/01/2002	30/06/	50	-	-	0	100	0	0	0			0	3,000.00	0	Seed money to support

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million				Kshs. Millions									
Emergency Medical Treatment Fund	0	0		23	2026												0		the Social Health Authority
1082103000 Digital Health Platform	10,000.00	10,000.00		07/01/2023	30/06/2026	-	-	-	0	180	0	50	1	0		0	9,899.00	50	The funds were used in establishing a data centre and upgrading KHIS. the Programme functions transferred to Digital Health Agency

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
1082103100	8,796	7,101	1,695	13-Aug	13/08/	232	1,301	1,533	17	0	679	2,212	25	250	1.05	3,511	5,767	40	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

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million				Kshs. Millions									
Procurement of Family Planning & Reproductive Health Commodities				/2014	2026														the funds were disbursed.
1082103500	566	566		01/06/2002	30/06/2024	39		218.7	39	26	0	245	43					100	Project Activities moved into the core mandate of NSDCC and moved to the Recurrent Vote.
Beyond Zero Campaign-NACC				16	2024														

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million					Kshs. Millions								
1082104103-Global		1,230.00		1,230	01-Jul-21	30-Jun-	-	750	1,212.00	99%	750	-	-	-	-	-	-	-	The Global fund grant cycle 6 (NFM3) ended within the reporting period . At least 99% of all activities funded by the Global Fund were implemented successfully contributing to a 24% reduction in new HIV infections from 22,154 in 2022 compared to 16,752 in
Fund Grant:KEN-H-TNT		0		0		24			0										

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million					Kshs. Millions								
																			2023. The Global Fund emphasizes the need for the health sector to develop sustainable domestic financing mechanisms for sustained HIV response amidst the dwindling donor resources.

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million					Kshs. Millions								
1082104103-Global		763.22		763.2	01-Jul-24	30-Jun-	-	-	-	0%	0	174	174	23%	-	257	431	56%	The GC7 budget was Ksh 763.22M, the GF team revised the Country budget and NSDCC budget was affected from Ksh763.22 M to Ksh578M. This affected the initial disbursement. Based in the revised budget of

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million				Kshs. Millions									
Fund Grant:KEN-H-TNT - NSDCC GC7				2		27													Ksh578M the Completion status as at 30th June 2025 was at 75%
1082104800G OK/U		30		30	01/01/2020	31-	-	10	4.3	14%	0	8	12.6	42%	-	5.1	17.7	59%	While the printed estimates typically indicate an annual allocation of KSh 10 million, the actual funding disbursed to NSDCC by UNFPA

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
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	Kshs Million					Kshs Million					Kshs. Millions								
NFPA10thCountry Program-MOHNSDCC HIV					24	Dec-30													varies from year to year and is often lower than the budgeted amount. As such, the figures reflected in the printed estimates do not necessarily correspond to the funds received. Over

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million				Kshs. Millions									
																			the last three years, NSDCC has received a cumulative total of KSh 17.7 million from UNFPA. All funds received have been fully utilized for the intended activities, resulting in 100%
																			implementation and completion of the planned

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Finance d	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million				Kshs. Millions									
																			interventions.
1082103900 Supply of Medical Equipment and Associated Services	4,197.00		4,19	01/01/2002	30/06/		1,00	3,920.30	95		400	4,095	99		100	4195	2	100	Funds towards rehabilitation of the maternal and baby care units at MTRH and to support COVID-19

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million				Kshs. Millions									
	0		7	21	2025		0	0											Emergency Response having consumed 71% of the allocated funds. Project complete.
108210400 GESDeK	3,860.00		3,86	01/01/2002	30/06/	-	1,41	1,722.70	45		45	1768	46			1768	2,092.00	100	Funds geared towards control and prevention of COVID-19- 19 in the country have consumed 28.3% of the funds. Project complete.
COVID 19 Response Project	0		0	21	2025		4	0									0		

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
1082104100 Special Global Fund HIV Grant NFM3- (GLOBAL FUND)	38,120.00	25,000.00	13,1	01/01/2002	30/06/	-	-	12,945.00	34	3100	675	13,709	36	2873	88.8	16670	21,449.00	43.7	The programme aims to increase access to ARVs and awareness creation to prevent spread of HIV/AIDS. The Main grant activities ended in June, 2021 with closure processes by DEC 2021
	0	0	20	18	2027			70								0.8	20		
			0																
1082104300 Primary	2,935.00	-	2,93	07/01/2002	6/30/2	-	768	471.58	26%	-	487	959.08	33%	-	578	1,475.00	1,459.80	75%	The funds were used

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
Health Care in the Devolved Context	0		5	21	27		68				5					18	2		to cater for level II & III and national level activities.

1082104400 Human	6,400.00	6,400.00	-	01/01/2002	30/06/	150	-	650	10%	-	-	650	10%	100	-	750	5,650.00	12%	Funds were absorbed to support the refurbishment works, execution of critical enabling works for the BIOVAX Fill and Finish Plant in Embakasi. Phase 1A has attained 96% completion, with the remaining 4% of works to be completed upon integration with Phase 1B. Phase 1B is at initial stages to be fast tracked in the current FY
Vaccine Production (KBVI)	0	0		21	2026												0		

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Finance d	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million				Kshs. Millions									
1082104500	3,675.00	0	3,67	07/07/2002	30/06/	0	918	918.7	25	0	120	2,119	36	0	670	2789	885.7	75.9	The funds were used in construction , refurbishment and equipping of 17 maternal & Newborn units which are completed and 15 handed over to 9 counties, and construction of 3 units in 3 counties currently ongoing.
Upgrading of Maternal & New Born Units Project Vamed	0		5	22	2025		7				0				6	3			

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
1082104600 Support for Health Sector to Combat COVID -19 pandemic-BADEA	88	8.5	79.5	07/01/2002	30/06/2024	-	-	-		0	80	68	85		20	88	0	100	The project ended.
1082104700 EA's	2,403.00	240	2,16	01/07/2002	30/06/2025	0	0	0	0	0	40	32.3	1.3	0	105	480	1,923.00	20	Funds were used to pay the main contractor for 3rd & 4th floor and consultancy services.
Centers of Excellence for Skills and tertiary education in Biosciences II	0		3	23											0		0		
1082104800 GoK/	1,150.00	-	1,15	01/07/2002	6/30/2	-	10	4.2	5%	-	10	13	7%	-	10	20.8	1,129.20	10%	Funds to support

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Finance	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
UNFPA County Programmes	0		0	21	27												0		procurement of family planning commodities in the country
1082104900	3,750.00	-	3,75	07/01/2002	6/30/2	-	310	-	0%	-	410	-	0%	-	100	100	3,650.00	1%	Ongoing project to support family planning
Integrated Reproductive Health Programme	0		0	23	28												0		
1082105000	500	500	0	01/07/2002	30/06/	-	-	-	0	150		26	5	80		106	394	21.2	A two storey building has been done, but the contractor has not been paid
Upgrading of Children Ward - Kibugua level 3				23	2026														
1082105100	500	500	0	01/07/2002	30/06/	-	-	-	0	100	0	38	8	100		138	362	27.6	A two storey

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million				Kshs. Millions									
Upgrading and Equipping of Maternal and Newborn Ward Endebess Hospital				23	2026														building has been done, but the contractor has not been paid
1082105200	500	500	0	01/07/2002	30/06/2002					100		25	5			25	475	5	The building is currently at the first floor and construction is on going
Construction of Private Wing Inpatient Complex-MTRH				23	27														
1082105300	500	500	0	01/07/2002	30/06/2002					75		25	5			25	475	5	The amount so far

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Finance d	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million				Kshs. Millions									
Procurement of Specialized Medical equipment-MTRH				23	28														allocated was spent on Renal machines. the balance required in the cancer unit.
1080105500 Supply of Medical Supplies and Commodities	500	500	0	07/02/2002	30/06/2023					500		500	100			500	0	100	Project ended
				23	2027														
1082105600	100	100	0	07/01/2002	30/06/2027					28		0	0	64		64	36	64	A two storey building has been done, with plastering and electrical finishes and partly painted.

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million				Kshs. Millions									
upgrading and Equipping of Lusigetti Hospital Kikuyu				23	2024														However, civil works is ongoing
1080105700	150	60		07/01/2002	30/06/2025					60		60	100	30		90	60	60	Project Complete awaiting payment of contract sum.
Construction of Ugenya Hospital				23	2025														
1082105800	40	40		07/01/2002	30/06/2025					40		24	60			24	16	60	Phase one of the project is complete with a two storey building. Phase two is currently ongoing
Construction of Uriri Hospital				23	2025														

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Finance d	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million					Kshs. Millions								
1082105200	60	0	60	01/07/2002	30/06/		100	28.2	47		40	52	87			52	8	86.7	Funds were used to procure ten Customized Ambulances for COVID-19
Customized Ambulances For COVID - 19				20	2024														Response. Project complete.
Response																			
1082103300	891	891		17-Sep	30/06/	78.6		390.48	44	78.6									Project Activities moved into the core mandate of NSDCC and moved to the Recurrent Vote.
Situation Room for Real Time Data & Information on HIV & AIDS - NACC				/2016	2026														

Project Code & Project Title	Est Cost of the Project (Financing)			Timeline		FY 2023/24				FY 2024/25				FY 2025/26					Remarks
	Total Est. Cost of Project or Contract Value (a)	GOK	Foreign Financed	Start Date	Exp Completion Date	GoK	Foreign	Actual Cumulative Exp up to 30th June 2024	Completion stage as at 30th June 2024 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2025	Completion stage as at 30th June 2025 (%)	GoK	Foreign	Actual Cumulative Exp up to 30th June 2026	Outstanding Balance as at 30th June 2026	Completion Stage as at 30th June 2026	
	Kshs Million					Kshs Million				Kshs. Millions									
1081120900-	220	220	0	07/01/2002	30/06/22	0	0	0	-	0	0	0	-	0	0	0	0	-	The project did not take off due to lack of funds
Construction and equipping of children Hospital at KUTRRH					2023														

ANNEX 4(C) b: PERFORMANCE ANALYSIS OF CAPITAL PROJECTS FY 2023/24 - 2025/26 (KSH. MILLION)

Table 2.7b: Performance Analysis of Capital Projects - State Department for Public Health and Professional Standards

				Timeli ne		FY 2023/2 4					FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget					
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks	
108310010 0 Dietetics Services Improveme nt.	6,174	6,174	-	7/11/2011	6/30/2028	100.00	-	500.00	8.10	-	-	500	8	-	-	500	8	The project is ongoing but is experiencing low GoK funding. This will affect achievement of the outcomes which are critical for prevention and management of the malnutrition epidemic in-line with BETA and global guidance.	
108310040 0 Procurement of Anti TB	10,678	10,678	-	8/13/14	6/30/30	300.00	-	1,958.00	18.34	70.0	-	2,028	19	300	-	2,328	22	The project is ongoing but has experienced	

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
Drugs Not covered under Global fund TB Progr																		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. 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

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		population at risk of TB as well as sustained increase in domestic investment for TB preventive, treatment and diagnostic commoditie s reduce reliance donor funding and transition preparednes s.
108310160 0 Special Global Fund Malaria Grant NFM3 - DOMC	12,021	6,40 0	5,62 1	7/1/20 21	6/30/24	542.00	1,500 .00	4,522.00	37.62	730 .3	700. 0	5,828	48	-	-	5,828	48	The performanc e is due to low Gok releases. Additionall y, the foreign includes funds for commoditie s which are domiciled at the TNT

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		(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.
1083101701 Special Global Fund TB	2,998	-	2,998	7/1/2021	6/30/2024	-	889.10	1,650.00	55.04	-	284.1	2,292	76	0	0	2,292	76	The performance is reflective of good

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
Grant NFM3.																		programmat ic absorption. During implementa tion of the last year re- prioritizatio n was done and the funds were prioritized for procuremen t of TB commoditie s. The grant cycle ended in FY 2023/24.
108310170 2 Department of Health Systems Strengtheni ng	1,500	-	1,500	7/1/2021	6/30/2024	-	200.00	547.00	36.47	-	-	547	36	-	-	547	36	RSSH supports the treatment and prevention of HIV, TB, malaria, and the country to respond to these diseases, while also improving overall

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		health systems by boosting the quality of care, data tracking, accountabili ty and governance, and service delivery. By reducing the burden of HIV, TB and malaria, we free up health systems' capacity for other health priorities.
108310020 0 Clinical Waste Disposal System	1,256	60	1,19 6	7/1/20 21	6/30/20 28	20.00	10.00	801.00	63.77	20. 0	-	1,130	90	0	0	1,130	90	The Ministry of Health with a grant from Belgium government is implementi ng phase II of the Clinical waste treatment

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		project in 15 sites in the country. The objective of the project is to protect human and 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.

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
108310030 0 Clinical Laboratory and Radiology Services Improveme nt	1,052	-	1,05 2	7/1/20 16	6/30/24	-	10.00	552.00	52.47	-	-	552	52	0	0	552	52	
108310070 0 Constructio n of Tuition Blocks and Laboratorie s at KMTC	2,380	2,38 0	-	9/21/1 7	6/30/20 29	682.00	-	1,526.00	64.12	81. 0	-	1,541	65	490	-	2,097	88	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 new programs. The project needs further

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		funding to finalise the completion of the laboratories as the same is critical in teaching and learning for practical purposes.
108310080 0 Equipping of Laboratorie s and Classrooms at KMTC	6,019	6,019	-	3/4/2018	9/18/2028	1,614.00	-	3,211.00	53.35	123.8	-	3,376	56	635	-	3,846	64	The project has so far enabled purchase of modernised equipment's in 50% of the mapped campuses. There is need for additional allocation to complete purchase in the remaining campuses and also in the newly operationali sed campuses.

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
108310240 0 Constructio n of an Examinatio n Centre - KMPDC	960	960	-	1/1/20 24	30/06/2 026	250.00		350.00	36.46	50. 0	-	400	42	50	-	450	47	This KMPDC conducts examination s under three categories: Qualifying Examinatio n (Medical and Dental), Pre- registration examination (Medical & Dental), and Peer Review Examinatio ns (Medical and Dental Specialists) for purposes of internship, registration and Licensure for those who have Met the set requirement s. Exams are done

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		twice in a calendar year in the month of April/May and Oct./Nov.
108310210 0 Public Participatio n	500	500		7/1/20 23	06/30/2 028	60.00		30.00	6.00	-	-	30	6	-	-	30	6	Project Ongoing
108310220 0 Infrastructu re upgrade at Kenya Institute of Primate Research	1,800	1,73 0	70	3/1/20 11	6/30/20 29	24.30	-	245.00	13.61	7.5	-	253	14	-	-	253	14	KIPRE, situated in Oloolua forest, performs research on various high-risk pathogens and preclinical research using animals carrying high-risk pathogens. The requested funds will be used to support the ongoing

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		construction of the fence/perimeter 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

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		cages) that has already been developed by the previous funding under this project. Finally, the fence will prevent encroachme nt by the surrounding communitie s and additionally support conservatio n of Ooloolua forest.
108310260 1 Research and commercial ization of Snake Antivenom to support Universal Health Care	4,900	4,900	-	4/1/2024	6/30/2030	300.00	-	300.00	6.12	200.0	-	500	10	400	-	900	18	KIPRE, situated in Ooloolua forest (Karen), has been designated as the site for the establishme nt of the

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		snakebite anti-venom research and processing facility. The site is ideal due to the availability of adequate land, trained scientists, veterinarian s, preclinical facility and existing and established internationa l partnerships required to transfer technology and sustain the project. The requested funds are to develop and commercial ize quality- assured and

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		affordable snake antivenom products and ensure their availability and accessibility to all victims/pati ents of snakebite envenoming to support access to Universal Health Coverage. Also, this project will contribute to UHC by treating snakebite victims, health care financing due to commercial ization of snakebite anti venom leading to

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		increased income generation and food security; since there's a considerate loss in livestock due to snakebite.
108310270 0 Central Radio active waste processing facilities	1,082	1,082	-	1/7/2023	30/06/2030	-	-	-	-	75.0	-	700	65	-	-	700	65	The CRWPF will provide safe managemen t, secure temporary storage and physical protection of radioactive waste generated within the country, disused radioactive sources, as well radioactive and nuclear

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		materials intercepted in illicit trade. The facility also safeguards the environment against radiation contamination, especially from radioactive waste and disused radioactive sources.
108310320 0 Department of Health Systems Strengthening NFM4	1,500	-	1,500	7/1/2021	6/30/2027	-	-	-	-	-	726.0	680	45	-	561	1,155	77	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 country

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing)					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		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.
108310300 0 Special Global Fund Malaria KEN-M-	25,448	23,345	2,103	7/1/2024	6/30/2027	-	-	-	-	-	800.0	800	3	349	600	3,627	14	This is the second year of the three year project, the performance indicates

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
TNT-4149 NFM4																		foreign component is on track while there was low GoK releases.
108310250 Constructio n of Health Centres	1,295	1,295	-	12/1/2024	6/30/2028	-	-	-	-	-	-	-	0	50	-	112	9	Constructio n of dispensaries , laborataries, maternity wards to boost Universal Health Care as one of the main thematic areas in the Bottom Up Transformat ive Agenda.
108310290 Building Resilience and Responsive Health System Project	27,735	-	27,735	1/7/2024	30/6/2029	-	-	-	-	-	10.0	10	0	-	125	114	0	The initial phase of planning, sensitization, Quality of care bill which forms part of component 1 sub

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		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.
108310310 0 Special Global Fund TB Grant NFM4.	1,007	-	1,007	1/7/2024	30/6/2027	-	-	-	-	-	578.2	384	38		407	723	72	Global Fund reduced the approved funding for the country at the beginning if FY 2025/26

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
																		resulting in the reduction of project cost from 2,584 to 1,006 to reflect grant exchange rate reduction from 144 to 130. The project performance is on at 72% with completion expected in FY 2026/27. This grant is expected to roll over to GF Grant Cycle 7 in the next FY 2027/28.
108310280 0 Public Participatio n - Constructio n of Primary	1,295	1,295	-	12/1/2024	6/30/2028	-	-	-	-	233.3		454	35	86	-	66	5	Constructio n of dispensaries , laboratories, maternity wards to boost

				Timeli ne		FY 2023/2 4				FY 2024/25				FY 2025/26				
Project Code & Project Title	Estimated Cost of the Project (Financing					Approved Budget				Approved Budget				Approved Budget				
	Total Estim ated Cost of Projec t	GO K	Fore ign	Start Date	Estimat ed Comple tion Date	GOK	Forei gn	Cumula tive Expendi ture as at 30th June, 2024	Comple tion Status as at 30th June 2024 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2025	Comple tion Status as at 30th June 2025 %	GO K	Fore ign	Cumula tive Expendi ture as at 30th June, 2026	Comple tion Status as at 30th June 2026 %	Remarks
Health Care Facilities dispensaries , clinics,ward s and Health centres																		Universal Health Care as one of the main thematic areas in the Bottom Up Transformat ive Agenda.
108310330 0 Constructio n of level 4 Hospitals	1,295	1,295	-	12/1/2024	6/30/2028				-					130	-	23	2	
108310360 0 Neglected Tropical Disease	1,000	1,000	-	7/1/2022	6/30/2028				-					20	-	17	2	
	113,895	69,113	44,782			3,892	2,609	16,192		1,591	3,098	22,005		2,510	1,693	27,289	816	

2.2.6 Pending Bills analysis – Outstanding liabilities over FY 2023/24-2025/26

State Department for Medical Services

The Tables below present a summary of pending bills by nature and type during the period under review. In the FY 2025/26, the Medical Services Sub-sector had total pending bills amounting to **KSh 44,407.7 Million** comprising **KSh 10,963 Million** due to lack of Exchequer and **KSh 33,444.7 Million** due to lack of budgetary provision.

ANNEX 4(D) a: Review of Pending Bills

Table 2.8: Review 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)		
	2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
1. Recurrent	1,734.0	2,896.0	10,147.0	58,325.4	30,012.3	33,029.2
Compensation of Employees	1,572.5	2,799.4	5,407.4	860.0	1,461.0	2,211.0
Use of Goods and Services eg utilities, domestic or foreign travel	161.5	96.6	4,531.8	35,342.7	10,474.0	13,957.2
Social benefits e.g NHIF, NSSF	-	-	-	14,713.0	18,061.0	16,800.0
Other expenses	-	-	208.0	7,409.7	16.3	61.0
2. Development	1,210.0	1,645.0	816.0	50.0	626.0	415.5
Acquisition of non-financial assets	1,000.0	484.0	281.0	50.0	626.0	415.5
Use of goods and services	210.0	1,161.0	535.0	-	-	-
Other Specify	-	-	-	-	-	128.2
Total Pending bills	2,944.0	4,541.0	10,963.0	58,375.4	30,638.3	33,444.7

b) Summary by Incurring Entity

Sn	Type/ nature	Due to lack of Exchequer (KSh Million)			Due to lack of provision (KSh Million)		
		2023/2024	2024/2025	2025/2026	2023/2024	2024/2025	2025/2026
1	SDMS-HQ	327	1,161	1,905	0	0	0
2	KUTRRH	0	0	0	910	2,646	3,904
3	Mwai Kibaki Hospital	49	98	506	0	0	0
4	KNH	1,116	843	3,524	15,756.7	20,379	18,804
5	NCI	0	0	0	0	2.3	0
6	SHA	0	0	0	32,934	0	0
7	KEMSA	0	0	0	4,607.7	3,412	6,105.7
8	BIO-VAX	0	0	0	0	0	61
9	JOOTRH	0	0	949	0	0	0
10	KEMRI	0	0	0	2,684	2,684	3,081
11	MTRH		2,439	4,079	1,483	1,515	1,489
	TOTAL	1,492	4,541	10,963	58,375.4	30,638.3	33,444.7

c) Detailed Summary of Pending Bills by Nature and Agency
Moi National Teaching and Referral Hospital

Type/ nature	Due to lack of Exchequer (KSh Million)			Due to lack of provision (KSh Million)		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
1. Recurrent	1,452.0	2,439.0	4,079.0	1,483.0	1,515.0	1,489.0
Compensation of employees	1,452.0	2,439.0	4,079.0	-	-	-
Use of goods and services	-	-	-	1,483.0	1,515.0	1,489.0
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	1,452.0	2,439.0	4,079.0	1,483.0	1,515.0	1,489.0

d) Kenya Medical Supplies Authority

Type/ nature	Due to Lack of Exchequer (KSh Million)			Due to Lack of provision (KSh Million)		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
1. Recurrent	-	-	-	4,607.7	3,086.0	5,690.2
Compensation of Employees	-	-	-	-	-	-
Use of goods and services	-	-	-	4,607.7	3,086.0	5,690.2
Social benefits e.g. NHIF, NSSF	-	-	-	-	-	-
Other expense	-	-	-	-	-	-
2. Development	-	-	-	-	326.0	415.5
Acquisition of Non-financial assets	-	-	-	-	326.0	415.5
Use of goods and services	-	-	-	-	-	-
Other Specify	-	-	-	-	-	-
Total Pending bills	-	-	-	4,607.7	3,412.0	6,105.7

This pending bill amounting to KSh 6.11 billion is comprised of outstanding obligations to suppliers for various Health Products and Technologies (HPTs), distribution services, and the final account for warehouse construction works.

e) Kenya Medical Research Institute

Type/Nature	Due to lack of Exchequer (KSh Million)			Due to lack of Provision (KSh Million)		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
1. Recurrent	-	-	-	2,684.0	2,684.0	3,081.0
Compensation of Employee	-	-	-	-	-	397.0
Use of goods and services	-	-	-	2,684.0	2,684.0	2,684.0
Social benefits-pension	-	-	-	-	-	-
Other expenses	-	-	-	-	-	-
2. Development	-	-	-	-	-	-
Acquisition of non-financial assets	-	-	-	-	-	-
Use of goods and services	-	-	-	-	-	-
Others specify (CDC vendors and debts)	-	-	-	-	-	128.2
Total Pending Bills	-	-	-	2,684.0	2,684.0	3,081.0

f) Social Health Authority

TYPE/NATURE	Due to Lack of exchequer (KSh Million)			Due to lack of provision (KSh Million)		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
1. Recurrent	-	-	-	32,934.0	-	-
Compensation of employees	-	-	-	-	-	-
Use of goods and services	-	-	-	25,762.0	-	-
Social Benefits/ Pension Deficit - NSSF	-	-	-	-	-	-
Other expenses (Tax Liability)	-	-	-	7,172.0	-	-
2. Development	-	-	-	-	-	-
Acquisition of non-financial assets	-	-	-	-	-	-
Use of Goods and services	-	-	-	-	-	-
Others specify	-	-	-	-	-	-
TOTAL PENDING BILLS	-	-	-	32,934.0	-	-

Of the Total pending bill by SHA, **KSh 25.76 Billion** relates to outstanding NHIF claims for FY2023/2024 at the point of NHIF winding up in 2024, **KSh 5.6 Billion** is on account of Legal Services, **KSh 1.5 Billion** relates to Corporation tax in dispute, and **KSh 12.1 Million** relates to a programme that was run by the defunct NHIF and Abercrombie and Kent to offer Cariatidic surgeries locally budget was exhausted.

g) Mwai Kibaki Teaching and Referral Hospital

Type/ Nature	Due to Lack of Exchequer (KSh Million)			Due to Lack of Provision (KSh Million)		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
1. Recurrent	49.0	98.0	506.0	-	-	-
Compensation to Employees	4.5	1.4	8.4	-	-	-
Use of Goods and Services	44.5	96.6	497.8	-	-	-
Social Benefits e.g. NSSF, NHIF	-	-	-	-	-	-
Other Expenses	-	-	-	-	-	-
2. Development	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-
Others Specify.	-	-	-	-	-	-
Total	49.0	98.0	506.0	-	-	-

h) Kenyatta University Teaching, Research and Referral Hospital

Type/Nature	Due to lack of Exchequer (KSh Million)			Due to lack of provision (KSh Million)		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
1. Recurrent	-	-	-	860.0	2,646.0	3,904.0
Compensation of employees	-	-	-	860.0	1,461.0	1,814.0
Use of goods and services	-	-	-	-	1,185.0	2,090.0
Social benefits e.g. NHIF, NSSF	-	-	-	-	-	-
Other expense	-	-	-	-	-	-
2. Development	-	-	-	50.0	-	-
Acquisition of non-financial assets	-	-	-	50.0	-	-
Use of goods and services	-	-	-	-	-	-
Others specify	-	-	-	-	-	-
Total Pending Bills	-	-	-	910.0	2,646.0	3,904.0

i) Jaramogi Oginga Odinga Teaching and Referral Hospital

Type/nature	Due to Lack of Exchequer (KSh Million)			Due to Lack of provision (KSh Million)		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
1. Recurrent	-	-	668.0	-	-	-
Compensation of employees	-	-	-	-	-	-
Use of Goods and Services	-	-	460.0	-	-	-
Social benefits e.g. NHIF, NSSF	-	-	-	-	-	-
Other expense	-	-	208.0	-	-	-
2. Development	-	-	281.0	-	-	-
Acquisition of non-financial assets	-	-	281.0	-	-	-
Use of goods and services	-	-	-	-	-	-
Others-Specify	-	-	-	-	-	-
Total Pending Bills	-	-	949.0	-	-	-

j) Kenyatta National Hospital

Type/Nature	Due to Lack of Liquidity (KSh Million)			Due to lack of provision (KSh Million)		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
1. Recurrent	116.0	359.0	3,524.0	15,756.7	20,079.0	18,804.0
Compensation of employees	116.0	359.0	1,320.0	-	-	-
Use of goods and services	-	-	2,204.0	806.0	2,004.0	2,004.0
Social/Pension Benefits -NSSF	-	-	-	14,713.0	18,061.0	16,800.0
Other expenses (Tax Liability)	-	-	-	237.7	14.0	-
2. Development	1,000.0	484.0	-	-	300.0	-
Acquisition of non-financial assets	1,000.0	484.0	-	-	300.0	-
Use of goods and services	-	-	-	-	-	-
Others specify	-	-	-	-	-	-
Total Pending Bills	1,116.0	843.0	3,524.0	15,756.7	20,379.0	18,804.0

k) Kenya Biovax Limited

Type/Nature	Due to Lack of Liquidity (KSh Million)			Due to lack of provision (KSh Million)		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
1. Recurrent	-	-	-	-	-	61.0
Compensation of employees	-	-	-	-	-	-
Use of goods and services	-	-	-	-	-	-
Social/Pension Benefits -NSSF	-	-	-	-	-	-
Other expenses (Tax Liability)	-	-	-	-	-	61.0
2. Development	-	-	-	-	-	-
Acquisition of non-financial assets	-	-	-	-	-	-
Use of goods and services	-	-	-	-	-	-
Others specify	-	-	-	-	-	-
Total Pending Bills	-	-	-	-	-	61.0

The Pending bill of **KSh 61 Million** relates to lease costs for KEMSA Warehouses.

l) National Cancer Institute

Type/Nature	Due to Lack of Liquidity (KSh Million)			Due to lack of provision (KSh Million)		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
1. Recurrent	-	-	-	-	2.3	-
Compensation of employees	-	-	-	-	-	-
Use of goods and services	-	-	-	-	-	-
Social/Pension Benefits -NSSF	-	-	-	-	-	-
Other expenses (Tax Liability)	-	-	-	-	2.3	-
2. Development	-	-	-	-	-	-
Acquisition of non-financial assets	-	-	-	-	-	-
Use of goods and services	-	-	-	-	-	-
Others specify	-	-	-	-	-	-
Total Pending Bills	-	-	-	-	2.3	-

State Department for Public Health and Professional Standards

Annex 4(D) b: Analysis of Pending Bills

a) Headquarters Pending Bills

Type/Nature	Due to lack of Exchequer			Due to lack of Provision		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
1. Recurrent	70.76	0.00	25.11	-	-	-
Compensation of Employees	-	-	-	-	-	-
Use of Goods and Services e.g. utilities, domestic or foreign travel etc.	70.76	-	25.11	-	-	-
Social benefits e.g. NHIF.NSSF	-	-	-	-	-	-
Other expense	-	-	-	-	-	-
2. Development	15.47	42.20	228.16	-	-	-
Acquisition of Non-Financial Assets	15.47	-	-	-	-	-
Use of Goods and Services	-	-	20.86	-	-	-
Others Specify	-	42.20	207.30	-	-	-
Total Pending Bills	86.23	42.20	253.27	-	-	-

In the FY 2025/26, the State Department had Accounts Payable/pending bills amounting to **Kshs. 253.27**million due to lack of exchequer out of which **Kshs. 25.11 million** is recurrent and **Kshs. 228.16** million is development.

b) KMTC Pending Bills

Type/nature	Due to lack of Exchequer			Due to lack of Provision		
	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
1. Recurrent						
Compensation of employees	-	-	-	-	-	-
Use of good and services e.g. utilities, domestic or foreign travel etc	-	-	-	-	-	-
Social Benefits: NSSF	-	-		732	732	732
Social benefits Pension deficit	-	-	-	2,126	1,926	1,626
Other expenses	-	-	-	-	-	-
2. Development						
Acquisition of non-financial assets	-	1,202	-	-	-	-
Use of goods and services	-	-				
Others – Specify	-	-	-	-	-	-
Total Pending Bills	-	1,202	-	2,858	2,658	2,358

The college has converted its staff pension scheme from Defined Benefit (DB) to Defined Contribution (DC) pension scheme in accordance with treasury circular No. 18/2010 of 24.11. 2010. The DB scheme was frozen as at 30.06.2013. Members who were 45 years and above had the option of their benefits being retained in the scheme without freezing. Service from 1.7.2013 is accrued in a separate defined contribution scheme (DCS) except for those members who were retained in the DBS. The college has been remitting pension to the DB and DC schemes. The actuarial valuation for the scheme as at 30.06.2017, conducted by the consultants revealed a pension deficit of Kshs 1,626,450,000 that has to be repaid within a period of six years. The board has constituted a committee to consider modalities of settling the deficit.

The College was allowed to operate a pension scheme with effect from 1st January 2002 following the Retirement Benefits Authority's (RBA) registering a contributory Staff Retirement Scheme. All the staff became members of the Scheme and their NSSF contributions were stopped. However, the Minister for Labour, through a Notice to all Employers stressed that following the Kenya Gazette Notice No. 159 of 30th October 2009, it is now mandatory for all employers to remit contributions to NSSF. No employer is exempted from the provisions of the NSSF Act on the strength of having an in-house occupational pension scheme. Exemption may only be granted by the Minister for Labour on the recommendations of the NSSF Board of Trustees where an employer operates a universal national scheme that offers benefits comparable to NSSF and

that the NSSF is such a scheme. Consequently, the College remitted NSSF contributions for all its staff with effect from 1st April 2011. The outstanding contributions for the period commencing 1/1/2002 to 31st March 2011 amounting to Kshs 60million has been cleared. However, NSSF has since levied Kshs.736,104,915, being penalties on late payment.

c) NQCL Pending Bills

	Due to lack of Exchequer			Due to lack of Provision		
Type/Nature	2023/24	2024/25	2025/26	2023/24	2024/25	2025/26
1. Recurrent	-	-	-	-	38.89	-
Compensation of Employees	-	-	-	-	9.5	-
Use of Goods and Services e.g. utilities, domestic or foreign travel etc.	-	-	-	-	-	-
Social benefits e.g. NHIF.NSSF	-	-	-	-	-	-
Other expense	-	-	-	-	29.39	-
2.Development	-	-	-	-	-	-
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-
Others Specify	-	-	-	-	-	-
Total Pending Bills	-	-	-	-	38.89	-

2.2.7 Court Awards Analysis – Financial impact of court awards

ANNEX 4(E) a: SUMMARY OF COURT AWARDS

The State Department has court awards worth **KSh 26.1Billion** as shown.

Table 2.9a Summary of Court Awards - State Department for Medical Services

NO	Details of Court Awards	Date of Award	AMOUNT (KSh Million)	Payment to date
A.	KENYATTA NATIONAL HOSPITAL			
1.	KNH -vs- Monica Wanjiku Njunge, Appeal No. E128 of 2023	27/1/2023	N/A	None
2.	Patrick Kigotho Maina, VS knh PIC Case No. 60 of 2020	5/9/2022	0.5	None
3.	Monica Wanjiku Njunge -vs- KNH, Civil Case No. E7072 of 2020	27/1/2023	8	None
4.	Job Nyasimi Momanyi T/A Nchogu Omwanza & Nyasimi Advocates -vs- KNH, ELRC Misc. Appl No. 21 of 2019	10/5/2021	24	None
5.	Gladys Wakairu Nyota -vs- Dr. Pinckie Njoroge & KNH, HCCC Case No. 100 of 2018	16/9/2022	3	None

6.	Samuel Kuria Kaboyo T/A EYESHOT MEDIA -vs- KNH, MSC.Appl, No. E211 of 2020	31/6/2023	2	None
7.	KNH -vs- Dorcas Odongo Civil Appeal No. 219 of 2019	21/7/2022	3	None
8.	Kenyatta National Hospital -vs- Loise Kingori, Civil Appeal No. 706 of 2019	24/11/2022	0.3	none
9.	Dr. Duncan Kimosop Kibogong -vs- KNH, Industrial Cause No. 151 of 2014	7/7/2022	0.9	None
10.	Peter Mule Muthugu -vs- KNH, HCC No. 364 of 2010	28/2/2020	6	None
11.	Eric Ojwang -vs- KNH, ELRC No. 534 of 2018	31/8/2023	0.6	None
12.	Tom Onyango Oketch Vs Kenyatta National Hospital, MCCC No. 5905 of 2016	6/6/2023	3.7	None
	TOTAL KNH		51.6	
B.	KENYA MEDICAL SUPPLIES AGENCY			
1	CASE NUMBER: HCCOMMMISC 1E399 12024 CITATION: UNIVERSAL CORPORATION LIMITED VS KENYA MEDICAL SUPPLIES AUTHORITY	9/26/2025	988	None
	TOTAL KEMSA		988	
	KENYA MEDICAL RESEARCH INSTITUTE			
1	ELRC Cause No.37 (N) of 2010 Agnes Muthoni & 34 Others vs KEMRI	2022	257.4	None
2	Civil Application NO 046 of 2022 (KEMRI vs James Maringa Mwangi)	2023	12.4	None
	TOTAL KEMRI		269.8	
	STATE DEPARTMENT FOR MEDICAL SERVICES -HQ			
1	Dr. Samuel Kaberere Njenga – Vs- Attorney General G& Principal Secretary Ministry of Health, File No. 450/2011	2011	1.4	None
2	Vulcan Ltd Vs. AG File No. Nrbi HCCC 1361/2000	2000	5,686.00	1,751
3	Faram E.A. Ltd Vs the AG & 2 Others File No.HCC at Nairobi No. 245 of 2013	2013	402	None

4	Simon Kamau Njoroge Vs. Principal Secretary File No.411/2014	2014	0.170	None
5	Susan Wamaitha Kamau Vs Principal Secretary Ministry of Health File No.Nrbi HCJR No. 173 Of 2016	2016	0.40	0.33
6	Equip Agencies Ltd Vs. AG File No. Milimani HCCC 55 /2017 Formerly (1459/1999)	1999	15,250	None
7	Kevin Muzindi Wambugu Vs the Attorney General, File No. Nairobi CMCC No. 11160 Of 2004	2004	0.24	None
9	Rockey African Limited File No. HCCC 1361 Of 2000	2000	3,348	None
10	Emmanuel Munene –Vs- the Attorney General & Hyline Membu File No. Cmcc No. 1558 Of 2013	2013	17	12.2
11	Rose Mumbi Muturi Vs. Director National Youth Service, Attorney General & Another File No. Thika Cmcc No. 820 Of 2012	2012	0.6	None
12	Eugene Reeksting Vs The Hon. Attorney General File No. Naivasha Hccc No.8 Of 2019(Formerly Nakuru Hccc No. 25 Of 2013)	2013	3.9	None
13	Emmanuel Odumo Vs The Hon. Attorney File No. Busia Cmcc No. 9 Of 2018 General	2018	0.4	None
14	Kenya National Union of Nurses Vs the Permanent Secretary Ministry of Health & 2 Others File No. Nairobi ELRC Cause No. 1116 of 2012	2012	0.39	None
15	Michael N. Simiyu V A.G File No. Nairobi 3/16	2016	0.46	None
16	Kimeu Musyoki File No.13/16	2016	0.93	None
17	Elisha Okinyo Ogola Vs AG File No.17/11	2011	1.98	None
18	Harriet Muthoni Vs the Medical Superintendent Mathari Psychiatric Hospital and Attorney General	2021	6.89	None
19	Julius Migwi Vs the Attorney General and Another	2021	2.58	None
20	Christine Kubai Vs Ministry of Health and the Attorney General and National Land Commission	2021	20	None
21	Nairobi High Court Judicial Review No. E. 125/2025, In the Matter of an Arbitration Between Seven Seas Technologies Ltd and the Ministry of Health	2025	53.5	0
23	Peter Ngigi Moffat Vs Principal Secretary Ministry of Health and the Hon. Attorney General	2023	0.54	None
24	Stockwell Properties Limited Vs Ministry of Health and the Attorney General	2025	0.74	None
25	George Raguka Ogola Vs Attorney General	2008	0.31	None

26	Turn-O-Metals Engineers Limited Vs Principal Secretary Medical Services & the Attorney General	2025	4.24	None
27	Kelvin Mwendwa Munyoki Vs Attorney General & Ministry of Health	2024	1.54	None
	TOTAL SDMS HQ		24,804.24	
	Total Court Awards Outstanding Against SDMS		26,113.70	24,759

Table 2.9b Summary of Court Awards - State Department for Public Health and Professional Standards

In the period under review, the State Department had a number of court awards as under listed amounting to **Kshs. 1,006,837,674**, the State Department has managed to settle **Kshs. 112,187,661** representing 11% pay-out due to lack of adequate funding to settle these claims.

Detail of the Award	Date of Award	Amount (million)	Payment to date
Mombasa ELRC pet 1 of 2016, Mombasa court of appeal no. E004 of 2021, and supreme court petition no e019 of 2023 consolidated with supreme court petition no e21 of 2023 Export Processing Zone Authority & 10 others vs National Environment Management Authority & 3 others	2024	130,000,000	None
Nrb ELRC cause no. E6464 of 2020 KMPDU -v- Cabinet Secretary, Ministry of Health and others	2021	500,000,000	65,948,997.35
Mombasa ELRC no. 504 of 2018 Michael Ouma Odero -vs- the Public Service Commission, the Ministry of Health and the Kenya Nutritionists & Dieticians Institute	2022	323,428,193.15	None
Nairobi CMCC no. E13138 of 2021 Andrew Barasa Ismael & another vs the Hon. Attorney General & 3 others	2023	1,214,454.66	None
NRB ELRC petition no. 32 of 2020 Dr. David Kamau Ndege vs Principal Secretary, Ministry of Health, Attorney General, Public Service Commission (1st interested party) and National Quality Control Laboratory (2nd interested party)	2020	52,195,026.08	46,238,663.61

CHAPTER THREE: MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD 2027/28– 2029/30

Overview

This Chapter outlines the programmes and sub-programmes prioritized for the Financial Years 2027/28 to 2029/30 as guided by the Fourth Medium-Term Plan IV, Bottom-up Economic Transformation Agenda (BETA), Kenya Health Sector Strategic Plan (KHSSP 2023-2027), Universal Health Coverage (UHC) agenda, and regional and global commitments. The priority initiatives to be pursued in the medium term include:

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. Accelerating implementation of preventive and promotive health initiatives aimed at reducing disease burden due to preventable causes.
5. Continuing implementation of primary healthcare interventions aimed at optimising the functionality of PCNs and CHPs.
6. Strategic recruitment, management, and retention of Human Resources for Health for enhanced quality health care.
7. Enhancing human resources for health through training and provision of internship opportunities to health education graduates.
8. Promoting research, development and innovation for public health.
9. Enhancing health quality standards through strengthened regulation of health professionals' training and practice.
10. Strengthening health sector coordination and intergovernmental relations to enhance collaboration and policy coherence between the two levels of government for effective delivery of public health services.
11. Strengthening governance and administration of public health services.

3.1 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:

Table 3.1: Programmes and their Objectives

Programme	Objective	Strategic Contribution
State Department for Medical Services		
Programme 1: National Referral and Specialized Services	To increase access and range of quality specialized healthcare services	Increased access and range of quality specialized healthcare services
Programme 2: Curative and Reproductive Maternal Neonatal Child & Adolescent Health (RMNCAH) Services	To increase access to quality curative and reproductive healthcare services	Increased access to quality curative and reproductive healthcare services
Programme 3: Health Innovations and Research	To increase capacity and provide evidence for policy formulation and practice	Increased capacity and provide evidence for policy formulation and practice
Programme 4: General Administration and Support Services.	To offer Governance and enabling services for service delivery.	Effective governance and administration services strengthened.
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
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

3.2 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 2027/28-2029/30 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.

1. State Department for Medical Services

Table 3.2a: Programmes/ Sub- Programmes, Outcomes, Outputs, and Key Performance Indicators

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
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	Specialized health care services	Number of Heart surgeries done	784	630	784	815	863	889
			Number of other cardiothoracic surgeries conducted	1,519	1,023	1,519	1,261	1,266	1,281
			Number of Kidney Transplants conducted.	24	22	24	29	31	32
			Number of minimally invasive surgeries done	10,716	9,852	10,784	11,539	11,986	12,346
			Number of patients undergoing specialized Burns treatment (OBD)	649	439	649	595	598	604
			Number of oncology sessions on (Chemotherapy and radiotherapy)	47,646	11,545	47,686	40,600	40,637	41,450

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Number of research Publications	90	87	87	90	95	100
			Policy Brief developed	4	4	5	7	9	10
			Average Length of Stay (ALOS) for trauma patients (days)	35	30.9	34.2	33.5	33.2	32.8
			Average waiting time (days) for radiotherapy	17	57	16.5	16	15.5	15
	Mwai Kibaki Hospital	Specialized Health Care services	Number of specialized surgical procedures done	2,003	1,774	1,951	2,147	2,254	2,367
			Number of Dialysis sessions Conducted	1,500	1,264	3,000	3,450	3,968	4,563
			Number of Chemotherapy sessions conducted	1,320	1,698	1,868	2,055	2,260	2,486
			Number of policy briefs developed	1	1	2	3	4	6
	Jaramogi Oginga Odinga Teaching and Referral Hospital	Specialized health care services	Number of Apheresis procedures conducted	100	38	101	111	121	133
			Number of Minimally Invasive surgeries conducted	100	200	300	350	400	450
			Number of cardiothoracic procedures performed	-	-	101	112	121	134

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Number of oncology patients receiving chemotherapy treatment	3,653	2,976	3,512	4,180	4,598	5,057
			Number of dialysis sessions done	5,500	6257	6,883	7,571	8,328	9,161
			Average length of stay (days)	7	9	8	8	7	6
			Number of policy briefs	-	-	-	1	2	3
	Moi Teaching and Referral Hospital	Specialized Healthcare Services	Number of Kidney Transplants undertaken	18	20	21	22	23	24
			Number of Minimally Invasive Surgeries	3,100	3,318	3,300	3,350	3,400	3,450
			Inpatient Average Length of Stay Reduced	13.5	13	12.5	12.0	12.5	12
			Average waiting time (days) for Radiotherapy	44	69	68	67	66	65
			Number of Open-Heart Surgeries conducted	30	58	60	64	75	80
			Number of Radiotherapy Sessions.	10,200	21,732	20,000	21,000	22,000	23,000
			Number of Corneal Transplants conducted	15	57	58	59	60	61
			Number of Briefs to Inform National Policy	6	5	5	6	6	7
	Kenyatta University		Number of Open-Heart Surgeries conducted	50	69	70	75	80	85

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
	Teaching, Referral & Research Hospital	Specialized Health care services	Number of Kidney Transplants conducted	6	4	6	8	10	12
			Number of minimally invasive surgeries conducted	1350	4798	4900	5100	5300	5400
			Number of patients on Hemodialysis	11000	11710	11900	12000	12100	12200
			Number of patients receiving chemotherapy & radiotherapy treatment	23000	33,608	33700	33800	33900	40000
			Average waiting time (days) for radiotherapy	55	90	80	70	60	50
			Number of PET Scan examinations conducted	5,500	5561	5600	5700	5800	5900
			Number of Stereotactic Radiosurgeries conducted	450	269	280	300	320	340
			Number of research conducted & completed	7	8	9	10	11	12
	Mathari National Teaching and Referral Hospital	Mental health services	Number of Electroconvulsive Therapy (ECT) sessions done	1,016	1,230	1,267	1,305	1,344	1,384
			Number of patients accessing child and adolescent services	3,390	3,189	3,559	3,737	3,924	4,316
			Number of patients with drug/substance and alcohol addiction receiving	1,330	1,133	1,397	1,467	1,540	1,694

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			rehabilitative mental health care services						
			Average Length of Stay for civil psychiatric inpatients (Days)	46	59	45	44	43	43
			Re-admission Rate (proportion of patients readmitted in a year)	32	42	32	31	30	29
			Percentage of patients reintegrated into the community	80	75	85	100	100	100
			Number of Health Practitioners completing sub-specialty training	3	1	4	5	6	7
			Number of new research conducted on mental health and disseminated	4	0	4	4	4	4
			Number of mental health outreaches conducted	59	40	65	71	79	82
	Spinal Injury Hospital	Specialised Healthcare services	ALOS for spine inpatients services (days)	83	82	80	79	76	74
			Average waiting time for spine services (days)	150	130	125	115	110	100
			Proportion of patients reintegrated into community	90	85	88	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Proportion of patients receiving inpatient spinal services	-	-	-	50	62	70
			Proportion of patients receiving outpatient spinal services	-	-	-	56	65	70
			Number of research conducted	1	0	1	2	3	4
SP 1.2. Health Infrastructure and Equipment	National Equipment Supply Programme (NESP)	Specialised modern Medical Equipment Services	Number of public facilities with specialised modern Medical Equipment Services (Level 3,4,5,6)	330	239	500	1000	1500	2000
	East Africa Centre of Excellency in Urology and Nephrology (EACE-UN) Phase II	Urology and Nephrology Healthcare Services	Number of Highly Skilled Healthcare Workers trained on Renal Services	41	24	35	50	63	82
			Number dialysis sessions conducted	-	-	-	6,720	7,000	8,088
1.3 Health Products & Technologies	Directorate of Health Products and Technologies	Health Products and Technologies Services	Percentage completion of development of the National Health Products and Technologies Policy	40	60	80	100	-	-
			Number of essential HPT lists reviewed or developed	-	-	3	3	3	3

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Proportion of functional County Health Products and Technologies Units	100	100	100	100	100	100
			Number of functional County Medicines Therapeutics Committees	20	30	40	47	47	47
			Quantification and forecasting of HPT in 47 Counties conducted	23	13	12	12	12	12
			Percentage of government health procuring agents/entities adopting the preferential procurement list on locally manufactured HPT	-	-	50	75	100	100
			Percentage of health facilities with essential tracer medicines (>3 months of stock)	55	51	60	70	80	90
			Percent completion of the Traditional & Alternative Medicine Policy	100	80	100	-	-	-
			Percent completion of the Traditional and alternative medicine Bill	100	50	75	100	-	-
	Kenya Medical		Percentage order refill rate for HPTs	90	86	90	90	95	95

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
	Supply Authority (KEMSA)		Order turnaround time(days) PHFs	10	23	10	10	10	10
			Order turnaround time(days) Hospitals	7	18	7	7	7	7
			Percentage of last mile deliveries made to health facilities	100	99.7	100	100	100	100
SP 1.4 National Blood Transfusion Service, Tissue and Human Organ Transplant	Kenya National Blood Transfusion and Transplant Service	Safe, adequate and quality blood services	Number of whole blood and blood components collected	400,000	458,689	470,000	480,000	500,000	550,000
			Proportion (%) of whole blood units collected and converted to safe blood components for transfusion	75	80	80	80	80	80
			Number of existing and new Satellite transfusion centers with capacity to prepare blood components	40	40	40	45	50	52
			Number of existing and new Transfusing Facilities with Haemovigilance Surveillance reporting capacity	450	500	500	550	600	650
			Number of blood establishments and Transfusing Facilities using the Damu-KE	200	250	250	300	350	400

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Status (%) of establishment of a National Transplant Registry	-	-	30	60	80	100
Programme 2: Curative and RMNCAH									
Programme Outcome: Increased access to quality curative health care services									
P 2.1 Communicable disease control	National Syndemic Diseases Control Council (NSDCC)	Management of HIV and AIDS	Number of condoms distributed in non-health settings	11,591,560	2,421,074	2,517,917	2,618,634	2,723,379	2,832,314
			Mother to child transmission Rate (MTCT)	<5	8	<5	<5	<5	<5
			Proportion of Counties Visualizing real time HIV data and Health Dashboards through Situation Room for decision making	100	100	100	100	100	100
			Proportion of implementing Partners reporting on HIV Management and Prevention Interventions	86	82	83	84	85	86
			Proportion of PWID reached with prevention information	80	51	58	65	72.3	80
			Proportion of new infection among adolescents and young people(10-19 years)	-	-	14.6	14.2	13.9	13.5

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Proportion of new infection among adolescents and young people(20-34years)	-	-	53	52	51	50
	NASCOP		Number of people Currently on ART	1,325,522	1,325,522	1,350,000	1,380,000	1,410,000	1,450,000
			Percentage of Newly identified HIV positive and Breastfeeding women initiated on highly active Antiretroviral Therapy	100	87.4	90	95	98	100
SP 2.2 Non-communicable diseases prevention and control	National Cancer Institute Kenya (NCI-K)	Cancer Prevention and Control Services	Number of public Awareness Campaigns Conducted on Cancers, modifiable risk factors, HPV vaccination	35	18	20	22	24	26
			Number of cancer policy briefs	3	3	3	4	4	5
			Number of cancer research disseminated	20	15	15	17	20	23
			Number of periodic trainings of healthcare workers on cancer care conducted (screening and early Detection)	12	17	15	24	30	30
			Number of cancer registry hubs established	12	12	13	13	14	14
			Number of counties Implementing County	-	-	6	23	35	47

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			specific cancer control frameworks						
			Number of counties with comprehensive Cervical cancer elimination campaigns implemented	7	6	7	10	12	12
	Division of mental health	Mental health services	Number of primary health care workers trained on mental health using WHO MhGAP-IG	500	520	500	600	600	600
			Number of counties trained on mental health programmes	-	-	-	10	20	47
	Kenya Board of mental health		Number of mental health units Inspected	8	0	8	8	8	8
	National Cancer Control Programme	Cancer Prevention and Control Services	Proportion of eligible women (25-49 years) screened for cervical cancer	50	44	55	60	65	80
			Proportion of women with precancerous lesions or invasive disease receiving treatment	50	50	60	70	80	90
			Proportion of women (25-74 years) undergoing Clinical Breast Examination (CBE)	20	15	25	27	29	32
	Non-Communicabl	NCD Prevention	Number of Counties who have adopted National	-	-	20	30	35	47

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
	e Diseases (NCD) Prevention and Control Unit	and control services	Cervical Cancer Elimination Action Plan						
			National NCD Policy Developed	-	-	50	100	-	-
			Proportion of persons living with diabetes achieving control	40	45	50	55	60	65
		Sickle Cell Disease (SCD) management	Number of infants screened for Sickle Cell Disease (SCD)	2,000	4000	4,000	6000	8,000	10,000
	Violence and Injuries Prevention and Control Division	First-responders trained on pre-hospital care	Number of first responders trained	-	-	200	400	600	800
SP 2.3 Reproductive Maternal Neonatal Child and Adolescent Health	Department of Family Health	Family Planning services	National Family Planning Policy	1	0	1	-	-	-
		Maternal Neonatal and Child Health Services	Facility based maternal mortality rate per 100,000 deliveries	97	94.72	90	80	75	70
			Under five mortality rates per 1,000 live births	25	41	35	30	28	25
			Proportion of children under age 5 developmental milestones on track in health,	100	78	80	80	85	90

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			learning, and psychosocial wellbeing.						
SP 2.4 Immunization Management	Division of National Vaccines and Immunization program	Vaccines and Immunization Services	Proportion of fully immunized children under 1 year (Proxy Penta 3)	82	80	82	84	86	90
			Proportion of Health Facilities with Functional Cold Chain Equipment	92	93	94	95	95	96
SP 2.5 Curative Services	Forensic and Pathology services	Forensic services	Proportion of Clinical and forensic autopsies performed	100	100	100	100	100	100
		Histology and Pathology services	Proportion of Histopathology examination for cancer diagnosis carried out	80	80	80	80	80	80
			Percentage of interpreted pathology results for clinical decisions	10	20	20	20	20	20
	Orthopedics and Trauma Unit	Orthopaedic and Trauma Technology services supervised	Proportion of National facilities providing orthopedic & trauma services supervised (%)	100	100	100	100	100	100
	Clinical Services	National Safe Surgical Service	Percentage completion of Safe Surgical Guidelines	80	80	90	100	-	-
			Number of counties supported to implement	30	7	14	21	30	47

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
	Rehabilitative Services	Rehabilitative services	Disability Medical Categorization						
			Kenya Assistive Technology (AT) priority product list	1	-	1	1	-	-
	Oral health services	Oral health services	Number of amalgam phase down tools developed	4	2	2	2	-	-
	Nursing services	Critical care services	Number of nurses sponsored for critical care services training	350	150	150	150	150	150
	Ophthalmic Services	Specialized eye care services	Number of New Diabetic eye care centers established	9	9	10	20	30	40
			Number of Centers offering Refractive Low Vision Services	15	10	10	9	12	15
			Number of eye Health Facilities Rehabilitated	5	8	5	5	3	2
	Division of National Referral	National health referral services	National Health Referral Policy, Guidelines and Strategic Plan developed	3	0	3	1	1	1
	Healthy Aging and Palliative care	Healthy aging	Healthy aging Palliative Care Policy developed	1	0	1	-	-	-

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
		Palliative care services	Strategic Plan developed	-	-	-	1	-	-
Programme 3: Health Research and Innovations									
Programme Outcomes: Increased Health Research and Innovations									
SP:3.1 Health Innovations	Division of Digital Health and Informatics	Health informatic services	Number of counties capacity build on use of ICD 11, data analytics, and MCCOD standard operating procedures and mentorship guide	5	11	15	30	40	47
			Number of County Mortality profiles	5	5	7	10	30	47
	Division of Policy and Research	Digitalization of biological sample permits	Percentage level of digitalization of permits services	-	-	25	75	90	100
	Digital Health Agency (DHA)	Digital Health Services	Percentage of L2 - 4 Health Facilities digitalized through Taifa Care HMIS initiative	50	82.3	100	100	100	100
			Percentage of Level 5 and 6 Health Facilities digitalized through Taifa Care HMIS initiative	20	3	60	100	100	100
			Number of end user devices dispatched to health facilities for digital health transformation	40,000	27,154	20,000	10,000	10,000	10,000

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Number of Dashboards and Analytics to Promote Data Use Developed	3	80	80	120	150	150
			Number of end-users reached through capacity building & technical assistance initiatives on digital health transformation undertaken	10,000	4,896	1800	2000	2000	2000
			Number of Digital Health Solutions certified	10	1	15	50	150	200
			Systems Compliance and Quality Audits conducted	-	-	2	5	8	10
			Number of facilities Rolled out with the National Logistic Management Information System with Track & Trace functionality	-	-	100	500	800	1100
	Kenya Biovax Institute	Vaccines and specialized HPTs manufacturing services	Percentage completion rate of human vaccine fill-and-finish facility Phase 1B (GMP consultancy, civil works, clean rooms, production lines & QC Labs - LVP	40	25	60	80	100	-
			Percentage completion rate of the Aseptic “Fill and Finish” vaccines manufacturing facility. Phase 1C-Equipment qualification & GMP certification & LVP	-	-	20	30	60	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Number of technology transfers agreements	2	1	2	1	1	1
			Number of partnerships and collaborations	2	5	2	2	2	2
SP 3.2 Medical Research	Kenya Medical Research Institute	Human Health Research services	Number of Research Papers published	550	665	665	670	680	690
			Number of Evidence/Policy Briefs developed	6	9	10	12	14	16
			Number of New Trademarks/Patents/Copyrights filled	-	-	4	4	4	4
			Number of Natural Products developed	4	0	1	1	1	1
			Number of Commercializeable Innovations Advanced to Prototype	1	0	1	1	1	1
			Number of Specialized Laboratory Tests undertaken	1,100,000	433,309	450,000	544,000	598,450	658,295
			Number of Scientific & Health Conferences Organized	2	3	3	2	2	3
			Number of PhD's Students graduated	9	7	9	11	13	15
			Number of Masters Students graduated	13	15	15	30	50	50

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Pathogen diagnostic and surveillance biosecurity platform established	-	-	-	1	1	1
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	Proportion of complaints addressed within 21 days from lodge	-	100	100	100	100	100
			Productivity index	-	2.63	5.00	7.00	9.00	10.00
	ICT Services	ICT networking and equipment provided	Ratio of staff to functional computers/laptops	2:1	1:1	1:1	1:1	11	1:1
			Proportion of departments with functional LAN and WAN	50	50	100	100	100	100
	Human Resource Management & Development division	Human resource management and development services	Number of health care workers recruited	146	146	34	54	60	80
			Percentage of in-post employees trained	15	10	22	33	55	65
			Percentage of state corporations Organization structures reviewed.	15	10	74	100	-	-
	Technical Services	Co-ordination of Kenya Health Sector	Proportion recommendations implemented	100	100	100	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
		directors caucus							
		Health statistics published	Number of publications on Medically Certified Cause of Death (MCCoD) statistics	2	2	2	2	2	2
			Publish Annual Health Statistics	1	1	1	1	1	1
SP4.2: Financing, Planning, Monitoring and Evaluation	Finance division	Health Financial services	PPR, PBB & Sub-Sector Report prepared and submitted	1	1	1	1	-	-
			Number of Quarterly Budget Reports prepared and submitted	4	4	4	4	4	4
	Central Planning & Projects Monitoring Unit	Planning services	Number of policy briefs prepared	4	6	6	6	6	6
			Number of reports for capital projects monitored for progress	4	4	4	4	4	4
			Number of Counties trained on planning, budgeting and M & E	47	47	47	47	47	47
			Number of SAGAs and regulatory bodies capacity build on planning, budgeting and M & E	15	15	15	15	15	15

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
SP4.3 Social Protection in Health	Division of Health-Care Financing	Healthcare Financing services	Percentage of government budget allocated to health (Abuja/KHFS target: 15%)	13.5	6.7	13.8	14.2	14.5	15
			Annual per capita health spending (KHFS target: US\$ 357)	252	76	275	299	322	345
			Percentage of total health expenditure that is pooled (KHFS target: 80%)	59	-	63	68	73	78
			Percentage of SHIF funds spent on reimbursing the UHC Essential Benefits Package (KHFS target: 80%)	50	-	57	63	70	77
			Percentage of population incurring catastrophic health expenditure (KHFS target: 2%)	5	7.1	4.3	3.7	3	2.3
			Percentage of population enrolled in health insurance of any kind (KHFS target: 85%)	60	38	66	71	77	82
			Percentage of licensed Health providers that received (national) accreditation/certification (KHFS target: 80%)	50	-	57	63	70	77

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
	Social Health Authority (SHA)		Number of New Registered beneficiaries	8,200,200	8,643,484	8,400,000	4,520,000	2,200,000	1,000,000

2. State Department For Public Health and Professional Standards

Table 3.2b: Programmes, Sub-Programmes, Expected Outcomes, Outputs and Key Performance Indicators.

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
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 diseases control services.	No. of TB cases notified (All forms)	98,038	91,448	94,903	90,123	86,123	78,407
			No. of MDR-TB cases notified	1068	742	1041	1001	974	877
			Proportion of successfully treated TB cases (all forms of TB)	95	89	100	100	100	95
			Proportion of Multi drug resistant TB successfully treated	95	86	100	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			No. of people in contact with TB patients who began preventive therapy treatment	116,613	77,886	136,276	148,858	160,858	164,655
			No. of Facilities offering integrated TB and lung diseases services	500	560	1495	996	998	1000
			Proportion of successfully treated Leprosy cases (all forms)	100	61	100	100	100	100
	National Malaria Programme	Malaria promotive, preventive and curative services.	No. of Artemisinin Combination Therapy (ACTs) doses distributed to public health facilities (millions)	5	5.4	5.0	4.9	4.9	4.9
			Malaria incidence per thousand population	73	72	60	42	31	31
			Proportion of suspected cases tested	100	90	100	100	100	100
			Proportion of Confirmed Malaria Cases treated	100	100	100	100	100	100
			No. of Routine Long Lasting Insecticidal Nets distributed (in millions)	1.9	1.2	2.0	2.1	2.2	1.8

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
SP 1.3: Public Health Services	Environmental Health	Sanitation and hygiene services	Proportion of Villages certified as open defecation free	15	15	20	25	30	30
			Proportion of population accessing safely managed sanitation facilities	25	25	30	35	40	50
		Waste management and climate change mitigation services	No. of health facilities with installed and compliant waste treatment equipment	6	6	8	10	12	15
			No. of health workers capacity built on climate change and health	30	40	40	50	60	100
			No. of counties implementing Epuka Uchafu, Afya Nyumbani initiative	8	16	9	10	12	20
		Occupational Health and Safety standards	No. of TOTs capacity on occupational health and safety standards in health facilities	200	400	350	350	350	500
		Vector and vermin infestations control services	No. of POEs capacity built to undertake vector and vermin control services	3	3	5	7	6	6

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
		Clinical wastes disposal services	No. of microwave housing units Constructed	-	-	5	5	5	5
		Lead surveillances services	No. of lead exposure surveillance established	-	-	1	-	-	-
	Tobacco Control Board	Tobacco control and enforcement services.	No. of Enforcement officers trained on tobacco control and enforcement	100	100	100	100	100	100
			No. of Tobacco Control Advisories issued	10	0	12	14	18	20
			No. of the county Tobacco control Focal persons Capacity built	15	6	11	10	10	10
			No. of multisectoral POEs staff capacity built	50	8	50	50	50	50
			Percentage. of counties reporting using AI led tobacco control compliance system	-	-	-	100	100	100
	Division of Drugs and Substance Abuse Control	Drugs and substance abuse control services.	No. of awareness campaigns conducted	56	87	60	65	70	180
			No. of stakeholders' engagement events conducted	22	31	25	25	25	67

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Number of new treatment and rehabilitation centers established	2	0	4	-	-	-
			No. of existing health facilities offering cessation and rehabilitation services	-	-	-	10	15	20
	Division of Health and Wellness	Health and Wellness services	No. of TOTs in national and counties trained on health and Wellness services	35	0	30	60	90	60
			No. of frameworks on health and wellness developed	-	-	-	1	-	-
			No. of MDAs engaged on health and wellness	-	-	10	20	40	60
			Percentage of Health and wellness centre established	-	-	-	25	63	100
	KNPHI	Disease surveillance, detection and response services	Non-Polio Acute Flaccid Paralysis Detection rate (NPAFP) per 100,000	2.5	2.39	3	3	3	3
			No. of counties supported to establish functional Community Events-Based	11	25	10	7	-	-

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Surveillance systems (CEBS)						
			No. of hospitals supported to establish Functional Events Based Reporting System	50	72	50	50	50	50
			Proportion of public health events outbreaks detected, investigated and responded to	100	100	100	100	100	100
		Public Health emergency and disaster preparedness and response services	No. of County PHEOC staff trained on Rapid Response teams	125	596	125	125	125	125
			No. of national and county Public Health Emergency Responders trained in Public Health Emergencies Management	50	175	50	50	50	50
			No. of Counties supported to establish Functional Public Health Emergency Operation Centre	29	25	10	8	4	-
			Proportion of Public Health Emergencies responded to.	100	100	100	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			No. of health workers trained on joint emergency services and structured approach to major incidents	104	17	208	400	600	600
			No. of Health workers trained on chemical biological nuclear, and radiological incidents	104	0	235	400	600	600
			No. of health workers trained on post-crash response	-	-	5,000	8,000	10,000	8,000
			No. of motorcycle riders trained on post-crash response	-	-	20,000	40,000	60,000	40,000
		Health Care workers trained on epidemiology services.	No. of Health care workers trained on Field Epidemiology (advanced, intermediate and basic)	100	108	90	110	120	120
		Vector Borne & neglected tropical diseases treatment services	No. of trachoma endemic counties supported to treat trachoma	5	0	5	-	-	-
			Proportion of the targeted counties supported on Bilharzia control	100	50	100	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Proportion of the targeted counties supported on intestinal worms' control	100	45	100	100	100	100
			No. of a Lymphatic Filariasis endemic sub counties supported to conduct post mass drug administration assessment III	6	11	5	5	3	2
		Zoonotic diseases surveillance services	No. of Counties supported to establish One Health Units (COHU)	4	10	4	4	4	4
		Food safety services	No. of County Public Health officers capacity-built on Kenya School meals, Food Safety and Quality	540	770	120	200	200	200
		National laboratory services	No. of enrolled laboratories in the Laboratory Continuous Quality Improvement (LCQI) program	6	8	40	40	40	40
			No. of Medical Laboratories supported to participate in AMR surveillance	5	5	5	5	10	5

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			No. of Medical Laboratories supported to conduct Molecular Testing for Priority Diseases	5	5	2	6	6	3
			No. of medical laboratories with LIMS inter-operationalised with hospitals management Information systems (HMISs)	5	5	10	10	10	10
			Proportion of sequencing conducted on outbreak and referral specimens	100	100	100	100	100	100
		Port health services.	Proportion of travellers screened for notifiable diseases	100	100	100	100	100	100
			Proportion of travellers issued with vaccination certificates as per travel requirements	100	100	100	100	100	100
			Proportion of consignments processed as per health requirements at POEs	100	100	100	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Proportion of conveyances inspected and issued with disinfection certificates	100	100	100	100	100	100
SP 1.4- Radiation Safety and Nuclear Security	Kenya Nuclear Regulatory Authority	Nuclear and radiation safety, and security services.	Number of nuclear power programme regulations developed	10	10	5	5	5	5
			Number of enforcement officers trained nuclear security.	50	50	50	50	50	50
			Proportion of category I and II radiation facilities complying with physical protection measures	100	100	100	100	100	100
			Percentage of radiation contamination tests performed on consumer products	50	50	50	100	100	100
			Percentage of radiation facilities compliant with set regulations	70	70	100	100	100	100
			Percentage of radioactive waste conditioned at the central radioactive waste processing facility	30	30	40	40	60	70

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
SP 1.5 Primary Health Care	Division of Nutrition and Dietetics	Malnutrition prevention & Nutrition promotion services.	Proportion of children 6-59 months who received 2 doses of Vitamin A Supplementation (VAS)	80	77.2	82	84	86	86
			No. of children 6-23 months receiving Micronutrient Powders (MNPS)	10,000	144,771	10,000	7,500	15,000	22,500
			No. of healthcare workers trained on nutrition and dietetics	2500	133	2500	2800	3400	4000
			No. of guidelines and standards developed	3	1	3	3	3	3
			No. of essential nutrition commodities and products distributed to designated health facilities	-	-	110,0000	164,000	168,000	168,000
			No. of essential clinical dietetics commodities and products distributed to designated health facilities	-	-	100,000	2,500	5,000	7,500
			Nutrition and Dietetics Policy developed	-	-	1	-	-	-
	PCN Division		Cumulative No. of functional primary care	268	278	303	315	-	-

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
		Primary health services	networks (PCNs) established						
			No. of cumulative MDTs trained on integrated PHC implementation	-	-	-	60	120	200
			No. of PCNs Management committees inducted on integrated implementation of PHC	-	-	-	60	120	200
			No. of County PCNs Advisory Committees inducted on integrated implementation of PHC	-	-	-	20	27	-
	Community Health	Community Health services	No. of CHPs facilitated with stipend	107,831	107.831	107,831	107,831	107,831	107,831
			No. of CHPs facilitated with health insurance premiums	-	-	107,831	107,831	107,831	107,831
			No. of CHP Kits distributed	107,831	107.831	100,000	-	7,831	-

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			No of Mobile Phones to support CHIS distributed	7831	107,831	100,000	-	7,831	-
			No of Household supported by CHPs (in Millions)	8.9	9.4	10.8	12.5	12.6	12.8
	Building Resilient and Responsive health Systems	Resilient and responsive health system	Order fill rate (%) for PHC priority HPTs at KEMSA	50	0	100	100	100	100
			No. of KEMSA ERP licences renewed	0	1	1	1	1	1
			No of counties supported to improve PHC services	-	-	47	47	47	47
		Health surveys	No of households surveys undertaken	-	-	2	1	-	-
	Division of Health Promotion and Advocacy	Health promotion and education services.	No. of health promotion and advocacy policies, strategies and guidelines developed	2	2	1	1	1	1
			% of MOH 719 Call Centre operationalized	70	75	80	85	90	100
			No. of IEC materials on priority health issues disseminated	60	65	70	75	80	80
			No. of counties supported to establish Health	8	0	12	14	14	7

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Promotion Advisory Committees (HPACs)						
			No. of county staff capacity built on health promotion	124	140	200	250	300	350
	School Health Programme	School health services.	Kenya School Health Policy Developed	1	0	1	-	-	-
			No. of CHMT’s technically supported to implement school health initiatives	10	10	15	5	10	7
			National School Health Activity Register developed	1	0	1	-	-	-
	Programme 2: Health resource development and innovation								
Programme Outcome: Enhanced health human resources for quality healthcare									
SP 2.1 Capacity Building and Training	Kenya Medical Training College	Capacity development and training services - KMTC	No of students enrolled	30,000	33,182	31,000	32,000	33,000	34,000
			No. of students graduating	-	22,776	23,100	24,000	25,000	26,000
			No of staff recruited	900	0	1026	1200	1200	1200
			No. of evidence-based policies developed	9	9	10	10	10	10

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
	KHATF	KHATF operationalized	No of Skills Labs Equipped	-	-	10	10	10	10
			Finalization of HR instruments.	1	0	1	-	-	-
			KHATF Strategic Plan 2027-2032 Developed	-	-	1	-	-	-
			No. of Counties Medical Specialists needs assessment conducted	-	-	10	13	24	-
			No. of officers supported to undertake specialised medical training	-	-	10	50	100	150
SP 2.2 Research and innovation on Health	Kenya Institute of Primate Research	Primate research and innovation services	No. of peer reviewed scientific publications produced	20	42	40	40	40	40
			No. of staff and healthcare workers trained on biomedical knowledge and skills	100	524	500	500	500	500
			No. of pre-clinical candidate drugs and vaccines tested	6	10	6	6	6	6
			No. of bacteriophages (phages) isolated for	3	4	3	3	3	3

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			treatment of multidrug resistant bacteria						
			No. of samples tested at wildlife, human and livestock interface for zoonosis	300	694	500	500	500	500
		Snakebite rescue & intervention services	No. of snake venom profiled for anti-venom development	4	6	4	4	4	4
			No. of anti-venom generated for preclinical testing	2	4	2	2	2	2
SP 2.3 Health Professional services	Health Sector Coordination & Intergovernmental Relations International health relations services.	Intergovernmental health relations and Research services.	No. of health sector intergovernmental forums held	4	1	4	4	4	4
			No. of Local partnerships memoranda and agreements signed	5	1	4	4	4	4
			Health Sector Coordination Strategic Plan (2027-2032) Developed	-	-	1	-	-	-
			No. of international health treaties/conventions signed	1	0	1	1	1	1

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
		International Health Relations Services	No. of International memoranda of Understanding and bilateral/multilateral health agreements signed	1	6	4	4	4	6
			Number of regional and international health conference/forum/meetings coordinated	7	7	7	7	7	7
		Tax exemption services	Proportion of tax exemption applications processed	100	211	100	100	100	100
			No. of sensitization on tax exemption forum held	3	0	3	3	3	6
	Research and Development	Research and Development co-ordination services	No. of Public Health Research completed	-	-	1	1	1	1
			No. of staff capacity built on research coordination and development	-	-	-	60	100	50

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
Programme 3: Health Policy Standards and Regulations									
Programme Outcome: Strengthened quality health standards and regulations									
SP:3.1 Health Standards and Quality	Kenya Health Professions Oversight Authority	Health Professionals regulatory services (KHPOA).	% of health facilities inspected for compliance.	25	14.7	100	100	100	100
			Percentage of Health professional training institutions assessed for compliance.	100	255	100	100	100	100
			No. of Health professionals without statutory regulatory bodies registered.	2,000	2,323	2000	2000	2000	2000
			Strategic Plan Developed	-	-	-	1	-	-
			% of complaints and disputes received and processed	100	100	100	100	100	100
			No. of health regulatory framework developed	-	-	-	1	-	-
	Kenya Health Human Resource Advisory Council (KHHRAC)	Health Professionals management and advisory services (KHHRAC)	No. of HRH data Guidelines Developed	-	-	1	1	1	1
			No. of health workers Capacity built on HRH data management and	150	177	150	150	150	150

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			national health accounts (NHW)						
			No. of Healthcare Professional Frameworks Developed	2	1	2	1	1	1
			% of health workforce information system developed	25	25	30	60	60	80
	Kenya Medical Practitioners and Dentist Council	Health Professionals (medical practitioners, dentists, and COHOs) Regulatory services.	Percentage of new Medical, Dental and Community Oral Health Officers registration applications processed.	100	100	100	100	100	100
			Percentage of Medical, Dental and Community Oral Health Officers practitioners licensed to practice	100	100	100	100	100	100
			Percentage of health facilities licensed to practice	100	94	100	100	100	100
			Percentage of compliance inspections carried out	100	100	100	100	100	100
			Proportion of medical, dental internship and	100	100	100	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			specialist training centers inspected.						
			Percentage complete of examination centre	40	63	100	-	-	-
			No. of new Continuous Professional Development (CPD) providers accredited.	19	15	21	24	28	30
	Nursing Council of Kenya	Health Professionals (Nurses) regulatory services	Percentage of nurses and midwives newly registered	100	185	100	100	100	100
			Percentage of eligible candidates examined	100	100	100	100	100	100
			Percentage of eligible candidates Indexed	100	100	100	100	100	100
			% of nurses and midwives licensed	60	65	100	100	100	100
		Compliance audits on Nurses training institutions	Proportion of nurses training institutions audited for compliance	100	90	100	100	100	100
			Proportion of health facilities audited for compliance	100	90	100	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
	Clinical Officers Council	Health Professionals (Clinical Officers) regulatory services	Percentage of Clinical Officers trainees Indexed	100	100	100	100	100	100
			Percentage of Clinical Officers Registered	100	40	100	100	100	100
			Percentage of Clinical Officers Licensed	100	100	100	100	100	100
	Public Health Officers and Technicians Council	Public Health Professionals regulatory services	Percentage of Public Health Professionals licensed	100	43	100	100	100	100
			Proportion of training institutions inspected for compliance	100	100	100	100	100	100
	Counsellors and Psychologists Board	Health Professionals (Counsellors and Psychologists) regulatory services	Percentage of counsellors and psychologists indexed	100	64	100	100	100	100
			Percentage of counsellors and psychologists Registered	100	26	100	100	100	100
			Percentage of counsellors and psychologists licensed to practice	100	100	100	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			Percentage of clinical facilities licensed to offer counselling and psychological services	100	100	100	100	100	100
			Percentage of counsellors and psychologists training institutions inspected	100	50	100	100	100	100
	Occupational Therapy Council of Kenya	Health Professionals (Occupational therapists) regulatory services for Occupational Therapy	Percentage of occupational therapy students indexed	100	0	100	100	100	100
			Percentage of clinical facilities licensed	100	10	100	100	100	100
			Percentage of training institutions offering occupational therapy services inspected	100	25	100	100	100	100
			Percentage of Occupational Therapists licensed	100	100	100	100	100	100
			No. of new Continuous Professional Development (CPD) providers accredited	10	8	15	18	20	25

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
	Physiotherapy Council of Kenya	Health Professionals (Physiotherapists) regulatory services.	Percentage of physiotherapy facilities inspected for compliance.	100	100	100	100	100	100
			Percentage of physiotherapy practitioners licensed	100	100	100	100	100	100
			Percentage of physiotherapists registered	100	100	100	100	100	100
			Percentage of physiotherapy training institutions inspected for compliance	100	70	100	100	100	100
	National Quality Control Laboratory	HPTs Quality control and assurance services	Proportion of medical drugs tested for quality, safety of the citizens	100	45	100	100	100	100
			Proportion of medical devices tested for quality, safety of the citizens.	100	0	100	100	100	100
			Percentage Completion of laboratory construction	-	-	2	5	10	15
			Percentage of research samples analysed	100	5	100	100	100	100
			No. of laboratory equipment installed	-	-	-	4	4	4

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
	Health Records and Information Managers Board	Health Professionals (Health Records and information managers) regulatory services	Percentage of training institutions inspected	100	50	100	100	100	100
			Percentage of HRIM professionals licensed	100	61	100	100	100	100
	Pharmacy and Poisons Board	Health professionals (Pharmacists) and HPTs regulatory services	No. of new health products registered	1600	2387	1600	1600	1600	1600
			Percentage of new Pharmacists and pharmaceutical technologists licensed	100	172	100	100	100	100
			Percentage of Regulatory compliance inspections done	100	95	100	100	100	100
			Proportion of new clinical trials processed.	100	100	100	100	100	100
			No. of pharmaceuticals import and export permits approved.	20,000	24,586	11,000	11000	12,000	12,000
	Kenya Medical Laboratory Technician and	Health professionals' (Laboratory	Percentage of medical laboratory science students indexed	100	100	100	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
	Technologists Board	Technicians and Technologists) regulatory services	Percentage of eligible candidates examined for MLS licensure examination.	100	79	100	100	100	100
			Percentage of Medical Lab Technologists registered	100	30	100	100	100	100
			Percentage of MLS licenses issued	100	88	100	100	100	100
SP 3.2 Health Policy and Regulations	Directorate of Health Standards, Regulation and Quality Assurance.	Health policy, regulatory and quality assurance services.	No. of health standards developed	2	1	1	1	1	1
			No. of counties receiving technical assistance on e-KQMH Standards	15	19	15	15	17	17
			No. of Public Health Policies developed.	1	0	1	1	1	1
			No. of health legislations reviewed/developed	2	1	2	2	2	2
			No. of scopes of practice for health care professional developed/reviewed	-	-	2	2	2	2

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
	RSSH Unit	Strengthened community responses and systems	% Development of Systems readiness index for CHPs	70	62.5	100	-	-	-
		Completeness of reporting in the KHIS	% of Health Facilities submitting reports in the KHIS	100	97.9	100	100	100	100
			Percentage of LMIS reports submitted by health facilities	100	88.5	100	100	100	100
Programme 4: General Administration									
Programme Outcome: Effective governance and administration strengthened									
SP4.1: General Administration and Human Resource management and development	General administration	General administration services	No of CCTV Cameras installed	50	50	50	-	-	-
			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	750	800	850	900	1000
			National Gender mainstreaming workplace	1	0	1	-	-	-

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			policy tailored to the State Department						
		Emergency response services	No. of trained community first aiders	-	-	-	5,000	6,000	6,000
			No. of Ambulances procured	-	-	-	15	-	-
			Completion rate of construction St. John Ambulance HQs	-	-	10	60	100	-
			No. of first aid post trauma centres operationalised	-	-	-	4	2	2
	Records Management	Records Management Services	No. of Records management Policies customised	1	0	1	-	-	-
			No. of Records Retention and Disposal schedule manual developed	1	0	1	-	-	-
			% Digitalization of Departmental records	20	10	20	20	20	50
	Disability Mainstreaming	Disability Mainstreaming services	No. of Disability Mainstreaming Action Plans developed	1	0	1	-	-	-
			No. of Disability mainstreaming	-	-	10	10	17	10

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			dissemination forums conducted						
			No. of staff at National staff capacity built on disability mainstreaming including data protection.	100	0	300	400	500	600
			% Improvement of Infrastructure for inclusion of PWDs at MOH Headquarters.	20	40	60	80	90	100
			Quarterly report on disability submitted to NCPWD	4	3	4	4	4	4
	ICT Division	ICT Services	No. of ICT systems/applications maintained	1	1	5	5	5	5
			Percentage of ICT equipment maintained	100	100	100	100	100	100
			Workplace Digitalization and Automation Strategy developed	1	0	1	-	-	-
		Human resources management services	No. of health care Professional interns engaged	6484	6288	6801	6801	6801	6801

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
			No. of Health workers trained	55	121	60	80	100	100
			No. of regular staff trained	65	70	100	120	130	140
	Public Communication Division	Public Communication Services	No. of press releases issued	25	25	30	40	50	50
			No. of videos and photo stories produced.	20	20	30	40	50	60
			No. of media talk shows conducted	30	30	50	55	60	70
	Supply chain management	Supply chain management services	List of Registered Suppliers updated	1	1	1	1	1	1
			Annual Procurement Plan developed	1	1	1	1	1	1
			Asset register updated	1	1	1	1	1	1
			% of obsolete/surplus assets disposed	100	100	100	100	100	100
SP4.2: Financing and planning	Finance Division	Financial management services	Absorption Rate determined	100	85.5	100	100	100	100
			No. of budget reports submitted	4	4	4	4	4	4
	Internal Audit Division		Institutional Risk Management Policy Framework developed	1	1	-	-	-	1

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2025/26	Actual Achievement 2025/26	Target (Baseline) 2026/27	Target 2027/28	Target 2028/29	Target 2029/30
	Central Planning and Project Monitoring Department	Planning and M&E services.	No. of Quarterly Audit reports submitted to National Treasury	4	4	4	4	4	4
			No. of monitoring and evaluations on programmes conducted	3	2	3	3	3	3
			No. of performance contracts prepared	-	-	2	2	2	2
			No. of PPR reports prepared	-	-	1	1	1	1

3.2.1 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 and core mandate of the sector;
- iv. Climate change mitigation and adaptation;
- v. Cost-effectiveness, efficiency and sustainability; and
- vi. Constitutional, Presidential and Cabinet directives

Using the above criteria the programmes are ranked as follows;

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.

3.3 Sector and Sub-sector Resource Allocation

The following criteria was considered during the allocation of resources to the various programmes:

a) Recurrent Expenditure

1. 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. 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

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

Sector & Sub-Sector Recurrent Requirements/Allocations (Amount Ksh Million)

Table 3.3a: Sector Recurrent Requirements/Allocations (KSh. Million)

Vote Details	Approved Estimates	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	141,021.58	246,800.78	251,528.48	282,209.19	149,475.79	168,804.18	177,779.85
AIA	53,537.09	59,556.40	61,487.62	63,460.33	59,556.40	61,487.62	63,460.33
NET	87,484.50	187,244.38	190,040.86	218,748.87	89,919.39	107,316.55	114,319.52
Compensation	15,189.38	24,096.24	18,203.08	18,749.17	15,096.45	15,586.33	15,651.51
Transfers	124,162.65	196,386.65	221,652.23	250,906.92	132,402.36	151,408.88	160,138.30
Other Recurrent	1,669.56	26,317.88	11,673.18	12,553.10	1,976.99	1,808.96	1,990.05
Of Which							
<i>Utilities</i>	124.62	158.84	168.18	178.13	158.55	165.78	174.33

<i>Rent</i>	7.05	7.40	7.77	8.16	7.08	7.44	7.81
<i>Insurance</i>	-	427.00	427.00	427.00	427.00	427.00	427.00
<i>Subsidies</i>	-	-	-	-	-	-	-
<i>Gratuity</i>	-	-	-	-	-	-	-
<i>Contracted Guards & Cleaners Services</i>	63.90	70.29	77.32	85.06	64.22	70.65	77.71
<i>Others</i>	1,473.99	25,654.35	10,992.90	11,854.76	1,251.14	1,069.10	1,234.19
TOTAL VOTE	141,021.58	246,800.78	251,528.48	282,209.19	149,475.79	168,804.18	177,779.85

Table 3.3b: SDMS Recurrent Requirements/Allocations (KSh. Million)

Vote Details	Approved Estimates	Requirement			Allocation		
1082 - SDM	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	107,681.92	176,165.56	192,566.03	215,941.09	114,371.15	133,256.66	141,700.97
AIA	43,750.79	48,825.56	50,381.66	51,893.29	48,825.56	50,381.66	51,893.29
NET	63,931.14	127,340.00	142,184.37	164,047.79	65,545.59	82,875.00	89,807.67
Compensation	4,483.83	11,041.69	4,756.89	4,899.60	3,899.01	4,348.84	4,372.77
Transfers	102,443.68	160,779.17	183,192.01	206,169.92	109,588.86	128,220.26	136,488.59
Other Recurrent	754.42	4,344.69	4,617.13	4,871.57	883.29	687.56	839.61
Of Which		-	-	-	-	-	-
<i>Utilities</i>	124.62	130.85	137.39	144.26	124.68	130.92	137.46
<i>Rent</i>	7.05	7.40	7.77	8.16	7.08	7.44	7.81
<i>Insurance</i>	-						
<i>Subsidies</i>	-						
<i>Gratuity</i>	-						
<i>Contracted Guards & Cleaners Services</i>	63.90	70.29	77.32	85.06	64.22	70.65	77.71
<i>Others</i>	558.85	4,136.14	4,394.64	4,634.09	618.30	409.56	547.62
TOTAL VOTE	107,681.92	176,165.56	192,566.03	215,941.09	114,371.15	133,256.66	141,700.97

Table 3.3c: SDPHPS Recurrent Requirements/Allocations (KSh. Million)

Vote Details	Approved Estimates	Requirement			Allocation		
1083 - SDPH&PS	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	33,339.66	70,635.22	58,962.45	66,268.11	35,104.64	35,547.52	36,078.88

AIA	9,786.30	10,730.84	11,105.96	11,567.03	10,730.84	11,105.96	11,567.03
NET	23,553.36	59,904.38	47,856.49	54,701.07	24,373.80	24,441.56	24,511.85
Compensation	10,705.55	13,054.55	13,446.19	13,849.57	11,197.44	11,237.49	11,278.74
Transfers	21,718.97	35,607.48	38,460.22	44,737.00	22,813.50	23,188.63	23,649.71
Other Recurrent	915.14	21,973.19	7,056.05	7,681.54	1,093.70	1,121.40	1,150.44
Of Which							
<i>Utilities</i>	-	27.99	30.79	33.87	33.87	34.87	36.87
<i>Rent</i>	-	-	-	-	-	-	-
<i>Insurance</i>	-	427.00	427.00	427.00	427.00	427.00	427.00
<i>Subsidies</i>	-	-	-	-	-	-	-
<i>Gratuity</i>	-	-	-	-	-	-	-
<i>Contracted Guards & Cleaners Services</i>	-	-	-	-	-	-	-
<i>Others</i>	915.14	21,518.20	6,598.26	7,220.67	632.84	659.54	686.58
TOTAL VOTE	33,339.66	70,635.22	58,962.45	66,268.11	35,104.64	35,547.52	36,078.88

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

Table 3.4.: Sector Development Requirements/Allocations (KSh. Million)

Description	Approved Budget Allocation	Requirement			Allocation		
1083 - SDPH&PS	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	35,231.29	158,836.63	145,967.65	146,302.30	79,707.41	74,995.90	61,968.16
GOK	18,006.89	89,363.48	36,781.89	46,266.23	20,050.58	21,551.08	21,451.08
Loans	7,858.00	30,648.38	76,154.79	66,886.03	21,283.38	13,554.98	10,647.05
Grants	9,366.40	38,824.77	33,030.97	33,150.03	38,373.45	39,889.84	29,870.03
Local AIA	-	-	-	-	-	-	-
Other Recurrent	-	-	-	-	-	-	-
TOTAL DEVELOPMENT	35,231.29	158,836.63	145,967.65	146,302.30	79,707.41	74,995.90	61,968.16

Table 3.4.a: SDMS Development Requirements/Allocations (KSh. Million)

Description	Approved Budget Allocation	Requirement			Allocation		
1082 - SDMS	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	25,735.01	122,974.12	114,335.13	113,190.80	58,355.32	59,894.69	53,376.82

GOK	14,993.60	71,037.80	16,435.00	17,930.50	16,235.00	17,735.50	17,635.50
Loans	3,085.00	16,099.00	69,034.81	65,626.98	6,734.00	6,435.00	9,388.00
Grants	7,656.40	35,837.32	28,865.32	29,633.32	35,386.00	35,724.19	26,353.32
Local AIA		-	-	-			
Other Recurrent							
TOTAL DEVELOPMENT	25,735.01	122,974.12	114,335.13	113,190.80	58,355.32	59,894.69	53,376.82

Table 3.4.b: SDPHPS Development Requirements/Allocations (KSh. Million)

Description	Approved Budget Allocation	Requirement			Allocation		
1083 - SDPH&PS	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	9,496.29	35,862.51	31,632.52	33,111.49	21,352.41	15,101.21	8,591.34
GOK	3,013.29	18,325.68	20,346.89	28,335.73	3,815.58	3,815.58	3,815.58
Loans	4,773.00	14,549.38	7,119.98	1,259.05	14,549.38	7,119.98	1,259.05
Grants	1,710.00	2,987.45	4,165.65	3,516.71	2,987.45	4,165.65	3,516.71
Local AIA							
Other Recurrent							
TOTAL DEVELOPMENT	9,496.29	35,862.51	31,632.52	33,111.49	21,352.41	15,101.21	8,591.34

Table 3.5a: Analysis of Programmes and Sub-Programmes (Current and Capital) Resource Requirements (KSh. Million)

Sub-sector: State Department for Medical Services

Programmes	Approved Budget			Projection (Requirement)								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
VOTE: 1082 STATE DEPARTMENT FOR MEDICAL SERVICES												
Programme:1 National Referral & Specialized Services												
Sub-Programme 1.1: National Referral Health Services	45,872.89	3,994.11	49,866.99	67,814.99	5,045.00	72,859.99	70,699.17	5,070.23	75,769.40	75,738.41	5,095.58	80,833.98
Sub-Programme 1.4: Health Infrastructure Equipment	-	2,971.10	2,971.10	147.40	30,394.00	30,541.40	162.14	30,545.97	30,708.11	178.35	30,698.70	30,877.05
Sub-Programme 1.5: National Blood Transfusion Services	252.97	600.00	852.97	462.22	5,000.00	5,462.22	491.74	5,000.00	5,491.74	523.71	5,000.00	5,523.71
Sub-Programme 1.6: Health Products & Technologies	20,942.93	965.00	21,907.93	23,199.23	6,300.00	29,499.23	23,417.48	6,331.50	29,748.98	23,575.54	6,363.16	29,938.70
Total Programme: 1 National Referral &	67,068.79	8,530.21	75,598.99	91,623.84	46,739.00	138,362.84	94,770.54	46,947.70	141,718.23	100,016.01	47,157.43	147,173.45

Programmes	Approved Budget			Projection (Requirement)								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Specialized Services												
Programme 2: Curative & Reproductive Maternal New Born Child Adolescent Health												
Sub-Programme 2.1: Communicable diseases control	1,580.24	3,641.80	5,222.04	2,231.50	32,028.12	34,259.62	2,441.81	24,176.40	26,618.21	2,260.12	24,297.28	26,557.40
Sub-Programme 2.2: Non-Communicable Disease & Prevention Control	542.07	1,016.00	1,558.07	1,917.17	3,080.00	4,997.17	2,880.84	3,095.40	5,976.24	3,624.87	3,110.88	6,735.75
Sub-Programme 2.3: Reproductive Maternal & New Born	37.97	5,702.00	5,739.97	659.61	24,917.00	25,576.61	673.07	25,041.59	25,714.65	696.87	25,166.79	25,863.67
Sub-Programme 2.4: Immunization Management	65.86	6,360.00	6,425.86	852.13	8,360.00	9,212.13	497.34	8,401.80	8,899.14	343.08	8,443.81	8,786.89
Total for Programme: 2 Curative & Reproductive Maternal New Born Child	2,226.15	16,719.80	18,945.95	5,660.40	68,385.12	74,045.52	6,493.06	60,715.18	67,208.25	6,924.94	61,018.76	67,943.70

Programmes	Approved Budget			Projection (Requirement)								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Adolescent Health												
Programme 3: Health Research & Innovations												
Sub-Programme 3.1: Medical Research	3,072.00	325.00	3,397.00	4,363.00	4,450.00	8,813.00	4,566.15	4,472.25	9,038.40	4,780.85	4,494.61	9,275.46
Sub-Programme 3.2: Health Innovations	382.21	130.00	512.21	872.00	3,200.00	4,072.00	903.90	2,000.00	2,903.90	935.69	320.00	1,255.69
Total for Programme: 3 Health Research & Innovations	3,454.21	455.00	3,909.21	5,235.00	7,650.00	12,885.00	5,470.05	6,472.25	11,942.30	5,716.54	4,814.61	10,531.15
Programme 4: General Administration												
Sub-Programme 4.1: General administration Human resource management and development	3,976.66	-	3,976.66	8,032.04	-	8,032.04	4,934.92	-	4,934.92	5,744.59	-	5,744.59
Sub-Programme 4.2: Finance and Planning	58.61	30.00	88.61	330.00	200.00	530.00	258.00	200.00	458.00	257.80	200.00	457.80
Sub-Programme 4.3: Social Protection in Health	30,897.52	-	30,897.52	65,284.27	-	65,284.27	80,639.46	-	80,639.46	97,281.21	-	97,281.21

Programmes	Approved Budget			Projection (Requirement)								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Total for Programme: 4 General Administration and Human Resource Management	34,932.78	30.00	34,962.78	73,646.31	200.00	73,846.31	85,832.38	200.00	86,032.38	103,283.59	200.00	103,483.59
SUB-TOTAL VOTE 1082	107,681.92	25,735.01	133,416.93	176,165.56	122,974.12	299,139.68	192,566.03	114,335.13	306,901.16	215,941.09	113,190.80	329,131.89

Table 3.5b: Analysis of Programmes and Sub-Programmes (Current and Capital) Resource Requirements (KSh. Million)

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

Programmes	Approved Budget			Projection (Requirement)								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
VOTE 1083: STATE DEPARTMENT FOR PUBLIC HEALTH & PROFESSIONAL STANDARDS												
Programme:1 Preventive and Promotive Health Services												
Sub-Programme 1.1: Communicable diseases control	339.64	3,180.58	3,520.22	551.59	15,086.20	15,637.79	568.14	18,846.54	19,414.68	585.18	23,900.27	24,485.46
Sub-Programme 1.2: Disease	-	-	-	-	-	-	-	-	-	-	-	-

Programmes	Approved Budget			Projection (Requirement)								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
surveillance and response												
Sub-Programme 1.3: Public Health Services	1,937.70	30.81	1,968.51	6,071.71	195.00	6,266.71	8,843.38	186.00	9,029.38	12,710.28	186.19	12,896.47
Sub-Programme 1.4: Radiation safety and nuclear security	196.50	207.69	404.19	338.00	505.33	843.33	353.00	307.00	660.00	376.00	222.48	598.48
Sub-Programme 1.5: Primary Health Care	3,906.01	4,783.00	8,689.01	21,079.32	15,009.38	36,088.70	6,099.13	7,589.98	13,689.11	6,279.87	1,729.05	8,008.92
Total Programme: 1 Preventive and Promotive Health Services	6,379.85	8,202.08	14,581.93	28,040.62	30,795.91	58,836.53	15,863.65	26,929.52	42,793.17	19,951.33	26,037.99	45,989.33
Programme 2: Health Resource Development and Innovation												
Sub-Programme 2.1: Capacity building and training (Preservice and In-service training)	10,934.52	652.19	11,586.71	17,773.00	1,498.00	19,271.00	17,045.00	1,398.00	18,443.00	18,616.00	1,371.00	19,987.00
Sub-Programme 2.2: Research	619.59	405.52	1,025.11	1,196.30	800.00	1,996.30	1,252.30	1,000.00	2,252.30	1,257.90	3,377.50	4,635.40

Programmes	Approved Budget			Projection (Requirement)								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
and Innovation on health												
Sub-Programme 2.3: Health Profession Services	9,554.99	-	9,554.99	12,173.55	-	12,173.55	12,835.95	-	12,835.95	13,474.65	-	13,474.65
Total for Programme: 2 Health Resource Development and Innovation	21,109.10	1,057.71	22,166.81	31,142.85	2,298.00	33,440.85	31,133.25	2,398.00	33,531.25	33,348.55	4,748.50	38,097.05
Programme 3: Health Policy, Standards and Regulations												
Sub-Programme 3.1: Health Standard Quality Assurance	4,804.55	206.40	5,010.95	7,243.97	2,443.60	9,687.57	7,684.07	2,000.00	9,684.07	8,312.98	2,000.00	10,312.98
Sub-Programme 3.2: Healthy Policy and Regulations	170.77	-	170.77	649.06	-	649.06	660.42	-	660.42	672.11	-	672.11
Total for Programme: 3 Health Policy, Standards and Regulations	4,975.32	206.40	5,181.72	7,893.03	2,443.60	10,336.63	8,344.48	2,000.00	10,344.48	8,985.09	2,000.00	10,985.09
Programme 4: General Administration and Human Resource Management												
Sub-Programme	792.71	-	792.71	2,811.54	200.00	3,011.54	2,801.08	180.00	2,981.08	3,003.90	200.00	3,203.90

Programmes	Approved Budget			Projection (Requirement)								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
4.1: General administration Human resource management and development												
Sub-Programme 4.2: Finance and Planning	82.68	30.10	112.78	747.18	125.00	872.18	820.00	125.00	945.00	979.24	125.00	1,104.24
Total for Programme: 4 General Administration and Human Resource Management	875.39	30.10	905.49	3,558.72	325.00	3,883.72	3,621.07	305.00	3,926.07	3,983.13	325.00	4,308.13
SUB-TOTAL VOTE: 1083	33,339.66	9,496.29	42,835.95	70,635.22	35,862.51	106,497.73	58,962.45	31,632.52	90,594.98	66,268.11	33,111.49	99,379.60

Table 3.6a: SDMS Analysis of Programmes and Sub-Programmes (Current and Capital) Resource Allocation (KSh. Million)

Programmes	Approved Budget			Allocation								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
VOTE: 1082 STATE DEPARTMENT FOR MEDICAL SERVICES												
Programme:1 National Referral & Specialized Services												
Sub-Programme 1.1: National	45,872.89	3,994.11	49,866.99	47,644.28	5,045.00	52,689.28	50,828.95	4,915.00	55,743.95	53,786.86	4,815.00	58,601.86

Programmes	Approved Budget			Allocation								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Referral Health Services												
Sub-Programme 1.4: Health Infrastructure Equipment	-	2,971.10	2,971.10	54.67	2,738.00	2,792.67	48.14	3,285.70	3,333.84	62.95	3,285.70	3,348.65
Sub-Programme 1.5: National Blood Transfusion Services	252.97	600.00	852.97	213.21	900.00	1,113.21	211.31	934.00	1,145.31	173.41	1,034.00	1,207.41
Sub-Programme 1.6: Health Products & Technologies	20,942.93	965.00	21,907.93	21,164.61	5,500.00	26,664.61	21,401.41	7,565.00	28,966.41	21,664.49	3,565.00	25,229.49
Total Programme: 1 National Referral & Specialized Services	67,068.79	8,530.21	75,598.99	69,076.78	14,183.00	83,259.78	72,489.81	16,699.70	89,189.51	75,687.72	12,699.70	88,387.42
Programme 2: Curative & Reproductive Maternal New Born Child Adolescent Health												
Sub-Programme 2.1: Communicable diseases control	1,580.24	3,641.80	5,222.04	1,588.36	27,155.32	28,743.68	1,538.22	25,151.99	26,690.21	1,546.47	24,774.12	26,320.59
Sub-Programme 2.2: Non-Communicable	542.07	1,016.00	1,558.07	534.83	200.00	734.83	425.00	1,116.00	1,541.00	452.18	136.00	588.18

Programmes	Approved Budget			Allocation								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
e Disease & Prevention Control												
Sub-Programme 2.3: Reproductive Maternal & New Born	37.97	5,702.00	5,739.97	36.95	7,017.00	7,053.95	38.11	7,852.00	7,890.11	43.59	7,852.00	7,895.59
Sub-Programme 2.4: Immunization Management	65.86	6,360.00	6,425.86	62.75	6,460.00	6,522.75	62.51	6,360.00	6,422.51	72.75	6,360.00	6,432.75
Total for Programme: 2 Curative & Reproductive Maternal New Born Child Adolescent Health	2,226.15	16,719.80	18,945.95	2,222.89	40,832.32	43,055.21	2,063.85	40,479.99	42,543.84	2,115.00	39,122.12	41,237.12
Programme 3: Health Research & Innovations												
Sub-Programme 3.1: Medical Research	3,072.00	325.00	3,397.00	3,162.00	3,090.00	6,252.00	3,172.00	2,160.00	5,332.00	3,184.00	1,000.00	4,184.00
Sub-Programme 3.2: Health Innovations	382.21	130.00	512.21	511.00	200.00	711.00	453.80	330.00	783.80	496.80	330.00	826.80
Total for Programme: 3 Health	3,454.21	455.00	3,909.21	3,673.00	3,290.00	6,963.00	3,625.80	2,490.00	6,115.80	3,680.80	1,330.00	5,010.80

Programmes	Approved Budget			Allocation								
	2026/27			2027/28			2028/29			2029/30		
	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	3,976.66	-	3,976.66	3,611.82	-	3,611.82	3,975.79	-	3,975.79	4,098.92	-	4,098.92
Sub-Programme 4.2: Finance and Planning	58.61	30.00	88.61	54.49	50.00	104.49	44.67	225.00	269.67	48.17	225.00	273.17
Sub-Programme 4.3: Social Protection in Health	30,897.52	-	30,897.52	35,732.18	-	35,732.18	51,056.75	-	51,056.75	56,070.35	-	56,070.35
Total for Programme: 4 General Administration and Human Resource Management	34,932.78	30.00	34,962.78	39,398.48	50.00	39,448.48	55,077.20	225.00	55,302.20	60,217.45	225.00	60,442.45
SUB-TOTAL VOTE 1082	107,681.92	25,735.01	133,416.93	114,371.15	58,355.32	172,726.47	133,256.66	59,894.69	193,151.35	141,700.97	53,376.82	195,077.79

Table 3.6b: SDPHPS Analysis of Programmes and Sub-Programmes (Current and Capital) Resource Allocation (KSh. Million)

Programmes	Approved Budget			Allocation								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
VOTE: 1083 STATE DEPARTMENT FOR PUBLIC HEALTH & PROFESSIONAL STANDARDS												
Programme:1 Preventive and Promotive Health Services												
Sub-Programme 1.1: Communicable diseases control	339.64	3,180.58	3,520.22	434.09	4,458.03	4,892.12	470.04	5,550.63	6,020.67	490.67	5,137.29	5,627.96
Sub-Programme 1.2: Disease surveillance and response	-	-	-	-	-	-	-	-	-	-	-	-
Sub-Programme 1.3: Public Health Services	1,937.70	30.81	1,968.51	2,093.08	195.00	2,288.08	2,158.04	186.00	2,344.04	2,217.68	186.19	2,403.87
Sub-Programme 1.4: Radiation safety and nuclear security	196.50	207.69	404.19	206.50	300.00	506.50	216.50	307.00	523.50	226.50	222.48	448.98
Sub-Programme 1.5: Primary Health Care	3,906.01	4,783.00	8,689.01	3,954.89	14,549.38	18,504.27	3,970.20	7,269.98	11,240.18	3,975.94	1,439.05	5,414.99
Total Programme: 1	6,379.85	8,202.08	14,581.93	6,688.56	19,502.41	26,190.97	6,814.78	13,313.61	20,128.39	6,910.80	6,985.01	13,895.81

Programmes	Approved Budget			Allocation								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Preventive and Promotive Health Services												
Programme 2: Health Resource Development and Innovation												
Sub-Programme 2.1: Capacity building and training (Preservice and In-service training)	10,934.52	652.19	11,586.71	11,134.52	650.00	11,784.52	11,334.52	650.00	11,984.52	11,534.52	706.33	12,240.85
Sub-Programme 2.2: Research and Innovation on health	619.59	405.52	1,025.11	621.59	450.00	1,071.59	622.59	450.00	1,072.59	623.59	550.00	1,173.59
Sub-Programme 2.3: Health Profession Services	9,554.99	-	9,554.99	10,139.94	-	10,139.94	10,086.47	-	10,086.47	10,097.21	-	10,097.21
Total for Programme: 2 Health Resource Development and Innovation	21,109.10	1,057.71	22,166.81	21,896.05	1,100.00	22,996.05	22,043.58	1,100.00	23,143.58	22,255.32	1,256.33	23,511.65
Programme 3: Health Policy, Standards and Regulations												
Sub-Programme 3.1: Health Standard	4,804.55	206.40	5,010.95	5,652.11	500.00	6,152.11	5,779.48	637.60	6,417.08	5,970.70	300.00	6,270.70

Programmes	Approved Budget			Allocation								
	2026/27			2027/28			2028/29			2029/30		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Quality Assurance												
Sub-Programme 3.2: Healthy Policy and Regulations	170.77	-	170.77	131.63	-	131.63	144.99	-	144.99	148.73	-	148.73
Total for Programme: 3 Health Policy, Standards and Regulations	4,975.32	206.40	5,181.72	5,783.74	500.00	6,283.74	5,924.47	637.60	6,562.07	6,119.43	300.00	6,419.43
Programme 4: General Administration and Human Resource Management												
Sub-Programme 4.1: General administration Human resource management and development	792.71	-	792.71	634.83	200.00	834.83	661.23	-	661.23	685.06	-	685.06
Sub-Programme 4.2: Finance and Planning	82.68	30.10	112.78	101.46	50.00	151.46	103.46	50.00	153.46	108.28	50.00	158.28
Total for Programme: 4 General Administration and Human Resource Management	875.39	30.10	905.49	736.29	250.00	986.29	764.69	50.00	814.69	793.34	50.00	843.34
TOTAL VOTE	33,339.66	9,496.29	42,835.95	35,104.64	21,352.41	56,457.05	35,547.52	15,101.21	50,648.73	36,078.88	8,591.34	44,670.22

Table 3.7a: SDMS Programmes and Sub-Programmes by Economic Classification (KSh. Million)

Economic Classification	Resource Requirement			Allocation		
	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Programme 1: National Referral and Specialized Services						
Current Expenditure	91,623.84	94,770.54	100,016.01	69,076.78	72,489.81	75,687.72
Compensation of Employees	2,999.63	931.70	888.98	488.28	463.88	398.28
Use of Goods	1,049.61	1,165.76	1,254.23	247.82	288.22	352.00
Transfers	87,545.21	92,642.23	97,840.40	68,292.68	71,689.71	74,889.44
Other Recurrent	29.38	30.85	32.40	48.00	48.00	48.00
Capital Expenditure	46,739.00	46,947.70	47,157.43	14,183.00	16,699.70	12,699.70
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	32,415.00	32,552.08	32,689.84	12,133.00	8,561.70	11,861.70
Other Development	14,324.00	14,395.62	14,467.60	2,050.00	8,138.00	838.00
TOTAL PROGRAMME 1 Preventive and Promotive Health Services	138,362.84	141,718.23	147,173.45	83,259.78	89,189.51	88,387.42
Programme 2: Curative & Reproductive Maternal New Born Child Adolescent Health						
Current Expenditure	5,660.40	6,493.06	6,924.94	2,222.89	2,063.85	2,115.00
Compensation of Employees	2,315.00	1,359.00	830.00	212.32	84.32	122.32
Use of Goods	130.71	143.79	158.16	119.57	131.53	144.68
Currents and other Transfers Govt. Agencies	2,714.69	4,440.28	5,331.77	1,891.00	1,848.00	1,848.00
Other Recurrent	500.00	550.00	605.00	-	-	-
Capital Expenditure	68,385.12	60,715.18	61,018.76	40,832.32	40,479.99	39,122.12
Acquisition of Non-Financial Assets	8,600.00	8,643.00	8,686.22	1,960.00	2,876.00	1,896.00
Capital Transfers Govt. Agencies	34,149.80	34,320.55	34,492.15	38,772.32	37,603.99	37,226.12
Other Development	25,635.32	17,751.63	17,840.39	100.00	-	-
TOTAL PROGRAMME 2: Health Resource Development and Innovation	74,045.52	67,208.25	67,943.70	43,055.21	42,543.84	41,237.12
Programme 3: Health Research & Innovations						
Current Expenditure	5,235.00	5,470.05	5,716.54	3,673.00	3,625.80	3,680.80
Compensation of Employees	-	-	-	-	-	-
Use of Goods	-	-	-	-	-	-
Currents and other Transfers Govt. Agencies	5,235.00	5,470.05	5,716.54	3,673.00	3,625.80	3,680.80
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	7,650.00	6,472.25	4,814.61	3,290.00	2,490.00	1,330.00

Economic Classification	Resource Requirement			Allocation		
	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	4,950.00	3,758.75	2,087.54	3,290.00	2,490.00	1,330.00
Other Development	2,700.00	2,713.50	2,727.07	-	-	-
TOTAL PROGRAMME 3 Health Policy, Standards and Regulations	12,885.00	11,942.30	10,531.15	6,963.00	6,115.80	5,010.80
Programme 4: General Administration						
Current Expenditure	73,646.31	85,832.38	103,283.59	39,398.48	55,077.20	60,217.45
Compensation of Employees	5,727.07	2,466.19	3,180.62	3,198.41	3,800.64	3,852.17
Use of Goods	2,630.00	2,721.50	2,817.01	394.13	145.81	220.67
Currents and other Transfers Govt. Agencies	65,284.27	80,639.46	97,281.21	35,732.18	51,056.75	56,070.35
Other Recurrent	4.98	5.23	4.77	73.77	74.00	74.25
Capital Expenditure	200.00	200.00	200.00	50.00	225.00	225.00
Acquisition of Non-Financial Assets	200.00	200.00	200.00	50.00	225.00	225.00
Capital Transfers Govt. Agencies	-	-	-	-	-	-
Other Development	-	-	-	-	-	-
TOTAL PROGRAMME 4 General Administration and Human Resource Management	73,846.31	86,032.38	103,483.59	39,448.48	55,302.20	60,442.45
TOTAL VOTE	299,139.68	306,901.16	329,131.89	172,726.47	193,151.35	195,077.79

Table 3.7b: SDPHPS Programmes and Sub-Programmes by Economic Classification (KSh. Million)

Economic Classification	Resource Requirement			Allocation		
	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Programme 1: Preventive and Promotive Health Services						
Current Expenditure	28,040.62	15,863.65	19,951.33	6,688.56	6,814.78	6,910.80
Compensation of Employees	880.08	906.48	933.68	756.41	809.10	833.38
Use of Goods	10,271.05	2,721.16	2,992.40	165.60	180.60	190.60
Transfers	9,040.46	11,809.00	15,598.26	5,339.55	5,398.07	5,459.82
Other Recurrent	7,849.03	427.00	427.00	427.00	427.00	427.00
Capital Expenditure	30,795.91	26,929.52	26,037.99	19,502.41	13,313.61	6,985.01
Acquisition of Non-Financial Assets	195.00	186.00	186.19	195.00	186.00	186.19

Economic Classification	Resource Requirement			Allocation		
	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Capital Transfers Govt. Agencies	15,591.53	19,153.54	24,122.75	4,758.03	5,857.63	5,359.77
Other Development	15,009.38	7,589.98	1,729.05	14,549.38	7,269.98	1,439.05
TOTAL PROGRAMME 1 Preventive and Promotive Health Services	58,836.53	42,793.17	45,989.33	26,190.97	20,128.39	13,895.81
Programme 2: Health Resource Development and Innovation						
Current Expenditure	31,142.85	31,133.25	33,348.55	21,896.05	22,043.58	22,255.32
Compensation of Employees	11,118.57	11,452.13	11,795.69	9,791.87	9,733.80	9,733.80
Use of Goods	407.00	407.00	407.00	187.72	188.72	190.72
Currents and other Transfers Govt. Agencies	19,617.28	19,274.12	21,145.86	11,916.46	12,121.06	12,330.80
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	2,298.00	2,398.00	4,748.50	1,100.00	1,100.00	1,256.33
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	2,298.00	2,398.00	4,748.50	1,100.00	1,100.00	1,256.33
Other Development	-	-	-	-	-	-
TOTAL PROGRAMME 2: Health Resource Development and Innovation	33,440.85	33,531.25	38,097.05	22,996.05	23,143.58	23,511.65
Programme 3: Health Policy, Standards and Regulations						
Current Expenditure	7,893.03	8,344.48	8,985.09	5,783.74	5,924.47	6,119.43
Compensation of Employees	322.29	331.96	341.92	211.97	238.33	241.06
Use of Goods	621.00	635.43	650.29	14.28	16.65	19.28
Currents and other Transfers Govt. Agencies	6,949.74	7,377.09	7,992.88	5,557.49	5,669.49	5,859.08
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	2,443.60	2,000.00	2,000.00	500.00	637.60	300.00
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	2,443.60	2,000.00	2,000.00	500.00	637.60	300.00
Other Development	-	-	-	-	-	-
TOTAL PROGRAMME 3 Health Policy, Standards and Regulations	10,336.63	10,344.48	10,985.09	6,283.74	6,562.07	6,419.43
Programme 4: General Administration and Human Resource Management						
Current Expenditure	3,558.72	3,621.07	3,983.13	736.29	764.69	793.34
Compensation of Employees	733.61	755.62	778.29	437.19	456.26	470.50

Economic Classification	Resource Requirement			Allocation		
	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Use of Goods	2,697.12	2,724.67	3,038.98	265.24	273.57	285.98
Currents and other Transfers Govt. Agencies	-	-	-	-	-	-
Other Recurrent	127.99	140.79	165.87	33.87	34.87	36.87
Capital Expenditure	325.00	305.00	325.00	250.00	50.00	50.00
Acquisition of Non-Financial Assets	-	-	-	-	-	-
Capital Transfers Govt. Agencies	-	-	-	-	-	-
Other Development	325.00	305.00	325.00	250.00	50.00	50.00
TOTAL PROGRAMME 4 General Administration and Human Resource Management	3,883.72	3,926.07	4,308.13	986.29	814.69	843.34
TOTAL VOTE	106,497.73	90,594.98	99,379.60	56,457.05	50,648.73	44,670.22

3.8 Analysis of Recurrent Resource Requirements Vs Allocation for SAGAs (KSh. Millions)

Economic classification	Approved Estimates	Requirement			Allocations		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	102,441.62	161,029.17	183,547.01	206,618.92	109,588.86	128,220.26	136,488.59
AIA	43,750.79	48,825.56	50,381.66	51,893.29	48,825.56	50,381.66	51,893.29
NET	58,738.84	113,799.07	134,911.58	156,618.97	60,811.30	77,886.60	84,643.30
Compensation of Employees	45,758.98	55,348.81	59,226.81	63,295.65	46,912.98	48,187.13	49,584.79
Other Recurrent	56,180.70	105,430.37	122,921.21	141,725.27	62,497.14	64,489.49	66,503.46
of which:	-	-	-	-	-	-	-
Insurance	2,568.75	3,066.32	3,250.09	3,429.42	395.00	395.00	395.00
Utilities	1,307.95	1,479.28	1,585.53	1,749.02	1,097.14	1,102.14	1,102.14
Rent	294.22	310.60	317.22	326.22	318.22	318.22	318.22
Subscriptions to International Organisations	-	5.50	6.05	6.66	-	-	-
Subscriptions to Professional Bodies	52.66	67.98	72.44	74.61	-	-	-
Contracted Professionals (Guards and Cleaners)	-	-	-	-	-	-	-
Gratuity	437.69	1,119.98	551.17	590.15	30.00	30.00	30.00
Other Recurrent	51,245.06	98,406.80	117,163.54	135,632.86	57,119.95	59,102.30	61,116.27

State Department for Medical Services

Table 3.8a: SDMS Analysis of Recurrent Resource Requirements Vs Allocation for SAGAs (KSh. Millions)

1. KENYA MEDICAL SUPPLIES AUTHORITY							
Economic classification	Approved Estimates	Requirement			Allocations		
		2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	20,891.87	22,674.86	22,976.40	23,284.70	21,122.00	21,518.70	21,558.17
AIA	20,604.87	20,805.00	21,013.05	21,223.18	20,805.00	21,231.70	21,271.17
NET	287.00	1,869.86	1,963.35	2,061.52	317.00	287.00	287.00
Compensation of Employees	1,438.00	1,869.86	1,963.35	2,061.52	1,869.00	1,963.35	2,061.52
Other Recurrent	19,453.87	20,805.00	21,013.05	21,223.18	19,253.00	19,555.35	19,496.65
of which:							
Insurance	297.00	311.85	327.44	343.81	297.00	297.00	297.00
Utilities	56.00	58.80	61.74	64.83	56.00	56.00	56.00
Rent	20.00	15.00	16.00	16.80	20.00	20.00	20.00
Subscriptions to International Organisations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	7.00	8.00	9.00	9.45	7.00	7.00	7.00
Contracted Professionals (Guards and Cleaners)	550.00	574.57	590.00	619.50	550.00	550.00	550.00
Gratuity	-	-	-	-	-	-	-
Other Recurrent	18,523.87	19,836.79	20,008.87	20,168.79	18,323.00	18,625.35	18,566.65
2.MOI TEACHING AND REFERRAL HOSPITAL							
Economic Classification	Approved Estimates	Requirement			Allocation		
		2026/27	2027/28	2028/29	2029/30	2027/28	2028/29
GROSS	11,638.00	16,648.80	18,313.68	20,145.05	12,241.80	13,095.98	14,005.63
AIA	5,038.00	5,541.80	6,095.98	6,705.58	5,541.80	6,095.98	6,705.58
NET	6,600.00	11,107.00	12,217.70	13,439.47	6,700.00	7,000.00	7,300.05
Compensation to Employees	9,644.00	11,107.00	12,217.70	13,439.47	9,744.00	10,044.00	10,344.00
Other recurrent	1,994.00	5,541.80	6,095.98	6,705.58	2,497.80	3,051.98	3,661.63
of Which		-	-	-			

Insurance	395.00	523.90	576.29	633.92	395.00	395.00	395.00
Utilities	240.00	239.60	280.00	300.00	240.00	240.00	240.00
Rent	2.00	4.80	5.28	5.81	2.00	2.00	2.00
Subscription to International Organizations	-	5.50	6.05	6.66	-	-	-
Subscription to Professional Bodies	-	9.12	10.03	11.04	-	-	-
Contracted Professional (Cleaners & Guards)	-	-	-	-	-	-	-
Gratuity	30.00	22.00	24.20	26.62	30.00	30.00	30.00
Others	1,327.00	4,736.88	5,194.13	5,721.54	1,830.80	2,384.98	2,994.63

3.KENYATTA NATIONAL HOSPITAL

Economic Classification	Approved budget	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	19,117.55	25,252.00	25,557.00	25,867.00	19,217.00	19,518.00	19,818.00
AIA	10,041.00	10,041.00	10,041.00	10,041.00	10,041.00	10,041.00	10,041.00
NET	9,076.55	15,211.00	15,516.00	15,826.00	9,176.00	9,477.00	9,777.00
Compensation to Employees	14,298.00	15,211.00	15,516.00	15,826.00	14,398.00	14,698.00	14,998.00
Other Recurrent	4,820.00	10,041.00	10,041.00	10,041.00	4,819.55	4,820.00	4,820.00
Of which							
Insurance	822.00	822.00	822.00	822.00	822.00	822.00	822.00
Utilities	342.00	410.00	410.00	492.00	342.00	342.00	342.00
Rent	-	-	-	-	-	-	-
Subscription to International Organization	-	-	-	-	-	-	-
Subscription to Professional Bodies	-	-	-	-	-	-	-
Contracted Professionals (Guards, Cleaners etc)	110.00	165.00	165.00	165.00	110.00	110.00	110.00
Gratuity	128.00	64.00	65.00	67.00	128.00	128.00	128.00
Others specify	3,417.55	8,580.00	8,579.00	8,495.00	3,417.55	3,418.00	3,418.00

4.SOCIAL HEALTH AUTHORITY

Economic Classification	Approved Estimates	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
GROSS	167,713.24	215,481.54	246,528.64	278,614.02	184,631.33	200,493.03	216,001.18
AIA	145,613.24	161,531.33	177,393.03	192,901.18	161,531.33	177,393.03	192,901.18
NET	22,100.00	53,950.21	69,135.61	85,712.84	23,100.00	23,100.00	23,100.00
Compensation to Employees	3,512.74	3,793.76	4,097.26	4,466.01	3,512.74	3,512.74	3,512.74

Other recurrent	164,200.49	211,687.78	242,431.38	274,148.01	181,118.59	196,980.29	212,488.44
Of which:							
Insurance	345.88	370.09	399.70	435.67	345.88	345.88	345.88
Utilities	13.94	13.94	13.94	13.94	13.94	13.94	13.94
Rent	187.62	189.50	191.39	193.31	187.62	187.62	187.62
Subscription to International Organizations							
Subscription to Professional Bodies	13.26	13.26	13.26	13.26	13.26	13.26	13.26
Contracted Professional (Guards & Cleaners)	102.51	109.69	117.37	127.93	102.51	102.51	102.51
Gratuity	19.99	21.98	24.18	26.01	19.99	19.99	19.99
Others	163,517.29	210,969.31	241,671.54	273,337.88	180,435.39	196,297.09	211,805.24
5.JARAMOGI OGINGA ODINGA TEACHING AND REFERRAL HOSPITAL							
Economic Classification	Appr oved Estimate	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
GROSS	3,931.34	6,000.00	6,600.00	7,260.00	4,531.34	5,084.14	5,555.84
AIA	2,000.00	2,500.00	2,750.00	3,025.00	2,500.00	2,750.00	3,025.00
NET	1,931.34	3,500.00	3,850.00	4,235.00	2,031.34	2,334.14	2,530.84
Compensation to Employees	1,931.34	3,225.93	3,548.53	3,903.38	2,031.34	2,084.14	2,183.64
Other Recurrent	2,000.00	2,774.07	3,051.47	3,356.62	2,500.00	3,000.00	3,372.20
of which							
Insurance	80.00	250.00	275.00	302.50	80.00	80.00	80.00
Utilities	106.81	140.00	154.00	169.40	106.81	106.81	106.81
Rent							
Subscriptions to international Organization							
Subscriptions to Professional Bodies	0.50	5.00	5.50	6.05	0.50	0.50	0.50
Contracted Professional (Guards & Cleaners)	45.11	60.20	66.22	72.84	45.11	45.11	45.11
Gratuity							
Others	1,767.58	2,318.87	2,550.75	2,805.83	2,267.58	2,767.58	3,139.78
6. KENYATTA UNIVERSITY TEACHING RESEARCH AND REFERRAL HOSPITAL							
Economic classification	Approved Estimates	Requirement			Allocations		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	7,211.45	10,196.00	10,501.88	10,816.94	7,411.00	7,811.00	8,211.45

AIA	4,600.00	4,700.00	4,800.00	4,900.00	4,700.00	4,800.00	4,900.00
Net	2,611.45	5,496.00	5,701.88	5,916.94	2,711.00	3,011.00	3,311.45
Compensation to Employees	3,909.00	5,496.00	5,701.88	5,916.94	4,009.00	4,309.00	4,609.00
Other Recurrent	3,302.45	4,700.00	4,800.00	4,900.00	3,402.45	3,502.00	3,602.45
of which;			-	-			
Insurance	436.00	450.00	463.50	477.41	436.00	436.00	436.00
Utilities	222.00	226.44	233.23	240.23	222.00	222.00	222.00
Rent	-	-	-	-	-	-	-
Subscription to International Organizations	-	-	-	-	-	-	-
Subscription to Professional Bodies	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Contracted Professional (Guards and Cleaning Services)	402.00	489.30	513.77	529.18	402.00	402.00	402.00
Gratuity	100.00	700.00	108.00	110.16	100.00	100.00	100.00
Others	2,135.45	2,827.26	3,474.50	3,536.03	2,235.45	2,335.00	2,435.45

7.MWAI KIBAKI REFERRAL HOSPITAL

Economic Classification	Approved Estimates	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	1,478.82	3,670.00	4,772.00	5,249.00	1,685.00	2,176.00	2,531.00
AIA	696.72	803.00	1,044.00	1,149.00	803.00	1,044.00	1,149.00
NET	782.10	2,867.00	3,728.00	4,100.00	882.00	1,132.00	1,382.00
Compensation to Employees	1,027.00	2,867.00	3,728.00	4,100.00	1,127.00	1,277.00	1,277.00
Other Recurrent	-	-	-	-	558.00	899.00	1,254.00
Of Which	451.00	803.00	1,044.00	1,149.00	-	-	-
Insurance	-	-	-	-	-	-	-
Utilities	33.00	43.00	56.00	61.00	33.00	33.00	33.00
Rent	-	-	-	-	-	-	-
Subsidies	4.00	10.00	14.00	15.00	4.00	4.00	4.00
Contracted Guards & Cleaners Services	-	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-	-
Others	25.00	35.00	46.00	50.00	25.00	25.00	25.00
	390.00	715.00	930.00	1,024.00	496.00	837.00	1,192.00

8.DIGITAL HEALTH AGENCY

Economic Classification	Approved Estimates	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30

Gross	191.70	4,275.70	4,596.27	4,807.89	4,026.36	4,187.63	4,344.54
AIA	126.70	3,771.76	3,922.63	4,079.54	3,771.76	3,922.63	4,079.54
NET	65.00	503.94	673.63	728.35	254.60	265.00	265.00
Compensation to Employees	133.65	352.00	362.00	373.00	133.65	133.65	133.65
Other Recurrent	58.05	2,376.24	2,536.03	2,589.55	3,892.71	4,053.98	4,210.89
of which							
Insurance	8.70	15.00	18.00	20.00	8.70	8.70	8.70
Utilities	5.60	8.40	9.20	9.80	5.60	5.60	5.60
Rent	39.85	41.84	43.93	46.13	39.85	39.85	39.85
International Subscription (GLIA)	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	1.40	2.10	3.15	3.31	1.40	1.40	1.40
Contracted Professional (Guards & Cleaners)	2.50	3.80	4.60	5.50	2.50	2.50	2.50
Gratuity	-	3.00	4.00	4.00	-	-	-
Others	(0.00)	2,302.10	2,453.15	2,500.81	3,834.66	3,995.93	4,152.84
9.NATIONAL CANCER INSTITUTE OF KENYA							
Economic Classification	Approved Printed Estimates	Requirements			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	373.00	1,025.49	2,645.00	3,422.84	396.00	373.00	373.00
AIA	-	-	-	-	-	-	-
Net	373.00	1,025.49	2,645.00	3,422.84	396.00	373.00	373.00
Compensation to Employees	114.00	276.00	474.00	752.00	137.00	114.00	114.00
Others Recurrent	259.00	749.49	2,171.00	2,670.84	259.00	259.00	259.00
of which							
Insurance	7.00	49.71	78.00	86.86	7.00	7.00	7.00
Utilities	3.00	9.00	15.00	21.00	3.00	3.00	3.00
Rent	17.00	40.00	40.00	50.00	17.00	17.00	17.00
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	8.00	17.00	26.00	48.50	8.00	8.00	8.00
others	226.00	644.78	2,031.00	2,491.48	226.00	226.00	226.00
10. KENYA MEDICAL RESEARCH INSTITUTE							
Economic classification	2026/27	Requirement			Allocations		

	Approved Estimates	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	3,072.00	4,363.00	4,566.15	4,780.85	3,162.00	3,172.00	3,184.00
AIA	230.00	220.00	230.00	242.00	220.00	230.00	242.00
Net	2,842.00	4,143.00	4,336.15	4,538.85	2,942.00	2,942.00	2,942.00
Compensation to Employees	2,933.00	3,333.00	3,490.65	3,656.06	2,933.00	2,933.00	2,933.00
Other Recurrent	139.00	1,030.00	1,075.50	1,124.79	129.00	139.00	151.00
of which;							
Insurance	-	75.00	78.75	82.69	-	-	-
Utilities	116.00	130.00	136.50	143.33	111.00	116.00	116.00
Rent	-	8.00	8.40	8.82	-	-	-
Subscription to International Organizations	-	-	-	-	-	-	-
Subscription to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards and Cleaning Services)	23.00	65.00	68.25	71.66	18.00	23.00	23.00
Gratuity	-	74.00	77.70	81.59	-	-	-
others	-	678.00	705.90	736.70	-	-	12.00
11.NATIONAL SYNDemic DISEASE CONTROL COUNCIL							
Economic Classification	Approved Estimates	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	1,473.00	1,689.20	1,795.28	1,908.93	1,495.00	1,475.00	1,475.00
AIA	-	-	-	-	-	-	-
NET	1,473.00	1,689.20	1,795.28	1,908.93	1,495.00	1,475.00	1,475.00
Compensation to Employees	540.00	556.20	572.89	590.07	540.00	540.00	540.00
Other Recurrent	933.00	1,133.00	1,222.39	1,318.86	955.00	935.00	935.00
of which							
Insurance	70.00	72.00	74.16	76.38	70.00	70.00	70.00
Utilities	79.00	83.00	85.49	88.05	79.00	79.00	79.00
Rent	55.00	55.00	56.65	58.35	55.00	55.00	55.00
International Subscription (GLIA)	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	3.00	3.00	4.00	4.00	3.00	3.00	3.00
Contracted Professional (Guards & Cleaners)	34.00	37.00	38.00	39.00	34.00	34.00	34.00
Gratuity	100.00	103.00	106.09	109.27	100.00	100.00	100.00
Others	592.00	780.00	858.00	943.80	614.00	594.00	594.00
12.KENYA BIOVAX INSTITUTE LTD							
Economic classification		Requirements			Allocations		

	Approved Estimates 2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	382.16	872.00	903.90	935.69	511.00	453.80	496.80
AIA	40.50	70.00	112.00	155.00	70.00	112.00	155.00
Net	341.66	802.00	791.90	780.69	441.00	341.80	341.80
Compensation to Employees	205.60	479.00	485.00	486.00	305.60	205.60	205.60
Other Recurrent	176.70	393.00	418.90	449.69	206.00	248.20	291.20
of which:		-	-	-			
Insurance	23.00	36.00	38.00	41.80	23.00	23.00	23.00
Utilities	0.50	16.00	17.60	19.36	0.50	0.50	0.50
Rent	24.00	29.90	30.30	33.33	24.00	24.00	24.00
Subscriptions to International Organisations		-	-	-			
Subscriptions to Professional Bodies		-	-	-			
Contracted Guards and Cleaning Services	5.00	8.10	12.00	13.20	5.00	5.00	5.00
Gratuity	51.70	115.00	116.00	117.00	51.70	51.70	51.70
others	72.50	188.00	205.00	225.00	101.80	144.00	187.00
13. MATHARI NATIONAL TEACHING & REFERRAL HOSPITAL							
Economic Classification	Approved Estimates	Requirements (Kshs Millions)			Allocation (Kshs Millions)		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Gross	1,924.20	3,103.56	3,921.27	5,217.72	2,004.21	2,424.20	2,977.00
AIA	325.00	325.00	325.00	325.00	325.00	325.00	325.00
Net	1,599.20	2,778.56	3,596.27	4,892.72	1,679.21	2,099.20	2,652.00
Compensation to Employees	979.57	1,970.00	2,561.00	3,585.40	1,079.57	1,279.57	1,579.57
Other Recurrent	944.63	1,133.56	1,360.27	1,632.32	924.63	1,144.63	1,397.43
of which;							
Insurance	49.02	53.92	59.31	65.25	49.02	49.02	49.02
Utilities	90.00	103.50	119.03	136.88	90.00	90.00	90.00
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	92.00	106.72	123.80	138.65	92.00	92.00	92.00
Gratuity	-	-	-	-	-	-	-
others	693.11	848.91	1,037.63	1,271.05	673.11	893.11	1,145.91
14. KENYA BOARD OF MENTAL HEALTH							
Economic Classification	Approved Estimates	Requirements (Kshs Millions)			Allocation (Kshs Millions)		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30

Gross	50.23	250.00	355.00	449.00	80.34	280.34	280.34
AIA	-	-	-	-	-	-	-
Net	50.23	250.00	355.00	449.00	80.34	280.34	280.34
Compensation to Employees	-	-	-	-	-	-	-
Other Recurrent	50.23	250.00	355.00	449.00	80.34	280.34	280.34
of which;							
Insurance	-	-	-	-	-	-	-
Utilities	-	-	-	-	-	-	-
Rent	-	-	-	-	-	-	-
Subscription to International Organizations	-	-	-	-	-	-	-
Subscription to Professional Bodies	-	-	-	-	-	-	-
Contracted Guards and Cleaning Services	-	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-	-
others	50.23	250.00	355.00	449.00	80.34	280.34	280.34
15. UHC Health Workers - Current Transfer to other levels of Government							
GoK Current Grant Transfers to Government Agency	8,605.82	8,605.82	8,605.82	8,605.82	8,605.82	8,605.82	8,605.82
16. Primary Health Care Fund-Social Health Authority							
GoK Current Grant Transfers to Government Agency	19,100.00	38,076.49	46,986.67	56,908.38	19,100.00	28,263.30	31,120.00
17. The Emergency, Chronic and Critical Illness Fund- Social Health Authority							
GoK Current Grant Transfers to Government Agency	3,000.00	15,873.72	22,148.94	28,804.46	4,000.00	10,000.00	12,000.00

State Department for Public Health and Professional Standards

Table 3.8b: SDPHPS Analysis of Recurrent Resource Requirements Vs Allocation for SAGAs (KSh. Millions)

Economic Classification	Approved	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
1. CLINICAL OFFICERS COUNCIL - COC							
GROSS	162.29	273.92	333.87	401.66	205.00	210.00	215.00
AIA	132.29	175.00	180.00	185.00	175.00	180.00	185.00
NET	30.00	98.92	153.87	216.66	30.00	30.00	30.00
Compensation to Employees	20.00	30.00	40.00	45.00	20.00	20.00	20.00
Other Recurrent	142.29	243.92	293.87	356.66	185.00	190.00	195.00
of which					-		

Economic Classification	Approved	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Insurance	1.50	2.50	5.00	10.50	1.50	1.50	1.50
Utilities	4.20	7.63	8.32	9.50	4.20	4.20	4.20
Rent	-	-	-	-	-	-	-
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	-	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-	-
Others	136.59	233.79	280.55	336.66	179.30	184.30	189.30
2. KENYA NUCLEAR REGULATORY AUTHORITY - KENRA							
GROSS	196.50	338.00	353.00	376.00	206.50	216.50	226.50
AIA	110.00	120.00	130.00	140.00	120.00	130.00	140.00
NET	86.50	218.00	223.00	236.00	86.50	86.50	86.50
Compensation to Employees	79.00	184.00	188.00	192.00	79.00	79.00	79.00
Other Recurrent	117.50	154.00	165.00	184.00	127.50	137.50	147.50
<i>of which</i>					-		
Insurance	3.70	4.00	4.50	5.00	3.70	3.70	3.70
Utilities	4.70	5.00	6.00	7.00	4.70	4.70	4.70
Rent	18.00	20.00	22.00	24.00	18.00	18.00	18.00
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	7.10	8.00	9.00	10.00	7.10	7.10	7.10
Gratuity	-	7.00	8.00	9.00	-	-	-
Others	84.00	110.00	115.50	129.00	94.00	104.00	114.00
3. KENYA HEALTH HUMAN RESOURCE COUNCIL - KHHRAC							
GROSS	78.95	506.98	759.98	934.75	128.95	128.95	128.95
AIA	-	-	-	-	-	-	-
NET	78.95	506.98	759.98	934.75	128.95	128.95	128.95
Compensation to Employees	2.50	174.88	307.18	436.85	2.50	2.50	2.50
Other Recurrent	76.45	332.10	452.80	497.90	126.45	126.45	126.45
<i>of which</i>					-		

Economic Classification	Approved	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Insurance	2.50	27.90	30.69	33.76	2.50	2.50	2.50
Utilities	3.20	4.40	5.90	6.49	3.20	3.20	3.20
Rent	10.50	12.50	18.00	19.80	10.50	10.50	10.50
Subscriptions to International Organizations	-	12.90	14.19	15.61	-	-	-
Subscriptions to Professional Bodies	0.10	2.00	2.00	2.20	0.10	0.10	0.10
Contracted Professional (Guards & Cleaners)	3.00	4.00	4.60	4.96	3.00	3.00	3.00
Gratuity	-	10.00	13.00	14.30	-	-	-
Others	57.15	258.40	364.42	400.78	107.15	107.15	107.15
4. KENYA HEALTH PROFESSIONS OVERSIGHT AUTHORITY - KHPOA							
GROSS	175.84	238.89	319.81	431.73	180.84	191.34	205.52
AIA	25.00	30.00	40.50	54.68	30.00	40.50	54.68
NET	150.84	208.89	279.31	377.06	150.84	150.84	150.85
Compensation to Employees	40.59	50.86	68.66	92.69	40.59	40.59	40.59
Other Recurrent	135.25	188.03	251.15	339.04	140.25	150.75	164.93
<i>of which</i>					-		
Insurance	3.90	9.41	12.70	17.15	3.90	3.90	3.90
Utilities	1.23	1.23	1.23	1.23	1.23	1.23	1.23
Rent	7.44	10.92	14.74	19.90	7.44	7.44	7.44
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	1.04	1.04	1.04	1.04	1.04	1.04	1.04
Gratuity	8.35	8.45	11.41	15.40	8.35	8.35	8.35
Others	113.29	156.98	210.02	284.32	118.29	128.79	142.97
5. KENYA MEDICAL PRACTITIONERS AND DENTIST COUNCIL - KMPDC							
GROSS	752.72	921.00	962.00	1,026.00	752.72	762.72	772.72
AIA	540.00	540.00	550.00	560.00	540.00	550.00	560.00
NET	212.72	381.00	412.00	466.00	212.72	212.72	212.72
Compensation to Employees	203.00	246.00	263.00	301.00	203.00	203.00	203.00
Other Recurrent	549.72	675.00	699.00	725.00	549.72	559.72	569.72
<i>of which</i>					-		

Economic Classification	Approved	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Insurance	46.00	46.50	47.00	47.50	46.00	46.00	46.00
Utilities	4.00	4.50	5.00	5.50	4.00	4.00	4.00
Rent	8.90	9.00	9.50	9.50	8.90	8.90	8.90
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	3.50	3.70	3.80	3.90	3.50	3.50	3.50
Gratuity	11.50	12.00	12.50	13.00	11.50	11.50	11.50
Others	475.82	599.30	621.20	645.60	475.82	485.82	495.82
6. KENYA MEDICAL TRAINING COLLEGE - KMTC							
GROSS	10,934.52	17,773.00	17,045.00	18,616.00	11,134.52	11,334.52	11,534.52
AIA	4,440.00	4,640.00	4,840.00	5,040.00	4,640.00	4,840.00	5,040.00
NET	6,494.52	13,133.00	12,205.00	13,576.00	6,494.52	6,494.52	6,494.52
Compensation to Employees	6,890.00	13,133.00	12,205.00	13,576.00	6,890.00	7,090.00	7,290.00
Other Recurrent	4,044.52	4,640.00	4,840.00	5,040.00	4,244.52	4,244.52	4,244.52
<i>of which</i>					-		
Insurance	450.00	500.00	520.00	550.00	450.00	450.00	450.00
Utilities	162.00	170.00	175.00	180.00	162.00	162.00	162.00
Rent	4.00	4.00	4.00	5.00	4.00	4.00	4.00
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	445.00	464.00	477.00	484.00	445.00	445.00	445.00
Gratuity	11.00	197.00	208.00	218.00	11.00	11.00	11.00
Others	2,972.52	3,305.00	3,456.00	3,603.00	3,172.52	3,172.52	3,172.52
7. TOBACCO CONTROL FUND - TCF							
GROSS	872.55	890.45	934.97	981.72	890.45	934.97	981.72
AIA	872.55	890.45	934.97	981.72	890.45	934.97	981.72
NET	-	-	-	-	-	-	-
Compensation to Employees	-	-	-	-	-		
Other Recurrent	872.55	890.45	934.97	981.72	890.45	934.97	981.72
<i>of which</i>					-		

Economic Classification	Approved	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
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
Gratuity	-	-	-	-	-	-	-
Others	848.05	852.23	875.35	888.71	852.23	875.35	888.71
8. NURSING COUNCIL OF KENYA - NCK							
GROSS	720.00	925.00	955.00	970.00	735.00	755.00	780.00
AIA	710.00	725.00	745.00	770.00	725.00	745.00	770.00
NET	10.00	200.00	210.00	200.00	10.00	10.00	10.00
Compensation to Employees	136.73	164.25	187.25	195.00	136.73	136.73	136.73
Other Recurrent	583.27	760.75	767.75	775.00	598.27	618.27	643.27
<i>of which</i>							
Insurance	28.60	30.16	34.38	38.00	28.60	28.60	28.60
Utilities	17.59	18.84	19.89	22.00	17.59	17.59	17.59
Rent	-	-	-	-	-	-	-
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	5.00	6.00	6.00	7.00	5.00	5.00	5.00
Gratuity	16.00	24.22	27.61	30.00	16.00	16.00	16.00
Others	516.08	681.53	679.87	678.00	531.08	551.08	576.08
9. OCCUPATIONAL THERAPY COUNCIL OF KENYA(OTCOK)							
GROSS	16.22	110.03	125.51	150.80	17.22	17.72	18.72
AIA	7.00	8.00	8.50	9.50	8.00	8.50	9.50
NET	9.22	102.03	117.01	141.30	9.22	9.22	9.22
Compensation to Employees	-	55.70	58.50	61.40	-	-	-
Other Recurrent	16.22	54.33	67.01	89.40	17.22	17.72	18.72
<i>of which</i>					-	-	-

Economic Classification	Approved	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Insurance	-	-	-	-	-	-	-
Utilities	0.50	3.24	3.82	4.96	0.50	0.50	0.50
Rent	-	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	-	-	-
Others	15.72	49.07	60.68	81.23	16.72	17.22	18.22
10. PHARMACY AND POISONS BOARD -PPB							
GROSS	2,315.00	3,040.00	3,169.00	3,341.95	2,834.00	2,834.00	2,834.00
AIA	2,315.00	2,834.00	2,834.00	2,834.00	2,834.00	2,834.00	2,834.00
NET	-	206.00	335.00	507.95	-	-	-
Compensation to Employees	341.00	409.50	430.00	450.00	341.00	341.00	341.00
Other Recurrent	1,974.00	2,630.50	2,739.00	2,891.95	2,493.00	2,493.00	2,493.00
<i>of which</i>					-	-	-
Insurance	58.50	105.00	120.00	125.00	58.50	58.50	58.50
Utilities	8.50	12.00	15.00	16.50	8.50	8.50	8.50
Rent	9.00	20.00	25.00	25.50	9.00	9.00	9.00
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	57.00	65.00	70.00	75.00	57.00	57.00	57.00
Gratuity							
Others	1,841.00	2,428.50	2,509.00	2,649.95	2,360.00	2,360.00	2,360.00
11. PUBLIC HEALTH OFFICERS AND TECHNICIANS COUNCIL -PHOTC							
GROSS	70.00	190.00	240.00	300.00	80.00	90.00	110.00
AIA	60.00	70.00	80.00	100.00	70.00	80.00	100.00
NET	10.00	120.00	160.00	200.00	10.00	10.00	10.00
Compensation to Employees	5.20	55.60	62.50	72.50	5.20	5.20	5.20
Other Recurrent	64.80	134.40	177.50	227.50	74.80	84.80	104.80
<i>of which</i>							

Economic Classification	Approved	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Insurance	3.10	20.00	25.00	30.00	3.10	3.10	3.10
Utilities	4.00	30.50	35.00	40.00	4.00	4.00	4.00
Rent	1.20	10.50	10.50	10.50	1.20	1.20	1.20
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	0.40	5.00	10.00	15.00	0.40	0.40	0.40
Gratuity	-	-	-	-	-	-	-
Others	56.10	68.40	97.00	132.00	66.10	76.10	96.10
12. PHYSIOTHERAPY COUNCIL KENYA - PCK							
GROSS	76.96	164.00	180.50	198.00	80.96	83.96	85.96
AIA	21.00	25.00	28.00	30.00	25.00	28.00	30.00
NET	55.96	139.00	152.50	168.00	55.96	55.96	55.96
Compensation to Employees	25.00	45.00	48.00	50.00	25.00	25.00	25.00
Other Recurrent	51.96	119.00	132.50	148.00	55.96	58.96	60.96
<i>of which</i>							
Insurance	3.00	7.00	7.50	8.00	3.00	3.00	3.00
Utilities	1.00	3.00	4.00	4.50	1.00	1.00	1.00
Rent	1.30	5.00	5.00	5.50	1.30	1.30	1.30
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	0.20	1.00	1.00	1.00	0.20	0.20	0.20
Gratuity	-	-	-	-	-	-	-
Others	46.46	103.00	115.00	129.00	50.46	53.46	55.46
13. KENYA INSTITUTE OF PRIMATE RESEARCH - KIPRE							
GROSS	619.59	1,196.30	1,252.30	1,257.90	621.59	622.59	623.59
AIA	10.00	12.00	13.00	14.00	12.00	13.00	14.00
NET	609.59	1,184.30	1,239.30	1,243.90	609.59	609.59	609.59
Compensation to Employees	234.00	300.00	350.00	350.00	234.00	234.00	234.00
Other Recurrent	385.59	896.30	902.30	907.90	387.59	388.59	389.59
<i>of which</i>							

Economic Classification	Approved	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Insurance	55.00	58.00	60.00	62.00	55.00	55.00	55.00
Utilities	8.20	12.00	12.00	12.60	8.20	8.20	8.20
Rent	-	-	-	-	-	-	-
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	16.00	18.00	20.00	22.00	16.00	16.00	16.00
Gratuity	8.00	10.00	12.00	13.00	8.00	8.00	8.00
Others	298.39	798.30	798.30	798.30	300.39	301.39	302.39
14. Tobacco Control Board - TCB							
GROSS	-	235.80	508.20	934.20	-	-	-
AIA	-	-	-	-	-	-	-
NET	-	235.80	508.20	934.20	-	-	-
Compensation to Employees	-	39.84	150.12	276.24	-	-	-
Other Recurrent	-	195.96	358.08	657.96	-	-	-
<i>of which</i>							
Insurance	-	3.00	13.00	24.00	-	-	-
Utilities	-	1.20	2.40	3.60	-	-	-
Rent	-	4.00	16.00	28.00	-	-	-
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	-	1.20	4.20	7.20	-	-	-
Gratuity	-	1.80	5.40	9.80	-	-	-
Others	-	184.76	317.08	585.36	-	-	-
15. Kenya Medical Laboratory Technicians & Technologist Board (KMLTTB)							
GROSS	260.00	297.00	332.00	357.00	280.00	300.00	310.00
AIA	250.00	270.00	290.00	300.00	270.00	290.00	300.00
NET	10.00	27.00	42.00	57.00	10.00	10.00	10.00
Compensation to Employees	27.50	27.50	30.25	33.28	27.50	27.50	27.50
Other Recurrent	232.50	269.50	301.75	323.72	252.50	272.50	282.50
<i>of which</i>	-						

Economic Classification	Approved	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Insurance	-	-	-	-	-	-	-
Utilities	-		-	-	-	-	-
Rent	7.00	9.00	11.00	13.00	7.00	7.00	7.00
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	-	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-	-
Others	225.50	260.50	290.75	310.72	245.50	265.50	275.50
16. Health Records & Information Managers Board							
GROSS	28.00	76.00	89.80	105.59	29.00	32.00	36.00
AIA	18.00	19.00	22.00	26.00	19.00	22.00	26.00
NET	10.00	57.00	67.80	79.59	10.00	10.00	10.00
Compensation to Employees	-	30.00	31.80	33.71	-	-	-
Other Recurrent	28.00	46.00	58.00	71.88	29.00	32.00	36.00
<i>of which</i>	-	-	-	-			
Insurance	-	-	-	-	-	-	-
Utilities	-	1.00	1.00	1.00	-	1.00	1.00
Rent	-	2.00	2.00	2.00	-	1.25	1.25
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	-	-	-	-	-	-	-
Contracted Professional (Guards & Cleaners)	-	0.75	0.75	0.75	-	0.75	0.75
Gratuity	-	-	-	-	-	-	-
Others	28.00	42.25	54.25	68.13	29.00	29.00	33.00
17. Counsellors & Psychologist Board - CPB							
GROSS	42.41	290.81	205.35	205.36	85.31	85.31	153.72
AIA	25.50	68.40	68.40	136.81	68.40	68.40	136.81
NET	16.91	222.41	136.95	68.55	16.91	16.91	16.91
Compensation to Employees	15.24	95.70	99.05	102.52	15.24	15.24	15.24
Other Recurrent	27.17	195.11	106.30	102.84	70.07	70.07	138.48
<i>of which</i>					-		

Economic Classification	Approved	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Insurance	3.50	3.62	3.75	3.88	3.50	3.50	3.50
Utilities	1.30	1.36	1.43	1.51	1.30	1.30	1.30
Rent	8.12	8.40	8.65	8.93	8.12	8.12	8.12
Subscriptions to International Organizations	-	-	-	-	-	-	-
Subscriptions to Professional Bodies	0.25	0.54	0.54	0.54	0.25	0.25	0.25
Contracted Professional (Guards & Cleaners)	-	-	-	-	-	-	-
Gratuity	-	-	-	-	-	-	-
Others	14.00	181.19	91.93	87.98	56.90	56.90	125.31
18. The Kenya National Public Health Institute - KNPHI							
GROSS	991.56	4,341.28	6,777.90	10,071.40	1,007.67	1,011.67	1,016.67
AIA	185.88	201.99	205.99	210.99	201.99	205.99	210.99
NET	805.68	4,139.29	6,571.91	9,860.41	805.68	805.68	805.68
Compensation to Employees	660.00	1,608.91	2,515.39	3,421.88	660.00	660.00	660.00
Other Recurrent	331.56	2,732.37	4,262.51	6,649.52	347.67	351.67	356.67
<i>of which</i>							
Insurance	-	70.00	100.00	130.00	-	-	-
Utilities	-	-	-	-	-	-	-
Rent	18.00	56.00	56.00	56.00	18.00	18.00	18.00
Subscriptions to International Organizations	0.13	0.13	0.14	0.14	0.13	0.13	0.13
Subscriptions to Professional Bodies	-	0.29	0.29	0.29	-	-	-
Contracted Professional (Guards & Cleaners)	1.50	1.50	1.50	1.50	1.50	1.50	1.50
Gratuity	-		-	-	-	-	-
Others	311.93	2,604.45	4,104.58	6,461.59	328.04	332.04	337.04
19. National Quality Control Laboratory - NQCL							
GROSS	91.96	292.55	333.72	374.26	227.88	257.88	287.88
AIA	54.08	90.00	120.00	150.00	90.00	120.00	150.00
NET	37.88	202.55	213.72	224.26	137.88	137.88	137.88
Compensation to Employees	-	151.10	170.22	198.23	100.00	100.00	100.00
Other Recurrent	91.96	141.45	163.50	176.03	127.88	157.88	187.88
<i>of which</i>							

Economic Classification	Approved	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
Insurance	-	5.97	6.45	6.94	-	-	-
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	91.96	130.62	152.01	163.90	127.88	157.88	187.88
20. Kenya Hospital Authority Trust Fund							
GROSS	29.40	141.00	216.84	337.21	31.40	35.00	43.74
AIA	10.00	12.00	15.60	24.34	12.00	15.60	24.34
NET	19.40	129.00	201.24	312.88	19.40	19.40	19.40
Compensation to Employees	-	61.20	63.04	64.93	-	3.60	12.34
Other Recurrent	29.40	79.80	153.81	272.29	31.40	31.40	31.40
<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	29.40	44.70	99.05	186.87	31.40	31.40	31.40
21. Health Education- International Health Office							
GoK Grant Transfer to the International Health Office	43.99	120.00	120.00	120.00	43.99	43.99	43.99
Scholarships and other Educational Benefits - Primary Education	5.57	10.54	10.54	10.54	5.57	5.57	5.57
22. Primary Health Care							

Economic Classification	Approved	Requirement			Allocation		
	2026/27	2027/28	2028/29	2029/30	2027/28	2028/29	2029/30
GoK Grant Transfer to Primary Health Care	-	-	-	-	-	-	-
23. Community Health Promoters - 107,831							
GoK Current Grant Transfers to Other Levels of Government	3,234.93	3,234.93	3,234.93	3,234.93	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	-	-	-	-	-	-	-
26. Port Health Control							
Emergency Relief (food, medicine, blankets, cash grant, tents and other	-	-	-	-	-	-	-
27. Basic Salaries for Doctors - Return to Work							
GoK Current Grant Transfers to Other Levels of Government	-	-	-	-	-	-	-

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

The Constitution of Kenya (2010) establishes two distinct but interdependent levels of government, the National Government and the 47 County Governments, with clearly defined functions and shared responsibility for the delivery of quality health services. Effective implementation of the health sector mandate therefore depends on continuous consultation, coordination and collaboration between the two levels of government. Health outcomes are shaped by social, economic and environmental determinants that extend beyond the health system, requiring a whole-of-government and whole-of-society approach.

The Ministry of Health, through the State Departments for Medical Services and Public Health and Professional Standards, works closely with other Ministries, Departments and Agencies (MDAs), County Governments, development partners, the private sector, civil society and community actors to advance Universal Health Coverage (UHC). Strengthening intra- and inter-sectoral linkages is critical for aligning priorities, harmonizing interventions, optimizing scarce resources and ensuring integrated service delivery.

Kenya's health system has evolved from a centralized system to the current devolved structure, in which County Governments are responsible for health service delivery while the National Government provides policy direction, standards, technical support and national referral and specialized services. The increasing complexity of health needs, demographic and epidemiological transition, emerging and re-emerging disease threats, technological advancement, climate-related health risks and public health emergencies requires adaptive, coordinated and resilient policy and implementation responses.

4.1 Intra-Sectoral Linkages within the Ministry of Health

The Ministry's health sector programmes and agencies are interdependent and require coordinated planning, financing, implementation, monitoring and accountability. The State Department for Medical Services is mandated to provide curative and specialized health services through national referral and specialized hospitals, oversight of health products and technologies agencies, research institutions, and Semi-Autonomous Government Agencies (SAGAs). The State Department for Public Health and Professional Standards provides policy and technical leadership for public health, preventive and promotive services, professional standards and regulatory functions. These functions are complementary and should be implemented through joint planning and shared performance-management arrangements.

Strong linkage between the two state departments is essential to ensure that prevention, clinical care, referral services, workforce development and regulation operate as an integrated continuum.

4.2 Links to Other Sectors

Health outcomes are influenced by the other entities of the social pillars of the vision 2030, education, income, water and sanitation, food security, housing, energy, infrastructure, employment, environment and governance. The Ministry will therefore strengthen multi-sectoral collaboration and leverage this to integrate health considerations into national development initiatives and accelerate progress towards UHC.

4.2.1 Energy, Infrastructure and Ict Sector

Collaboration with the energy, infrastructure and ICT sectors is central to achieving equitable access to essential health services under Vision 2030, the Fourth Medium-Term Plan and the Bottom-Up Economic Transformation Agenda (BETA). Reliable and sustainable electricity is essential for life-saving equipment, vaccine cold-chain systems, oxygen, dialysis, cancer treatment, critical care and continuity of specialized services. The Ministry works with the relevant agencies to expand clean and reliable energy with electricity connectivity to health facilities, including remote and underserved areas.

Modern health infrastructure and reliable road networks are critical for access to care, emergency referral and last-mile logistics. Continued collaboration will focus on upgrading hospitals, health centres and dispensaries, improving feeder and rural roads, strengthening road safety and addressing inequities in physical access.

Digital transformation supports e-health, telemedicine, health information management, surveillance, screening, follow-up and continuity of care. The Ministry collaborates with the ICT and Digital Economy sector and County Governments to establish and expand digital health hubs, broadband connectivity, interoperability and sector-wide digital health standards, while strengthening cybersecurity, citizen engagement, transparency and accountability. These measures support the full realization of the Digital super highway.

4.2.2 Environmental Protection, Water and Natural Resources Sector

A safe, clean and healthy environment is essential for preventing disease and reducing the burden of both communicable and non-communicable diseases (NCDs). Environmental and occupational exposures, including air pollution, second-hand tobacco smoke, contaminated water, inadequate sanitation, hazardous chemicals, radiation and climate change pose significant public health risks. Collaboration with the water, sanitation and irrigation, environment, climate change, irrigation, mining and wildlife subsectors will strengthen environmental health surveillance, WASH services, pollution control, healthcare and hazardous-waste management, climate adaptation and mitigation, and occupational health.

The Ministry supports sustainable management of natural resources, mobilization of resources for green technologies and renewable energy, and measures to reduce environmental risk factors for

NCDs. These actions continue to strengthen climate resilience and reduce exposure to waterborne, vector-borne and climate-sensitive diseases.

4.2.3 Social Protection, Labour, Culture and Recreation Sector

The Ministry works with labour and skills-development institutions to strengthen recruitment systems and mainstream occupational safety and health into workplace management. This collaboration supports prevention and control of occupational injuries and diseases, healthy lifestyles, physical activity, mental wellbeing and reduction of NCD risk factors. The review and implementation of policies and legislation on occupational safety, health and mental health contributes to safer and more responsive workplaces.

Through the social protection system, deliberate efforts are being undertaken to identify and register indigent and vulnerable households and support their enrollment in health insurance arrangements under the Social Health Authority (SHA). This targeted approach reduces exclusion and advances equity in access to healthcare. The Ministry continues to promote the socio-economic wellbeing of healthcare workers as a foundation for productivity, motivation and performance.

4.2.4 Public Administration and International Relations

Adequate, predictable and timely financing is critical to implementation of Ministry programmes. The Ministry works closely with the Executive, Public Service, devolved units, parastatals, and state corporations, Public financial management institutions, Regulatory agencies and independent commissions, and Public policy formulation and implementation bodies to strengthen evidence-based planning, budgeting, resource mobilization, public investment and accountability.

In addition, the ministry works with regional and global institutions, including Intergovernmental organizations, Regional bodies, Bretton Woods institutions, Diplomatic institutions, Trade and economic blocs, International courts and legal bodies, and Non-state actors relevant to global governance. International cooperation is coordinated to ensure that bilateral and multilateral commitments and externally financed programmes are aligned with national priorities, county plans and government systems.

Resource allocation is guided by population health needs, disease burden, cost-effectiveness, performance and UHC priorities, with balanced investment across promotive, preventive, curative, rehabilitative and palliative services. The Ministry has continued to strengthen disaster preparedness, response and recovery and institutionalize public-private partnerships as a resource-mobilization mechanism, in accordance with applicable law.

4.2.5 Education Sector

Education is central to health literacy, disease prevention and healthy behaviors. The Ministry collaborates with the Ministry of Education to strengthen school health and nutrition programmes, deworming, health promotion, physical activity, healthy diets, mental wellbeing, prevention of tobacco and harmful alcohol use, and prevention of violence and injuries among children and adolescents.

The Ministry also strengthens partnerships between national teaching and referral hospitals, universities, TVET institutions and research organizations to support training of medical, scientific and allied health professionals and ensure that curricula and competencies respond to evolving health-system needs.

4.2.6 Governance, Justice, Law and Order Sector

The Ministry's mandate is grounded in the Constitution of Kenya, 2010, including Article 43, and supported by the Health Act, and other health-related legislation and standards. The Ministry collaborates with the Office of the Attorney General and Department of Justice, Parliament, County Governments, regulatory bodies, Interior and National Administration, Immigration and Citizen Services and other law-enforcement agencies to review, harmonize, operationalize and enforce health-related laws and regulations.

Collaboration will continue to be strengthened in areas including quarantine and disease notification, port health, tobacco and alcohol control, violence and road-traffic injury prevention, patient safety, research ethics, protection of vulnerable populations and enforcement of professional standards.

4.2.7 General Economic and Commercial Affairs

The Ministry collaborates with the trade, industry, investment, MSME and regional integration sectors to strengthen local manufacturing of health products and technologies including pharmaceuticals, vaccines, diagnostics, medical oxygen among others, improve quality standards and enhance health-product security. Building on this foundation, it will support development of Kenya as a regional hub for pharmaceutical and biologics manufacturing, specialized healthcare, medical training, research and medical tourism through investments in quality standards, infrastructure, human resources, financing mechanisms and appropriate marketing. These linkages contribute to economic growth while reducing import dependence, improving supply resilience and supporting availability and affordability of essential health products.

4.2.8 National Security

The national security sector is an important partner in health emergency preparedness and response, providing logistical, security and intelligence support for disease outbreaks, disasters,

mass-casualty events, protection of health infrastructure and early warning of threats with national security implications. Collaboration extends to military and paramilitary health services, referral and medical evacuation, joint deployment of medical teams, emergency-care capacity, surveillance and information sharing. This partnership is increasingly important for biosafety and biosecurity, management of high-consequence pathogens, dual-use risks and cross-border health security. The civilian and security sector collaboration enhances emergency preparedness and continuity of essential health services.

4.2.9 Agriculture, Rural and Urban Development

The Ministry strives to strengthen multisectoral platforms for nutrition, food safety and security, water, sanitation, environmental health and antimicrobial resistance (AMR), applying a One Health approach that recognizes the interconnectedness of human, animal and environmental health. Collaboration with Agriculture, Livestock, Fisheries, Cooperatives, Lands and Urban Development agencies will continue to strengthen food and nutrition security, food safety surveillance, responsible antimicrobial use, zoonotic disease surveillance and research.

Nutrition interventions prioritize vulnerable populations and promote access to affordable, safe, nutritious and healthy diets to support overall health, wellbeing and improved health outcomes.

4.3 Emerging Issues

During the period under review, the sector identified several emerging issues driven by climatic, ecological shift, emerging infectious diseases, pharmaceutical developments, digital transformation, and healthcare financing as outlined below;

- i. Sustainability of health financing: There is a growing gap between health financing needs and available resources, as external financing continues to decline while domestic financing remains below the Abuja target. This shift signals a broader transition in the health financing landscape, requiring the sector to accelerate sustainable financing reforms including full implementation of the Social Health Authority (SHA), stronger domestic resource mobilization, and improved efficiency in resource use alongside stronger prioritization of high-impact interventions to safeguard continuity of care as the sector adjusts to a more domestically-financed model
- ii. Substance abuse: The sector continues to grapple with the rising burden of substance and drug abuse, particularly among the youth, driven by increased availability of illicit substances, socio-economic pressures, and inadequate access to rehabilitation and mental health services. This has contributed to increased mental health disorders, HIV and hepatitis transmission through injecting drug use, school dropouts, and loss of productivity, thereby straining the healthcare system and undermining human capital development. The sector will prioritize strengthening prevention, treatment, and rehabilitation programmes, in collaboration with NACADA and other stakeholders, to mitigate this emerging threat.

- iii. Digitization and Artificial Intelligence: The accelerating shift towards digital health and Artificial Intelligence presents an opportunity to transform health service delivery. This development also raises concern around regulation, ethics, data governance, workforce competencies and clinical practice, requiring the sector to proactively build the frameworks needed to harness these technologies safely and effectively.
- iv. Health Financing Integrity and Governance: Transition to digital platforms introduces new financing and operational risks that require robust safeguards, transparent processes, digital controls, oversight and independent monitoring to strengthen accountability and value for money.
- v. Cross-border health risks: There is growing exposure to cross-border health risks as increasing regional and international mobility heightens the threat of emerging and re-emerging infections. This trend calls for stronger surveillance, improve cross border information sharing, points-of-entry preparedness and regional health-security mechanisms to safeguard the country against imported and transboundary disease threats.
- vi. Climate change and health: Increasing frequency and severity of floods, droughts, extreme temperatures and other climate-related events are disrupting health services, damaging infrastructure and commodity supply chains. Consequently this increases displacement and geographic spread of climate-sensitive diseases.
- vii. Emerging and Re-emerging diseases: Changing ecological conditions, population mobility and persistent transmission in vulnerable populations risk reversing gains against neglected tropical and vector-borne diseases and epidemics. Sustained surveillance, prevention, early detection and treatment are required to prevent resurgence, respond to changing transmission patterns and protect progress towards elimination.
- viii. Epidemiological transition: Rising incidence of non-communicable diseases requiring significant response is placing increased demand on health services and financing.
- ix. Antimicrobial Resistance: Misuse and overuse of antimicrobials in human, animal and agricultural systems threaten gains against infectious diseases and require sustained One Health surveillance and stewardship.
- x. Evolving health workforce needs: Shortages, inequitable distribution, increased population needs and changing skills required affects access to quality health care. This situation calls for continuous skills development and adaptable competency frameworks, while strengthening workforce availability, productivity and retention.
- xi. Uncoordinated inter-county human-resource mobility: Uncoordinated movement of health workers between counties without sufficiently coordinated transfer and workforce-planning arrangements is creating imbalances, disrupting continuity of services and undermining investments in specialized skills. This underscores the need for stronger intergovernmental HRH coordination to safeguard service delivery across counties.
- xii. Pharmaceutical regulation: Expanding pharmaceutical markets, supply chains, digital distribution channels, and manufacturing product portfolios, are creating new regulatory and enforcement issues, including increased risk of substandard and falsified health

products and emerging environmental impact, thereby increasing risks to patient safety and public confidence. Regulatory systems need to keep pace through strengthened market surveillance, traceability, enforcement and compliance to safeguard product quality, patient safety and public confidence. Traditional, Complementary and Integrative medicine use is rising due to cultural preference and affordability, but lack of a policy framework, weak standardization and quality control pose safety risks, necessitating stronger regulation, practitioner registration, and integration into formal healthcare systems.

- xiii. Vulnerable populations including young persons, older persons, and persons with disability continue to receive health care that is inadequately tailored, inaccessible, and inadequately supported by information systems responsive to their specific needs. Addressing this gap requires deliberate investment in responsive policies, health infrastructure, targeted workforce training, and the design of an inclusive benefit package that comprehensively meets the health care needs of these critical populations.

4.4 Challenges for the Health Sector

The sector has made significant progress, however during the review period, persistent and significant challenges across the health-system building blocks continue to affect equitable access to quality health care services.

4.4.1 Service Delivery

The health system continues to face a high and evolving disease burden, characterized by persistent communicable diseases alongside a growing burden of non-communicable conditions, injuries and other causes of ill health. This is increasing the volume and complexity of demand across the continuum of care. In addition, gaps in diagnostic capacity, essential health products, skilled personnel, referral systems and specialized services constrain equitable access, quality and continuity of care.

4.4.2 Health Products And Technologies

Reliable availability of quality-assured health products and technologies remains constrained by commodity shortages, limited locally manufactured product portfolio options, limited supply-chain digitization and visibility, inadequate storage and cold-chain infrastructure, supplier debts, import dependence and regulatory-capacity gaps. Changes in treatment regimens, guidelines and product specifications also increase the risk of excess or obsolete stocks and wastage during product transitions.

By the end of FY 2025/26, availability of tracer products remained below the 55 percent benchmark, at 51 percent for medicines, 51 percent for medical supplies and 39 percent for diagnostics. KEMSA's capital order fill rate improved from 49 percent in FY 2023/24 to 89 percent

in FY 2025/26, while the programmes order fill rate increased from 69 percent to 84 percent; however, order turnaround time remained at 20-24 days against a 10-day target. Outstanding KEMSA receivables affect liquidity and order fulfilment. As at 30th June 2026, outstanding debt stood at KSh 9.18 billion, of which KSh 5.84 billion had been outstanding for more than 90 days. Delayed supplier payments also contribute to cash-flow bottlenecks and stock-outs in health institutions, while limited local production of essential medicines and medical technologies increases vulnerability to supply disruptions. Additionally, due to progressive increases in exchequer co-financing commitments to sustain strategic health products and technologies in programs such as the National Vaccine Immunisation Program, Malaria, Tuberculosis, HIV and Family Planning, and the inherent tight fiscal space, downstream pressures are declining access to strategic products such as family planning commodities, which fell from 74 percent in FY 2023/24 to 38 percent in FY 2025/26. Only KSh 200 million of the KSh 500 million allocation for family planning commodities was disbursed in FY 2025/26, while national referral and specialized hospitals reported resource constraints affecting operationalization of expanded mandates.

Investment in the health products and technologies manufacturing ecosystem comprising research and development, manufacturers, regulation and workforce, has not matched the national ambitions and targets outlined in the Kenya Health Products and Technologies Local Manufacturing Strategy. While significant strides have been made to create an enabling manufacturing environment, annual changes in taxation rules and increased regulatory requirements impact infrastructure, inputs, equipment and finished products costs.

4.4.3 Health Financing

Health financing remains hampered by persistent gaps between sector requirements and available resources. Pending bills and delayed disbursements restrict liquidity and operational capacity across health institutions. Out-of-pocket expenditure remains a burden, while public spending is limited relative to population needs and the growing disease burden. Mismatches between requirements and allocations, low absorption and lengthy processes for accessing donor funds reduce efficiency and threaten continuity of programmes. Declining partner financing and increasing co-financing requirements place additional pressure on domestic financing and the sustainability of externally supported services.

The Social Health Authority (SHA), central to health financing, faces financial challenges affecting its operations. It inherited approximately Ksh. 33 billion in obligations from the defunct NHIF, straining provider relationships, and is collaborating with the National Treasury to settle verified pending bills. Irregular informal sector contributions have narrowed the financing base, prompting implementation of an agency model and "Lipa Pole Pole" arrangement to enhance compliance. Medical fraud further threatens the fund's sustainability through loss of public funds.

Despite Kenya's commitment under the 2001 Abuja Declaration to allocate at least 15% of the national budget to health, the sector continues to receive allocations below this threshold,

constraining implementation of planned interventions, procurement of commodities, and delivery of quality health services. This persistent financing gap undermines progress towards Universal Health Coverage and calls for sustained advocacy for increased domestic resource allocation in line with the Abuja target.

4.4.4 Health Work Force

The workforce continues to face attrition through retirement and resignation, non-replacement of positions, delayed payments, ageing staff, recruitment constraints, uneven distribution and shortages of specialized and emerging skill needs. The health system also faces disparities in remuneration and terms of service among similar cadres. Workforce planning remains inadequate to address digitalization, changing disease patterns and emerging skills requirements while strengthening recruitment, deployment, retention, welfare, professional development and succession planning. Staffing gaps were also reported in specialized institutions and in technical areas including for vaccine manufacturing. Industrial action further disrupted services during this period.

The health sector continues to lose skilled personnel to migration for better remuneration, working conditions, and career opportunities abroad, exacerbating existing staffing gaps and eroding investment made in training specialized health workers. This trend undermines service delivery, particularly in critical and specialized areas.

4.4.5 Health Infrastructure

Kenya has expanded its health-facility network and invested in specialized infrastructure and equipment, however disparities persist in the availability, functionality, and distribution of infrastructure required for service delivery. Gaps in reliable electricity, water, roads, ICT and equipment distribution are more evidenced in underserved regions. Rural and marginalized counties continue to experience gaps, such as access to the nearest health facility, high infrastructure maintenance costs and limited technical capacity contribute to equipment breakdown and underutilization. Governance, asset management, supervision and coordination challenges can slow project execution and weaken accountability.

Specialized infrastructure gaps persist even at flagship referral facilities. Equipment breakdowns including image intensifiers, PET-CT and cathlab equipment among others. Inadequate advanced newborn care units, equipment contributed to the persistently high neonatal mortality rate. Operationalization of the Assistive Technology Centre of Excellence has similarly stalled due to lack of funding for establishing the centre, despite rollout of Disability Medical Assessment and Categorization Guidelines.

4.4.6 Leadership and Governance

The devolved health system continues to experience coordination, institutional-capacity and accountability challenges that affect implementation of policies, standards and programmes. These

gaps affect policy implementation, planning and budgeting, application of standards, performance monitoring, technical assistance, emergency and specialized services and accountability.

Regulatory and governance gaps also affect enforcement and standard-setting, with professional standards enforcement targets missed in FY 2024/25 due to regulatory transition delays and coordination challenges. These gaps are compounded by inadequate structures for joint planning and reporting and unclear delineation of roles under devolution, which undermine harmonized service delivery, resource allocation, and monitoring of national health targets. Coordination of development assistance and international health commitments remains an additional challenge in aligning external support with national and county priorities.

4.4.7 Health Research, Innovation and Development

Health research and innovation remain constrained by limited infrastructure and capacity, fragmented priorities, weak national coordination and insufficient translation of evidence into policy, standards and practice. Inadequacy in funding has led to dependence on external resources. Gaps in specialized research competencies further limit sustainable national research capacity.

These constraints are reflected in delays affecting capital-intensive research and innovation investments, including the pilot-scale mRNA manufacturing laboratory, which had reached 95 percent completion but experienced implementation delays, and in limited infrastructure and specialist capacity for research in priority areas including vaccine manufacturing.

This is illustrated by the Human Vaccine Manufacturing Project, where financing constraints and delayed disbursement of Health Emergency Preparedness, Response and Resilience (HEPRR) funds have slowed implementation of the capital-intensive, pilot-scale mRNA manufacturing laboratory, despite the project reaching 95 percent completion. Insufficient infrastructure for cancer research, screening, diagnosis and treatment, combined with low oncology human-resource capacity, similarly constrains the evidence base needed to respond to Kenya's growing NCD burden.

4.4.8 Health Information and Digital Systems

Fragmentation and underfunding of health information systems limit integrated planning and decision-making. Inconsistent reporting from private providers, community organizations and partners further reduces data accuracy and completeness.

The transition from KHIS to TaifaCare illustrates these challenges. Financial challenges in FY 2025/26 limited TaifaCare end-user training to 17,593 personnel against planned targets, and the reporting transition contributed to temporary drops in treatment-data completeness, including for diabetes and hypertension.

Interoperability challenges among the multiple Electronic Medical Record (EMR) systems in use across health facilities further hinder seamless data exchange, continuity of care, and generation

of a unified patient record. Inadequate capacity building for health workers on digital systems, coupled with limited technical and infrastructural support, continues to slow uptake and proficient use of TaifaCare and related platforms.

Data security and confidentiality concerns also persist amid the digitalization drive, necessitating robust safeguards against breaches and unauthorized access to patient information. Additionally, the transition from manual to digital systems remains uneven across facilities, with some still reliant on paper-based records due to infrastructural gaps, inadequate devices, and resistance to change, resulting in parallel reporting systems that compromise data quality and timeliness.

4.5 Institutional Capacity and Coordination Shortfalls

Institutional capacity and coordination remains a challenge, particularly under the devolved system of governance. Variations in institutional capacity, human resources, financing and technical expertise across the 47 counties leads to inconsistent implementation of national health policies and programmes. Overlapping mandates, unclear roles and weak coordination structures undermine planning, resource allocation, supervision and accountability.

Institutions involved in regulation, research, training, service delivery, financing and digital health creates risks of duplication and fragmentation where mandates and programmes are not adequately harmonized. International health relations add another layer of complexity, requiring stronger coordination to ensure external assistance and international commitments to support national and county priorities.

4.6 Proposed Coordination Mechanisms and Priority Actions

- i. Strengthen intergovernmental coordination mechanisms by institutionalizing regular consultation forums between the National and County Governments to harmonize policies, plans, budgets, implementation priorities, roles and accountability arrangements.
- ii. Enhance institutional capacity at both levels of government through investment in human resources, technical expertise, planning, monitoring, research and programme-management systems, with targeted support to counties with limited capacity.
- iii. Improve coordination and harmonization among institutions by strengthening joint planning, information sharing, performance monitoring and clearly defined institutional mandates.
- iv. Establish a coordinated health international-relations framework to align bilateral and multilateral commitments, partnerships and externally funded programmes with national priorities and devolved health plans.
- v. Strengthen integrated planning and information-sharing systems through interoperable digital platforms that enable timely data exchange, evidence-based decision-making, coordinated resource allocation, joint monitoring and accountability.

CHAPTER FIVE: CONCLUSION

The performance of the health sector over the FY 2023/24–2025/26 shows sustained progress towards Universal Health Coverage and continued alignment with Kenya Vision 2030, the Fourth Medium-Term Plan BETA, KHP 2014-2030 and KHSSP 2023-2028. Reforms and investments have expanded primary and community health, social health protection, referral and specialized services. In addition, progress has been noted in disease prevention and control, digital health, research and innovation, and health sector regulation. Budget absorption also improved over the review period, demonstrating increased capacity to utilize available resources.

However, this progress is not uniform and is increasingly challenged by health system challenges. An evolving disease burden is increasing demand and complexity of care. Challenges in financing, health workforce availability and distribution, infrastructure, health products and technologies, digital interoperability, research financing, governance and national-county coordination continue to affect the access, efficiency, equity, quality and continuity of services. The devolved architecture further requires stronger alignment of national stewardship, county service-delivery responsibilities and the mandates of sector institutions. In addition, declining external financing reinforces the need for a more resilient and sustainable health system.

Collaboration between the two levels of Government will remain central to implementation, supported by capacity building, technical assistance and strengthened intergovernmental mechanisms. The health sector will continue to mobilize and channel resources to sector priorities, while innovative financing mechanisms, including PPPs and results-based financing, will be pursued where appropriate to expand fiscal space and improve value for money. Sustained government commitment to predictable, efficient and accountable financing will be critical to consolidating gains and ensuring accessible, affordable and quality healthcare for all Kenyans.

The central medium-term challenge is not only to expand services, but to consolidate reforms and ensure that the core health-system functions operate as an integrated, resilient and sustainable system. This is particularly important in a challenged fiscal environment characterized by resource gaps, pending obligations, declining external financing and increasing domestic co-financing requirements. Climate change, antimicrobial resistance, emerging and re-emerging infections and rapid technological change add further pressure and require preparedness to be embedded within routine health-system planning.

Over the FY 2027/28–2029/30 MTEF period, the sector will prioritize investments that protect essential services, improve efficiency, strengthen financial protection and progressively build domestic capacity. Key priorities will include sustainable health financing, primary health care and UHC, referral and specialized services, preventive and promotive health, RMNCAH, HIV/TB and other communicable diseases, NCD prevention and management, health products and technologies, health workforce development, digital health, research and innovation, emergency preparedness and stronger regulations

CHAPTER SIX: RECOMMENDATIONS

1. Align resources to priority health outcomes and essential system functions. The Ministry through the two State Departments, should strengthen the link between sector priorities, costed plans, budgets and measurable results, with resource allocation guided by population need, disease burden, equity, performance and cost-effectiveness. Essential and high-impact services should be protected while strengthening budget execution, commitment control and accountability.
2. Strengthen sustainable health financing by progressively increasing public investment in health, guided by disease burden, population needs, programme performance, cost-effectiveness and UHC priorities. Strengthen SHA implementation, domestic resource mobilization, innovative financing and appropriate public-private partnerships while reducing dependence on external financing, in line with Kenya's commitment under the Abuja Declaration.
3. Invest in the health workforce through improved workforce planning, recruitment, equitable deployment, remuneration, career progression, continuous professional development, welfare, retention and succession planning. Strengthen staffing and financing of professional regulatory bodies and address emerging competencies required for digital, data-driven and specialized healthcare.
4. Strengthen the plan-to-budget linkage and budget execution through systematic costing, results-based budgeting, timely releases, commitment controls, expenditure monitoring and quarterly performance reviews. Improve national-county coordination so that priorities, budgets and implementation responsibilities are aligned.
5. Prevent accumulation of pending bills and contingent liabilities by aligning procurement plans, work plans, staffing and internship engagements with confirmed resources; strengthen commitment accounting, contract management, legal-risk governance and timely settlement of verified obligations.
6. Strengthen professional regulation and statutory governance by ensuring predictable financing and staffing of councils and boards, expediting constitution and operationalization of statutory bodies, harmonizing regulations with devolved functions and maintaining continuity of regulatory operations.
7. Modernize laboratory, diagnostic and quality-assurance infrastructure by replacing obsolete equipment, expanding comprehensive medicine and medical-device testing, and strengthening transport, field equipment and inspection capacity for regulatory institutions.
8. Accelerate digital health transformation by strengthening interoperability, connectivity, cybersecurity, data governance, user support and workforce capacity. Digital transitions should include adequate testing, stakeholder sensitization, change management, business-continuity arrangements and integration across national and county systems.

9. Prioritize underfunded and high-impact programmes through costed workplans and adequate budget provisions for primary healthcare, mental health, nutrition and dietetics, substance-use services, NTDs, immunization, HIV/TB, NCDs, blood transfusion, transplantation, emergency preparedness and other essential services.
10. Strengthen One Health, AMR and disease-surveillance systems by expanding multisectoral surveillance, molecular testing, zoonotic disease monitoring, antimicrobial stewardship and cross-border health-security arrangements, while integrating these functions into routine planning and budgeting.
11. Strengthen and strategically manage partnerships by aligning development-partner investments with government priorities and costed plans, documenting successful government-partner models, improving aid effectiveness and progressively reducing external financing dependency.
12. Institutionalize primary healthcare within county systems by strengthening health promotion, Primary Care Networks, Community Health Promoters, Disability Mainstreaming, national and county accountability structures, costed implementation frameworks and the digital backbone supporting Smart PCNs.
13. Strengthen local manufacturing and health-product supply security through incentives and investment in medicines, vaccines, oxygen, medical devices and other essential health products; clarify national-county procurement roles; improve quantification, supply-chain digitization, storage and distribution; and address supplier debts and regulatory bottlenecks.
14. Strengthen health infrastructure planning, asset management and maintenance through equitable investment criteria, reliable utilities, roads and ICT connectivity, adequate operations and maintenance financing, and clear national-county roles for infrastructure development and oversight.
15. Establish a coherent national health research and innovation agenda with sustainable financing, stronger research infrastructure and human resources, mechanisms for knowledge translation and systematic uptake of evidence into policy, standards and service delivery.
16. Strengthen leadership, governance and intergovernmental relations by clarifying roles, institutionalizing joint planning and performance review, harmonizing institutional mandates, improving information sharing and reinforcing accountability at national and county levels.
17. Harmonization of the legal and regulatory framework governing social health insurance operations to eliminate implementation ambiguities, strengthen compliance, and safeguard financial sustainability. This should be complemented by continuous stakeholder engagement and periodic policy review to enhance enforcement, improve fiscal viability, and sustain the sector's progress towards Universal Health Coverage.
18. Fast tracking disability mainstreaming across all MDAs.

ANNEXES

LIST OF UNFUNDED CRITICAL AREAS FOR THE SECTOR

State Department for Medical Services

S/N	UNFUNDED AREA	AMOUNT (KSH MILLIONS)
1.	Unfunded Personnel Emoluments	23,656
a.	Kenyatta National Hospital	6,034
b.	Moi Teaching and Referral Hospital	4,407
c.	Kenyatta University Teaching and teaching Referral Hospital	2,785
d.	Mwai Kibaki Referral Hospital	1,985
e.	Jaramogi Oginga Odinga Teaching and Referral Hospital	2,969
f.	Kenya Medical Research Institute	1,301
g.	Kenya Medical Supplies Authority	1,553
h.	Kenya BioVax Ltd	360
i.	Digital Health Agency	439
j.	National Syndemic Diseases Control Council	194
k.	National Cancer Institute	1,629
2.	Health Funds under the Social Health Authority	30,850
a.	Primary Health Care Fund	18,976
b.	Emergency Critical and Chronic Illness Fund	11,874
3.	Pending bills owed to KEMSA by the Ministry	1,900
4	HQ Operations and Maintenance	1,200
	GRAND TOTAL VOTE 1082	57,606

State Department for Public Health and Professional Standards

Programme	Unfunded	Rec (Ksh. Millions)	Dev (Ksh. Millions)
Recurrent			

0406000 Preventive & Promotive Health Services	Transition of Staff who were recruited to support the Tuberculosis Program under the Global Funds to Permanent and Permanent terms	436	
0406000 Preventive & Promotive Health Services	Shortfall on the Medical Cover to Community Health Promoters	32	
0407000 Health Resources Development & Innovation	Shortfall on the Stipends payable to Medical Interns	417	
0407000 Health Resources Development & Innovation	Shortfall on funds to support Training for Human Resources for Health	144	
0406000 Preventive & Promotive Health Services	Disease Surveillance and Response to Emergencies	1,691	
0406000 Preventive & Promotive Health Services	Clearance and Storage Charges for Zithromax Consignment	30	
0406000 Preventive & Promotive Health Services	Additional Resources to Support the Operations of Port Health Services	442	
0406000 Preventive & Promotive Health Services	Additional Resources to Support the School Health Programme	350	
0406000 Preventive & Promotive Health Services	Additional Resources to Support Health Promotion and Education Activities	445	
0407000 Health Resources Development & Innovation	Reinstatement of The Funds for KMTTC Student's Loans Under the Helb Sponsorship Program	1,200	
0408000 Health Policy, Standards & Regulations	Reinstatement of budgetary allocation to KMPDC	300	
0408000 Health Policy, Standards & Regulations	Reinstatement of the Budgetary allocation to Clinical Officers Council of Kenya	50	
0408000 Health Policy, Standards & Regulations	Reinstatement of Budgetary allocation to Counsellors and Psychologists Board	30	
0408000 Health Policy, Standards & Regulations	Reinstatement of the Budgetary allocation to the Public Health Officers and Technician's Council	61	

0407000 Health Resources Development & Innovation	Personnel Emoluments shortfall, at Kenya Medical Training College	1,250	
0408000 Health Policy, Standards & Regulations	Operationalization of Kenya National Public Health Institute	761	
0406000 Preventive & Promotive Health Services	Additional Funding to Cater for the Training of Community Health Promoters	1,000	
0412000 General Administration	Support to the State Department to operationalize the Newly Created Directorates	250	
0406000 Preventive & Promotive Health Services	Presidential Directive on Establishment of Primary Care Networks (PCNs)	403	
0406000 Preventive & Promotive Health Services	Support to National Public Health Laboratories	792	
0406000 Preventive & Promotive Health Services	Scaling up integrated management of acute malnutrition	500	
0406000 Preventive & Promotive Health Services	Scaling Up high impact interventions at the Primary Health Care	40	
0408000 Health Policy, Standards & Regulations	Strengthening Kenya's Pharmaceutical Regulatory Framework	206	
0408000 Health Policy, Standards & Regulations	Support to fully operationalize National Quality Control Laboratories	391	
0408000 Health Policy, Standards & Regulations	Health Records and Information Managers Board	100	
0408000 Health Policy, Standards & Regulations	Kenya Medical Laboratory Technicians and Technologists Board	60	
0408000 Health Policy, Standards & Regulations	Kenya Health Human Resource Advisory Council	503	
0408000 Health Policy, Standards & Regulations	Occupational Therapy Council of Kenya	94	
0408000 Health Policy, Standards & Regulations	Additional resources to Kenya Nuclear Regulatory Authority	88	

0408000 Health Policy, Standards & Regulations	Nursing Council of Kenya	110	
0408000 Health Policy, Standards & Regulations	Kenya Health Professions Oversight Authority	54	
0406000 Preventive & Promotive Health Services	Tobacco Control Board	30	
0408000 Health Policy, Standards & Regulations	Operationalize Kenya Hospital Authority Trust Fund (KHATF)	81	
0408000 Health Policy, Standards & Regulations	Additional Resources to Cater for the Court Awarded Cases	657	
	Sub-Total	12,998	
Development			
0406000 Preventive & Promotive Health Services	Replenishment of Community Health Promoters (CHPs) Kits		3,193
0407000 Health Resources Development & Innovation	Research Fund at KIPRE		500
0406000 Preventive & Promotive Health Services	Medical Waste Microwave Housing Units-Phase II		301
0407000 Health Resources Development & Innovation	Equipping of Laboratories and Classrooms at KMTC's Campuses-Presidential Directive		500
0406000 Preventive & Promotive Health Services	Additional Counterpart Funding to Tuberculosis and Lung Health Programme		504
0406000 Preventive & Promotive Health Services	Central Radioactive Waste Processing Plant-KNRA		117
0408000 Health Policy, Standards & Regulations	National Radiological Mapping at KNRA		100
0406000 Preventive & Promotive Health Services	Dietetics Improvement		150
0407000 Health Resources	Infrastructure upgrade at KIPRE		108

Development & Innovation			
0406000 Preventive & Promotive Health Services	Epuka Uchafu Linda Afya Nyumbani Project		481
0408000 Health Policy, Standards & Regulations	Construction of Laboratory at NQCL		575
0408000 Health Policy, Standards & Regulations	On-going Construction of Examination Centre at KMPDC		365
0406000 Preventive & Promotive Health Services	Neglected Tropical Diseases		150
0406000 Preventive & Promotive Health Services	Counterpart Funds to Health Systems Strengthening Project (RSSH)		150
	Sub-Total		7,194
TOTAL			20,192

ANNEX 6: PROJECT DETAILS FOR FY 2025/26 AND THE MEDIUM TERM PROJECTIONS

Sub- Sector: State Department for Medical Services

Vote 1082 State Department for Medical Services																			
Project Code & Tittle	Financing			Timeline		Actual Cumulative Expenditure up to 30th June , 2026(b)	Outstanding Project Cost as at 30th June,2026	Project Completion % as at 30th June 2026	Approved Budget FY 2026/27		Requirements for FY 2027/28		Allocation for FY 2027/28		Allocation for FY 2028/29		Allocation for FY 2029/30		Remarks
	Est cost of project	GoK	Foreign	Start Date	Expected Completion Date				GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	GoK	Foreign	
Million (Kshs.)																			
Programme 1: National Referral and Specialized Services																			
SP 1.1: National Referral Services																			
1082100100 KNH Burns and Pediatrics Centre	5,459	3,482	1,977	03/03/2018	30/08/2027	3,749	1,710	69%	72	415	1,137.00	150.00		150.00	150.00	-	150.00	-	
1082101100 Cancer & Chronic Disease Management Centre – MTRH	1,843	1,393	450	07/01/2023	30/06/2028	1,370	473		72	-	150.00	-	150.00	-	150.00	-	150.00	-	

1082101400 Expansion and Equipping of ICU- MTRH	484	439	0	08/01/ 2023	01/12/2 028	284	200	59%	-	-	100.0 0	-	100.0 0	-	100.0 0	-	100.0 0	-	
1082101200 Construction and Equipping Children Hospital- MTRH	1,08 0	830	250	09/01/ 2023	30/06/2 028	-	507	53%	-	-	150.0 0	-	150.0 0	-	150.0 0	-	150.0 0	-	
1082108800 New 2,000 Bed Multi- Specialty Hospital MTRH.	44,7 01	44,7 01	0	07/01/ 2025	30/06/2 028	2,000	42,701	4%	2,000 .00		2,000. 00	-	2,000. 00	-	2,000. 00	-	2,000. 00	-	
1082102400 Refurbishment/Reno vation and Replacement of Obsolete Equipment - KNH	8,05 9	8,05 9	0	07/01/ 2021	30/06/2 030	1,400	6,659	17%	200	-	2,145. 00	-	200.0 0	-	200.0 0	-	200.0 0	-	
1082102500 Expansion of Comprehensive Cancer Centre - KUTRRH	750	750	0	01/01/ 2022	31/12/2 028	375	375	50%	150	0	325.0 0	-	275.0 0	-	-	-	-	-	
1082102100 renovation & Improvement for Gatundu Level 5 Hospital	770	770	0	01/07/ 2020	30/06/2 027	576	194	75%	120	0	74.00	-	74.00	-	-	-	-	-	

1082100700 Renovation/Equipping Buildings-Mathari Teaching & Referral Hospital	1,650	1,650	0	01/07/2019	30/06/2029	642	1,008	39%	200	-	389.00	-	200.00	-	200.00	-	200.00	-	
1082100800 Completion of outpatient block at National Spinal Injury Hospital	1,200	1,200	0	30/07/2021	30/06/2027	262	938	22%	50	-	450.00	-	250.00	-	300.00	-	300.00	-	
1082101300 Equipping Maternity Unit (Mother & Baby Hospital)MTRH	350	350	0	01/07/2014	01/06/2028	150	200	43%	-	-	100.00	-	100.00	-	100.00	-	-	-	
1082101800 Strengthening of Cancer Management at KNH	2,000	2,000	0	07/01/2018	30/6/2029	912	1,088	46%	225	-	325.00	-	225.00	-	225.00	-	225.00	-	
1082105200 Construction of Private Wing Inpatient Complex-MTRH	500	500	0	07/01/2023	30/6/2029	25	475	5%	-	-	250.00	-		-	100.00	-	100.00	-	

1082105300 Procurement of Specialized Medical equipment-MTRH	500	500	0	07/01/ 2023	30/6/20 29	25	475	5%	-	-	250.0 0	-	-	-	100.0 0	-	100.0 0	-	
Establishment Of Cath Lab Centre (Phase 1)	100	100	0	07/01/ 2025	30/6/20 28	60	40	60%	40	-	-	-	-	-	40.00	-	40.00	-	
Modernization and Equiping of theatre	160	160	0	07/01/ 2025	30/6/20 28	97	54	61%	54	-	-	-	-	-	54.00	-	54.00	-	
Completion of Cancer Centre at JOOTRH	531	531	0	07/01/ 2027	30/6/20 29	80	-	80%	-	-	131.0 9	-	131.0 0	-	-	-	-	-	
Equiping of Cancer Centre at JOOTRH	2,00 0	2,00 0	0	07/01/ 2027	30/6/20 29	-	-	0%	-	-	2,000. 00	-	540.0 0	-	500.0 0	-	500.0 0	-	
Rehabilitation of Farewell Home atJOOTRH	50	50	0	07/01/ 2027	30/6/20 29	-	-	0%	-	-	50.00	-	-	-	-	-	-	-	
Establishment of a 10Bed NICU	35	35	0	07/01/ 2026	30/6/20 30	-	-	0%	35	-	-	-	-	-	135.0 0	-	135.0 0	-	
Establishment of a Burn Unit at JOOTRH	400	400	0	07/01/ 2027	30/6/20 29	-	-	0%	-	-	400.0 0	-	-	-	-	-	-	-	
Completion of Perimeter wall Phase II at JOOTRH	70	70	0	07/01/ 2027	30/6/20 29	-	-	0%	-	-	60.00	-	-	-	-	-	-	-	

Establishment of Hematology and BMT Center Phase 2 JOOTRH	550	550	0	07/01/2027	30/6/2029	-	550	0%	61		489.00		-	-	61.00	-	61.00	-	
Removal and disposal of Asbestos at JOOTRH (Phase 2)	100	100	0	07/01/2027	30/6/2029	20	-	20%	-		100.00		-	-	100.00	-	100.00	-	
2000 bed Multi-Specialty Hospital (Phase 1 - 500 beds)	4,900	4,900	0	07/01/2027	30/6/2029	-	-	0%	-		1,700.00		-	-	-	-	-	-	
1082102600 Construction and Equipping of Children Hospital at KUTRRH	6,000	6,000	0	07/01/2027	30/6/2029	400	5,600	7%	-	-	1,000.00	-	200.00	-	100.00	-	100.00	-	
1082108900 Renovation and Infrastructure Upgrading of Mwai Kibaki Referral Hospital	749	749	0	09/01/2026	30/06/2029	50	699	7%	150		400.00	-	300.00	-	150.00	-	150.00	-	
Sub-Total SP1.1	84,991	82,269	2,677			9,527	36,166		3,429	415	14,175.09	150.00	4,895.00	150.00	4,915.00	-	4,815.00	-	-
SP 1.2: Health Infrastructure and Equipment																			
1082100300 East Africa's Centre of Excellence for Skills & Tertiary Education	3,674	334	3,340	03/01/2023	30/12/2027	4,456.90	-	100%	-	-	2,600.00	-	1,000.00	-	-	-	-	-	

National Equipment Service Programme (NESP)	14,240	2,940	0	17/10/2024	17/10/2031	92.0	14,148	1%	100		4,620.00	-	100.00	-	100.00	-	100.00	-	
1082100500 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital (Pending Bill Payment)	83,102	83,102	0	10/07/2013	06/07/2028	79,502.00	3,600	96%	500	-	3,220.00	-	500.00	-	500.00	-	500.00	-	
1082106000 Acquisition of Specialized Medical Equipment CHP	26,000	26,000	0	01/07/2024	06/30/2028	7,449.98	18,550	29%	300	-	4,500.00	-	300.00	-	530.00	-	530.00	-	
1082102100 Infrastructural Support to Kigumo Hospital	770	770	0	10/10/2020	30/06/2026	500.0	270	65%	40	-	230.00	-		-	40.00	-	40.00	-	
1082107800 Construction and Equipping of Level 4 Hospitals- (Public Participation Projects)	2,000	2,000	0	01/07/2024	30/06/2028	455.0	1,545	23%	125	-	-	-		-	125.00	-	125.00	-	

1082107400 Construction and Equipping of Health Centres -(Public Participation Projects)	3,00 0	3,00 0	0	01/07/ 2025	30/06/2 028	1,420.5 2	1,579	47%	869	-	-	-	-	-	868.7 0	-	868.7 0	-	
1082104300 Primary Health Care in the Devolved Context	2,97 1		2,971	01/07/ 2021	30/06/2 027	2,899.0 9	72	98%	0	36	-				-	-	-	-	
1082105000 Upgrading of Children Ward - Kibugua level 3	500	500	-	07/01/ 2023	30/06/2 027	149.0	351	30%	30	-	100.0 0	-	-	-	-	-	-	-	
1082105100 Upgrading and Equipping of Maternal and New born Ward Endebess Hospital	500	500	-	07/01/ 2023	30/06/2 027	219.0	281	44%	50	-	100.0 0	-	-	-	-	-	-	-	
1082105600 Upgrading and Equipping of Lusigetti Hospital Kikuyu	400	400	-	01/07/ 2023	30/06/2 027	147.0	253	37%	80	-	150.0 0	-	-	-	-	-	-	-	
1082105700 Construction of Ugenya Hospital	150	150	-	01/07/ 2023	30/06/2 026	100.0	50	67%	-	-	50.00	-	-	-	-	-	-	-	

1082107300 Procurement of Specialized Equipment at KNH	3,00 0	3,00 0	-	01/07/ 2024	30/06/2 027	0.0	3,000	0%	150	-	3,000. 00	-	-	-	150.0 0	-	150.0 0	-	
1082104700 EA's Centres of Excellence for Skills and tertiary education in Biosciences II	2,40 3	240	2,163	07/01/ 2023	6/30/20 28	1,686.2 5	717	70%	134	838	150.0 0	838.0 0	-	838.0 0	134.0 0	838.0 0	134.0 0	838.0 0	
Sub-Total SP1.2	142, 710	122, 936	8,474	582,16 2	512,805	99,077	44,416	7	2,377 .70	874. 40	18,72 0.00	838.0 0	1,900. 00	838.0 0	2,447. 70	838.0 0	2,447. 70	838.0 0	-
SP 1.3: National Blood Transfusion Services																			
1082100900 Procurement of Equipment at the National Blood Transfusion Services	15,0 00	15,0 00	0	07/01/ 2015	30/12/2 029	4,150	10,850	28%	600		5,000. 00	-	900.0 0	-	934.0 0	-	1,034. 00	-	
Sub-Total SP1.3	15,0 00	15,0 00	-			4,150	10,850	0	600	-	5,000. 00	-	900.0 0	-	934.0 0	-	1,034. 00	-	-
SP 1.4: Health Products and Technologies																			
1082106200 Health Emergency Preparedness, Response and Resilience Program	16,0 00	-	16,000	01/03/ 2024	30/09/2 030	180	15,820	1%	-	700	-	5,300. 00		5,300. 00	-	7,300. 00	-	3,300. 00	

1082100200 National Commodities Storage Center (KEMSA)& Phase 2(Equipping, Warehouse Layout, Automation & Operationalization of the New Warehouse)	9,57 2	5,54 5	973	26/01/ 2018	30/12/2 029	6,310	3,262	66%	265	-	1,000. 00	-	200.0 0	-	265.0 0	-	265.0 0	-	
Sub-Total SP1.4	25,5 72	5,54 5	16,973	88,478	95,238	6,490	19,082	1	265	700	1,000. 00	5,300. 00	200.0 0	3,000. 00	265.0 0	7,300. 00	265.0 0	3,300. 00	-
Total P-1	268, 273	225, 750	28,124			119,244	110,514		6,672	1,98 9	38,89 5	6,288	7,895	3,988	8,562	8,138	8,562	4,138	-
Programme 2: Curative & Reproductive Maternal, Newborn, Child, Adolescent Health (RMNCAH)																			
SP 2.1: Communicable Disease Control																			
1082107703 Special Global Fund HIV Grant NFM4- NAS COP	8,10 0	7,50 0	600	07/01/ 2024	30/06/2 028	2,305	5,795	28%	2,500 .0	600	2,500. 00	300.0 0	2,500. 00	300.0 0	2,500. 00	-	2,500. 00	-	
1082104102 Special Global Fund HIV Grant NFM4- NSDCC	1,21 6		1,216	01/07/ 2022	30/06/2 028	-	1,216	0%	-	200	-	150.0 0	-	150.0 0	-	150.0 0	-	150.0 0	

1082104800 9TH GoK/ UNFPA 10th County Programmes MOH NSDCC HIV - UNFPA	15	0	5	01/01/2027	30/06/2027	5	10	34%	-	10	-	15.00	-	15.00	-	-	-	-	
1081107400 Acquisition of space by the National Syndemic Diseases Control Council	600	600	0	29/8/2017	30/06/2028	100.00	500.00	17%	-	-	200.00	-	-	-	-	-	-	-	
1082109200 NASCOP HIV Program.	201	201		07/01/2026	30/6/2027	-	200.80	0%	200.80	-	200.80	-	-	-	200.80	-	100.80	-	
US Government to Government Funding	245,830	57,980	187,850.00	07/01/2026	07/01/2029	0	245,830	0%	-	-	4,472.00	16,218.32	-	16,218.32	-	18,540.32	-	18,540.32	
Of which Conditional Grants to counties												7,972.00		7,972.00		3,760.87		3,483.00	
Sub-Total SP 2.1	255,962	66,281	189,671	228,487	234,495	2,410	253,552		2,701	810	7,373	16,683	2,500	16,683	2,701	22,451	2,601	22,173	
SP 2.2: Non-Communicable Diseases Prevention and Control																			

1082101000 Establishing of Regional Cancer Centres	8,00 0	8,00 0	0	01/07/ 2016	30/6/20 29	1,577	6,423	20%	-	-	600.0 0	-	-	-	100.0 0	-	100.0 0	-	
1082101700 Construction of a Cancer Centre at Kisii Level 5 Hospital	4,28 0	280	4,000	10/08/ 2016	10/08/2 028	1,991	2,289	47%	36	980	100.0 0	980.0 0	100.0 0	100.0 0	36.00	980.0 0	36.00	-	The 100m foreign allocati on is for maintai ning the budget line as we await the restruct ured financi ng model
Sub-Total SP 2.2	17,0 80	13,0 80	4,000			3,568	13,512		36	980	2,100	980	100	100	136	980	136	-	-
SP 2.3: Curative & Reproductive Maternal, Newborn, Child, Adolescent Health (RMNCAH)																			
1082103100 Procurement of Family Planning & Reproductive Health Commodities	18,2 15	18,2 15	-	13/08/ 2014	13/08/2 028	3,256	14,959	18%	500		2,500. 00	-	500.0 0	-	752.0 0	-	752.0 0	-	

1082104900 Integrated Reproductive Health Programme	3,750	-	3,750	01/07/2023	30/06/2028	986	2,764	26%	-	1,250	-	1,250.00		1,250.00	-	1,250.00	-	1,250.00	
1082107600 Reproductive, Maternal, Neonatal Child & Adolescent Health Project	11,400	-	11,400	01/11/2024	30/06/2030	6,759.90	4,640	59%	-	3,800	-	5,850.00		5,850.00	-	5,850.00	-		
1082104500 Upgrading of Maternal & New Born Units Project-VAMED-FINLAND	4,585	-	4,585	07/07/2022	30/06/2027	4,568	17	100%	-	52	-	367.00		367.00	-	-	-	-	
Sub-Total SP 2.3	37,950	18,215	19,735			15,569	22,381	2	500	5,102	17,500	7,467	500	7,467	752	7,100	752	1,250	
SP 2.4: Immunization Management																			
1082103800 Health System Management	88,889	70,999	17,890	02/07/2015	02/06/2028	62,302	26,587	70%	4,600	1,760	6,500.00	1,760.00	4,600.00	1,760.00	4,600.00	1,760.00	4,600.00	1,760.00	
1082103900 Supply of Medical Equipment and Associated Services & Fight against Maternal and Infant Mortality	5,000		5,000	07/07/2020	06/06/2025	4,482	518	90%	-	100	-	100.00		100.00	-	-	-	-	

Sub-Total SP 2.4	93,889	70,999	22,890			66,783	27,106	2	4,600	1,860	6,500.00	1,860.00	4,600.00	1,860.00	4,600.00	1,760.00	4,600.00	1,760.00	
Total P-2	404,881	168,575	236,296	28/07/2525	08/01/2542	88,331	316,550	4	7,837	8,752	33,472.80	26,990.32	7,700.00	26,110.32	8,188.80	32,291.19	8,088.80	25,183.32	-
Programme 3: Health Research and innovation																			
SP3.1: Health Innovations																			
1082103000 Digital Health Platform-BETA	10,000	10,000	0	01/07/2023	30/06/2030	101	9,899	1%	-	-	-	-	-	-	-	-	-	-	
1082104400 Human Vaccine Production (BIOVAX)	6,400	6,400	0	07/01/2021	30/6/2030	750	5,650	12%	130	-	3,200.00	-	200.00	-	330.00	-	330.00	-	
Sub-Total SP 3.1	16,400	16,400	0			851	15,549	0	130	-	3,200.00	-	200.00	-	330.00	-	330.00	-	
SP3.2: Medical Research																			
1082101500 Construction and upgrading of KEMRI Laboratories (Nairobi, Kwale, Busia, Kombewa, Kirinyaga)	3,450	3,450	0	01/07/2016	01/07/2030	670	2,780	19%	145	-	1,150.00	-	210.00	-	210.00	-	210.00	-	

Strengthening Research Capacity at KEMRI through a Grant Aid and Technical Co-operation (GoK/JICA)	5,500	550	5,000.00	02/07/2027	30/06/2031	-	5,500	0%	-	-	-	2,700.00	-	2,700.00	-	1,730.00	-	570.00	
1082101900 Research and Development - KEMRI	6,400	6,400	0	01/07/2015	01/07/2030	1,208	5,192	19%	180		600.00	-	180.00	-	220.00	-	220.00	-	
Sub-Total SP 3.2	15,350	10,400	5,000	04/07/2259	01/07/2292	1,878	13,472	0	325	-	1,750.00	2,700.00	390.00	2,700.00	430.00	1,730.00	430.00	570.00	
Total P-3	31,750	26,800	5,000			2,729	29,021	1	455	-	4,950.00	2,700.00	590.00	2,700.00	760.00	1,730.00	760.00	570.00	-
SP 4.1: General Administration & Human Resource Management & Development																			
1082109100 Monitoring & Evaluation of BETA Projects	2,000	2,000		01/07/2027	30/06/2032	-	2,000	0%	30		200.00	-	50.00	-	225.00	-	225.00	-	
Sub-Total SP 4.4	2,000	2,000	-			-	2,000	-	30	-	200.00	-	50.00	-	225.00	-	225.00	-	
Total P-4	2,000	2,000	-			-	2,000	-	30	-	200.00	-	50.00	-	225.00	-	225.00	-	

GRAND TOTAL FOR VOTE	706,904	423,125	269,420	228,487	234,495	210,304	458,085	4	14,994	10,741	77,517.89	35,978.32	16,235.00	32,798.32	17,735.50	42,159.19	17,635.50	29,891.32	
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Sub- Sector: State Department for Public Health and Professional Standards

Vote 1083 State Department for Public Health & Professional Standards																			
Project Code &Project Title	Financing			Timeline		Actual Cumulative Expe up to 30th June 2026	Outstanding Project Cost as at 30th June 2026	Project Completion Physical % as at 30th June 2026	Approved Budget 2026/27		Requirements for FY 2027/28		Allocation for FY 2027/28		Allocation for FY 2028/29		Allocation for FY 2029/30		REMARKS*
	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	
	Ksh Million																		
1083100700 Construction of Tuition Blocks and Laboratories at KMTC	5,580.00	5,580.00	-	9/21/17	6/30/2028	2,097.00	-	27.62	410.00	-	600.00	-	300.00	-	300.00	-	300.00	-	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 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,

Vote 1083 State Department for Public Health & Professional Standards																			
Project Code & Project Title	Financing			Timeline		Actual Cumulative Expenditure up to 30th June 2026	Outstanding Project Cost as at 30th June 2026	Project Completion Physical % as at 30th June 2026	Approved Budget 2026/27		Requirements for FY 2027/28		Allocation for FY 2027/28		Allocation for FY 2028/29		Allocation for FY 2029/30		REMARKS*
	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	
	Ksh Million																		
																			Kapkatet, Kwale, Thika, Siaya, Kitale, Chuka, Murukweini, Ndhiwa, Nairobi, Kabarnet, Lugari, KMTA HQs. Nyeri, Mombasa, Eldoret, Nakuru, Kisumu, Machakos
Kinangop Campus Construction of tuition block	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
Migori Campus Construction of tuition block	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
Kwale Campus Administration and Tuition Block Phase 1	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
Teso campus Administration and Tuition Block Phase 2,	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
Busia Campus Construction of tuition block	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			

Vote 1083 State Department for Public Health & Professional Standards																				
Project Code & Project Title	Financing			Timeline		Actual Cumulative Expenditure up to 30th June 2026	Outstanding Project Cost as at 30th June 2026	Project Completion Physical % as at 30th June 2026	Approved Budget 2026/27		Requirements for FY 2027/28		Allocation for FY 2027/28		Allocation for FY 2028/29		Allocation for FY 2029/30		REMARKS*	
	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign		
	Ksh Million																			
Kabarnet Campus Construction of Tuition Block, Admin Block and Library (Phase1)	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-				
Makueni Campus Construction of tuition block	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-				
Othaya Campus Construction of tuition block	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-				
Muranga Campus Proposed Completion of Pharmacy Block	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-				
Kombewa Campus Construction of Tuition block,	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-				
Bumula Campus Administration Block Phase 1- GF,	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-				
Vihiga Campus Multi Storey Tuition Block,	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-				

Vote 1083 State Department for Public Health & Professional Standards																			
Project Code & Project Title	Financing			Timeline		Actual Cumulative Expenditure up to 30th June 2026	Outstanding Project Cost as at 30th June 2026	Project Completion Physical % as at 30th June 2026	Approved Budget 2026/27		Requirements for FY 2027/28		Allocation for FY 2027/28		Allocation for FY 2028/29		Allocation for FY 2029/30		REMARKS*
	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	
	Ksh Million																		
Thika Campus Construction of Tuition Block, 16 No. Lecture Halls	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
Marsabit Campus Construction of Administration Block G.F Phase 1	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
Karuri Campus Construction of Tuition Block G.F, F.F, S.F and T.F	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
Samburu Campus Construction of Tuition block,	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
Ugunja Campus Construction of tuition blocks	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
Lugari Campus Construction of Tuition Block (Phase 2)	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
Nyamira campus Construction	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			

Vote 1083 State Department for Public Health & Professional Standards																			
Project Code & Project Title	Financing			Timeline		Actual Cumulative Expenditure up to 30th June 2026	Outstanding Project Cost as at 30th June 2026	Project Completion Physical % as at 30th June 2026	Approved Budget 2026/27		Requirements for FY 2027/28		Allocation for FY 2027/28		Allocation for FY 2028/29		Allocation for FY 2029/30		REMARKS*
	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	
	Ksh Million																		
of 3No. Classrooms,																			
Makindu Campus Construction of Admin. and Tuition Block phase 2	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
Kitui campus Construction of Tuition Block (Phase 2)	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
KMTC Mombasa Construction of Tuition Block and Laboratory (Phase 2)	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
KMTC Eldoret Construction of Tuition Block and Laboratory (Phase 2)	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
KMTC Nakuru Construction of Tuition Block and Laboratory (Phase 2)	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
KMTC Kisumu Construction of Tuition Block and	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			

Vote 1083 State Department for Public Health & Professional Standards																			
Project Code & Project Title	Financing			Timeline		Actual Cumulative Expenditure up to 30th June 2026	Outstanding Project Cost as at 30th June 2026	Project Completion Physical % as at 30th June 2026	Approved Budget 2026/27		Requirements for FY 2027/28		Allocation for FY 2027/28		Allocation for FY 2028/29		Allocation for FY 2029/30		REMARKS*
	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	
	Ksh Million																		
Laboratory (Phase 2)																			
KMTC Machakos Construction of Tuition Block and Laboratory (Phase 2)	-	-	-	9/21/17	6/30/2028	-	-	-	-	-	-	-	-	-	-	-			
1083100800 Equipping of Laboratories and Classrooms at KMTC	6,019.00	6,019.00	-	3/4/2018	9/18/2028	3,846.00	-	63.90	157.19	-	800.00	-	300.00	-	300.00	-	300.00	-	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 Mwingi, Ziwa-Soy, Burnt Forest, Mbita-Homabay, Tigania West-Meru, Kerio Valley-Iten, Bomachoge Chache -Kisii, Ibeno-Nyamira, Marsabit, Butula-Kisii, Bumula-Bungoma, Matungu-Kakamega, Samburu/Maralal, Kiini-

Vote 1083 State Department for Public Health & Professional Standards																			
Project Code & Project Title	Financing			Timeline		Actual Cumulative Expenditure up to 30th June 2026	Outstanding Project Cost as at 30th June 2026	Project Completion Physical % as at 30th June 2026	Approved Budget 2026/27		Requirements for FY 2027/28		Allocation for FY 2027/28		Allocation for FY 2028/29		Allocation for FY 2029/30		REMARKS*
	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	
	Ksh Million																		
																			Nyeri, Kilungu/Kaiti-Makueni, Tseikuru-Kitui, Ishara-Embu, Kangeta-Meru. Each campus will cost 65,750,000/-
Equipping of Tuition block and Laboratories - Nyamira	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Kisumu Victoria	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Purchase of Skillslab equipments and lab equipments-Makindu	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Nyeri	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Kwale	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	

Vote 1083 State Department for Public Health & Professional Standards																			
Project Code & Project Title	Financing			Timeline		Actual Cumulative Expenditure up to 30th June 2026	Outstanding Project Cost as at 30th June 2026	Project Completion Physical % as at 30th June 2026	Approved Budget 2026/27		Requirements for FY 2027/28		Allocation for FY 2027/28		Allocation for FY 2028/29		Allocation for FY 2029/30		REMARKS*
	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	
	Ksh Million																		
block and Laboratories - Marimanti																			
Equipping of Tuition block and Laboratories - Shianda	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Garissa	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Yatta	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Ugenya	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Kitale	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Chwele	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Lamu	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	

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	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	
	Ksh Million																		
block and Laboratories - Nyamache																			
Equipping of Tuition block and Laboratories - Rachuonyo	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Isiolo	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Transmara	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Mbuvo	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Voi	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Taveta	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Thika	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	

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	Ksh Million																		
block and Laboratories - Nyandarua																			
Equipping of Tuition block and Laboratories - Mwingi	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Mosoriot	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Kisumu	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Meru	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	
Equipping of Tuition block and Laboratories - Chuka	-	-	-	3/4/2018	9/18/2028	-	-	-	-	-	-	-	-	-	-	-	-	-	

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	Ksh Million																		
1083100200 Clinical Waste Disposal System	1,788.00	592.00	1,196.00	7/1/2021	6/30/2028	1,190.00	598.00	66.55	30.81	-	195.00	-	95.00	-	86.00	-	36.19	-	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 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 equipments installed

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	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	
	Ksh Million																		
																			commissioned and launched. Phase 2 all 15 equipments are on site, what is remaining is housing the equipments. construction of two sites are ongoing vihiga and bomet and it is around 50%
1083103200 Department of Health Systems Strengthening NFM4	1,500.00	-	1,500.00	7/1/2024	6/30/2030	504.00	996.00	33.60	-	311.00	-	-	-	-	-	-	-	-	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 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

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	Ksh Million																		
																			systems' capacity for other health priorities.
1083102400 Construction of an Examination Centre - KMPDC	1,294.00	1,294.00	-	1/1/2024	30/06/2028	450.00	844.00	35	106.40	-	443.60	-	300.00	-	437.60	-	-	-	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 calendar year in the month of April/May and Oct./Nov.

1083102601 Research and commerciali zation of Snake Antivenom to support Universal Health Care	4,900. 00	4,900. 00	-	4/1/20 24	6/30/20 29	900.00	4,000.0 0	18	300.0 0	-	500.0 0	-	300.0 0	-	300.0 0	-	300.0 0	-	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 Universal Health Coverage, Project activities supported by the fund up to 30th June, 2025 •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/mainten
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																			•ance 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 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)
1083102200 Infrastructure upgrade at Kenya Institute of Primate Research	1,800.00	1,730.00	70.00	3/1/2011	6/30/2030	322.50	1,477.50	18	105.52	-	300.00	-	150.00	-	150.00	-	250.00	-	KIPRE, situated in Ololua forest (Karen), performs research on various high risk pathogens and preclinical research using animals. The requested funds

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	Ksh Million																		
																			will be used to provide research equipment to support the mandate of KIPRE. Previous funds under this project have supported the construction of pre-clinical animal cages, fence, resource/training centre, archives and ablution block.
1083100100 Dietetics Services Improvement.	6,174.00	6,174.00	-	7/11/2011	6/30/2036	1,010.00	5,164.00	16	70.58	-	602.07	-	70.58	-	84.98	-	120.58	-	The project is ongoing but is experiencing low GoK funding. This will affect achievement the outcomes which are critical for prevention and management of the malnutrition epidemic in-line with BETA and global guidance. Construction of super structure for Nyani house (2011-2013), Installation of one cage in Nyani house (2014-2015), Construction of resource centre (2017-

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	Ksh Million																		
																			2019), Construction and installation of the remaining 3 cages (2021-2022), Construction of ablution block (2020-2022), Construction of archives (2021-2022)
1083102100 Public Participation	370.00	370.00	-	7/1/2023	06/30/2028	30.00	340.00	8	-	-	50.00	-	-	-	50.00	-	60.00	-	
Infrastructure Support to Kieni KMTC	185.00	185.00	-	7/1/2023	06/30/2028	30.00	155.00	16	-	-	-	-	-	-	-	-	-	-	
Construction of Medical Training College - KMTC	185.00	185.00	-	7/1/2023	06/30/2028	30.00	155.00	16	-	-	-	-	-	-	-	-	-	-	
1083100400 Procurement of Anti TB Drugs Not covered under Global fund TB Progr	10,678.00	10,678.00	-	8/13/14	6/30/2030	2,328.00	8,350.00	22	300.00	-	3,856.68	-	300.00	-	300.00	-	400.00	-	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

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	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	
	Ksh Million																		
																			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.
1083103000 Special Global Fund Malaria KEN-M-TNT-4149 NFM4	25,448.00	23,345.00	2,103.00	7/1/2024	6/30/2027	1,777.03	23,670.97	7	1,100.00	750.00	-	-	-	-	-	-	-	-	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 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,

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	Ksh Million																		
																			reprioritization was undertaken in year III, to provide for additional LLINs.
1083102700 Central Radio active waste processing facilities	1,836.00	1,836.00	-	1/7/2023	30/06/2031	593.50	1,242.50	32	207.69	-	505.33	-	300.00	-	307.00	-	222.48	-	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 near-surface repository for long-term waste storage.
1083102800 Public Participation - Construction of Primary Health Care Facilities dispensaries, clinics, wards and Health centres	1,295.00	1,295.00	-	12/1/2024	6/30/2028	454.00	841.00	35	85.00	-	98.00	-	50.00	-	50.00	-	106.33	-	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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	Ksh Million																		
Construction of KMTC Mwembeni, Nyali	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	-	-	-	-	-	-	-	-	-	-	
Construction of KMTC Changamwe Constituency	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	-	-	-	-	-	-	-	-	-	-	
Equipping Mbita KMTC Homabay	77.00	77.00	-	12/1/2024	6/30/2028	20.00	57.00	26	12.50	-	-	-	-	-	-	-	-	-	
Construction of Lecture Halls at Sigowet KMTC	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	-	-	-	-	-	-	-	-	-	-	
Matungulu KMTC Campus Classroom Blocks	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	-	-	-	-	-	-	-	-	-	-	
Miathene KMTC Meru Campus	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	7.50	-	-	-	-	-	-	-	-	-	
Marigat Sub-County Hospital - Baringo	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	6.00	-	-	-	-	-	-	-	-	-	
Construction of Lirhemebr Dispensary	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	-	-	-	-	-	-	-	-	-	-	
Construction of Ekambuli Health Centre - Kakamega	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	6.00	-	-	-	-	-	-	-	-	-	
Maternity Wing and Theatre at	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	-	-	-	-	-	-	-	-	-	-	

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	Ksh Million																		
Sabatia Sub-County Hospital																			
Lukolis Dispensary	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	-	-	-	-	-	-	-	-	-	-	
Kinangop KMTC	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	-	-	-	-	-	-	-	-	-	-	
Giligil KMTC	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	-	-	-	-	-	-	-	-	-	-	
Kitui KMTC	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	-	-	-	-	-	-	-	-	-	-	
Wajir KMTC	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	-	-	-	-	-	-	-	-	-	-	
Lugari KMTC	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	-	-	-	-	-	-	-	-	-	-	
Molo KMTC	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	-	-	-	-	-	-	-	-	-	-	
Suro Adoru Health Centre - Samburu	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	10.00	-	-	-	-	-	-	-	-	-	
Loosuk Health Centre - Samburu	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	10.00	-	-	-	-	-	-	-	-	-	
Lolkunyiani Maternity - Samburu	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	8.00	-	-	-	-	-	-	-	-	-	
Lkwasi Health Centre - Samburu	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	20.00	-	-	-	-	-	-	-	-	-	
Lirhemebe Dispensary - Kakamega	58.00	58.00	-	12/1/2024	6/30/2028	20.00	38.00	34	5.00	-	-	-	-	-	-	-	-	-	
1083103100 Special Global Fund TB Grant NFM4.	2,584.00	-	2,584.00	7/1/2024	6/30/2027	723.00	1,861.00	28	-	649.00	-	-	-	-	-	-	-	-	The project is in the first year and the performance is on track with the approved amounts

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	Ksh Million																		
																			in year I 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 project but it has now resumed in this quarter.
1083102900 Building Resilience and Responsive Health System Project	33,540.00	-	33,540.00	5/3/2024	30/6/2029	74.37	33,465.63	0	-	4,773.00	-	14,549.38	-	14,549.38	-	7,119.98	-	1,259.05	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.
CGAAB Allocation														6,638.83		1,313.22			
1083102500 Construction of Health Centres	1,295.00	1,295.00	-	12/1/2024	6/30/2028	132.00	1,163.00	10	10.00	-	140.00	-	-	-	50.00	-	60.00	-	Construction of dispensaries, laboratories, maternity wards to

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	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	
	Ksh Million																		
																			boost Universal Health Care as one of the main thematic areas in the Bottom Up Transformative Agenda.
Construction of Health Centres	925.00	925.00	-	12/1/2024	6/30/2028	44.00	881.00	5	-	-	-	-	-	-	-	-	-	-	
Upgrade of Chemili Potopoto	185.00	185.00	-	12/1/2024	6/30/2028	44.00	141.00	24	10.00	-	-	-	-	-	-	-	-	-	
Poro Health Centre	185.00	185.00	-	12/1/2024	6/30/2028	44.00	141.00	24	-	-	-	-	-	-	-	-	-	-	
1083103300 Construction of Level 4 Hospitals	1,295.00	1,295.00	-	12/1/2024	6/30/2028	23.00	1,272.00	2	-	-	270.00	-	-	-	50.00	-	60.00	-	Construction of dispensaries, laboratories, maternity wards to boost Universal Health Care as one of the main thematic areas in the Bottom Up Transformative Agenda.
Mikumbune Level IV Hospital	185.00	185.00	-	12/1/2024	6/30/2028	-	185.00	0	-	-	-	-	-	-	-	-	-	-	
Kinoru Level IV Hospital	185.00	185.00	-	12/1/2024	6/30/2028	-	185.00	0	-	-	-	-	-	-	-	-	-	-	
Khwisero Level IV Hospital	185.00	185.00	-	12/1/2024	6/30/2028	-	185.00	0	-	-	-	-	-	-	-	-	-	-	
Chwele Level IV Hospital	185.00	185.00	-	12/1/2024	6/30/2028	-	185.00	0	-	-	-	-	-	-	-	-	-	-	
Tulwet Level IV Hospital	185.00	185.00	-	12/1/2024	6/30/2028	-	185.00	0	-	-	-	-	-	-	-	-	-	-	

Vote 1083 State Department for Public Health & Professional Standards																			
Project Code & Project Title	Financing			Timeline		Actual Cumulative Expenditure up to 30th June 2026	Outstanding Project Cost as at 30th June 2026	Project Completion Physical % as at 30th June 2026	Approved Budget 2026/27		Requirements for FY 2027/28		Allocation for FY 2027/28		Allocation for FY 2028/29		Allocation for FY 2029/30		REMARKS*
	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	
	Ksh Million																		
Bikeke Primary School	185.00	185.00	-	12/1/2024	6/30/2028	-	185.00	0	-	-	-	-	-	-	-	-	-	-	
Mt Elgon Level IV Hospital	185.00	185.00	-	12/1/2024	6/30/2028	-	185.00	0	-	-	-	-	-	-	-	-	-	-	
1083103400 Construction of Laboratory at National Quality Control Labs (NQCL)	10,000.00	7,700.00	2,300.00	7/1/2026	6/30/2030	-	10,000.00	0	100.00	-	2,000.00	-	200.00	-	200.00	-	300.00	-	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
1083103000 Special Global Fund Malaria - NFMS	12,321.00	10,500.00	1,821.00	7/1/2027	6/30/2030	-	12,321.00	0	-	-	7,640.00	585.00	1,100.00	585.00	1,000.00	760.00	1,100.00	476.00	
1083103100 Special Global Fund TB Grant Cycle 8 NFMS	1,252.67	-	1,252.67	7/1/2027	6/30/2030	-	1,252.67	0	-	-	-	566.19	-	566.19	-	397.53	-	288.95	
1083103200 Department of Health Systems Strengthening NFMS	1,646.78	-	1,646.78	7/1/2027	6/30/2030	-	1,646.78	0	-	-	-	713.14	-	713.14	-	595.00	-	338.64	

Vote 1083 State Department for Public Health & Professional Standards																			
Project Code & Project Title	Financing			Timeline		Actual Cumulative Expenditure up to 30th June 2026	Outstanding Project Cost as at 30th June 2026	Project Completion Physical % as at 30th June 2026	Approved Budget 2026/27		Requirements for FY 2027/28		Allocation for FY 2027/28		Allocation for FY 2028/29		Allocation for FY 2029/30		REMARKS*
	Est Cost of Project	GOK	Foreign	Start Date	Expected Completion Date	GoK	GoK		Net GOK	Foreign	Net GOK	Foreign	GOK	Foreign	GOK	Foreign	GOK	Foreign	
	Ksh Million																		
Construction of The ST John Ambulance Kenya National Emergency Preparedness Training and Coordination Centre	580.00	580.00	-	7/1/2027	7/1/2030	-	580.00	0	-	-	200.00	-	200.00	-	-	-	-	-	
Development and Capacity Building on Health Policies & Regulations	350.00	350.00	-	7/1/2026	6/30/2030	-	350.00	0	-	-	120.00	-	100.00	-	100.00	-	150.00	-	
1083103500 Monitoring and Evaluation of BETA Projects	375.00	375.00	-	7/1/2025	6/30/2028	-	375.00	0	30.10	-	125.00	-	50.00	-	50.00	-	50.00	-	
US-GOK Health Cooperation Framework													-	1,123.12	-	2,413.12	-	2,413.12	
Total	133,921.45	85,908.00	48,013.45	#####	#VAL UE!	16,454.40	111,811.05	423.54	3,013.29	6,483.00	18,445.68	16,413.71	3,815.58	17,536.83	3,815.58	11,285.63	3,815.58	4,775.76	