



REPUBLIC OF KENYA

HEALTH SECTOR REPORT

**MEDIUM TERM EXPENDITURE FRAMEWORK (MTEF) FOR
THE PERIOD 2024/25-2026/27**

DECEMBER, 2023

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LIST OF ABBREVIATIONS

ACRONYM/ABBREVIATION	DEFINATION
ACT	Artemether Combination Therapy
AIA	Appropriation in Aid
AIDS	Acquired Immune Deficiency Syndrome
AIE	Authority to Incur Expenditures
ALARM	Advanced Labour and Risk Management
ALOS	Average Length of Stay
AMR	Antimicrobial Resistance
AMREF	African Medical and Research Foundation
ARV	Anti-Retroviral
ASAL	Arid and Semi-Arid Lands
AU	African Union
AYP	Adolescents and Young People
BETA	Bottom-up Economic Transformation Agenda
BFCI	Baby Friendly Community Initiative
CAPR	Community AIDS Programme Reporting system
CASPs	County AIDS Strategic Plans
CBA	Collective Bargaining Agreement
CBOs	Community Based Organizations
CBRN	Chemical Biological Radiological and Nuclear
CDC	Centre for Disease Control
CHEWs	Community Health Extension Workers
CHMTs	Community Health Management Teams
CHPs	Community Health Promoters
CLTS	Community Lead Total Sanitation
COBPAP	Community Based Programme Activity Reporting Tool
COC	Clinical Officers Council
CoE	Centres of Excellence
COFOG	Classification of the Functions of Government
COG	Council of Governors
COVID-19	Corona Virus Disease 2019
CRWPF	Central Radioactive Waste Processing and temporary storage Facility
CSOs	Community Service Organizations
DHIS-2	District Health Information System Version 2
DSTB	Drug-Sensitive Tuberculosis
E&PWSD	Elderly and Persons with Severe Disabilities
EBS	Event based surveillance
EMRs	Electronic Medical Records
eMTCT	Elimination of Mother to Child Transmission
ERS	Economic Recovery Strategy
ETAT	Emergency Triage Assessment and Triage
FBOs	Faith Based Organizations

FOPNL	Front of Pack Nutrition labelling
FY	Financial Year
GAMR	Global AIDS Monitoring Report
GAVI	Global Alliance for Vaccines and Immunizations
GDP	Gross Domestic Product
GF	Global Fund
GoK	Government of Kenya
HAIs	Hospital Acquired Infections
HCI	Human Capital Index
HISP	Health Insurance Subsidy Program
HLMA	Health Labour Market Analysis
HRH	Human Resources for Health
IAEA	International Atomic Energy Agency
ICT	Information, Communication and Technology
IDSR	Integrated Disease Surveillance and Response
iHRIS	Integrated Human Resource Information system
IPC	Infection Prevention Control
KENRA	The Kenya Nuclear Regulatory Authority
KHATF	The Kenya Hospital Authority Trust Fund
KHHRAC	The Kenya Health Human Resource Advisory Council
KHIS	Kenya Health Indicator Survey
KHPOA	The Kenya Health Professions Oversight Authority
KIPRE	Kenya Institute of Primate Research
KMIS	Kenya Malaria Indicator Survey
KMLTTB	Kenya Medical Laboratory Technicians and Technologists Board
KMPDC	Kenya Medical Practitioners and Dentists Council
KMTC	Kenya Medical Training College
KNBTS	Kenya National Blood Transfusion Services
KNDI	Kenya Nutritionists and Dieticians Institute
KNMS	Kenya National Micronutrient Survey
KNPM	Kenya Nutrient Profile Model
KNRA	Kenya Nuclear Regulatory Authority
KPI	Key Performance Indicator
KQMH	Kenya Quality Model for Health
KTТА	Kenya Tissue Transplant Authority
LMIS	Logistics Management Information System
MOH	Ministry of Health
MTEF	Medium-Term Expenditure Framework
MTP	Medium Term Plan
NASIC	National Stewardship Inter-Agency Committee
NCD	Non-Communicable Disease
NCK	Nursing Council of Kenya
NHWA	national health workforce accounts
NNAFP	non-polio Acute Flaccid Paralysis

NQCL	National Quality Control Laboratory
PC-ERS	Post COVID-19 Economic Recovery Strategy
PCN	Primary Care Networks
PET/ CT	Positron Emitted Tomography Computed Tomography
PGEC	Postgraduate Education Certificate
PHOTC	Public Health Officers and Technicians Council
PPB	Pharmacy and Poisons Board/ Council
PPM	Public-Private Mix
PPR	Programme Performance Review
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
SDPHPS	State Department of Public Health and Professional Standards
SHA	Social Health Authority
SP	Sub Program
TADSAS	Tobacco, Alcohol, Drugs and other Substances of Abuse
UHC	Universal Health Coverage
VAS	Vitamin A supplementation
WISN	Workload Indicators for Staffing Needs

EXECUTIVE SUMMARY

The State Departments for Medical services(SDMS) and Public Health and Professional Standards (SDPHPS) both domiciled in the Ministry of Health (MOH) were established through the Executive Order No. 1 of 2023 and they play a crucial role in the Kenyan health sector.

The Health sector is responsible for developing, implementing, and monitoring policies related to specialized medical services including population health, research and innovation, public health, sanitation, preventive and promotive health services, professional standards, health education management, food quality, hygiene and nutrition, quarantine administration, radiation, control and management of tuberculosis and malaria. Additionally, the Sector provides strategic leadership and support to health professional bodies, aiming to maintain professional standards and promote excellence in healthcare practice.

The State Department of Medical Services comprises of four programmes namely, National Referral and Specialized Services, Curative and Reproductive Maternal Neonatal Child and Adolescent (RMNCAH), Health Research and Innovation, and Administrative Support Services. The SDPHPS on the other hand operates through four budgetary programs: Preventive and Promotive Health, Health Resource Development and Innovation, Health Policy, Standards and Regulations, and General Administration.

The sector priorities are aligned with the Kenya Constitution, Vision 2030, Kenya Health Policy, Bottom-up economic Transformation Agenda, the UHC Policy, Fourth Medium Term Plan (2023-2027), Post-COVID19 Economic Recovery Strategy (PC-ERS) and the various regional and international obligations including the Sustainable Development Goals (SDGs) and Africa Union Agenda 2063.

Over the review period, the budgetary allocation for the Sector increased from Kshs.120.8 billion in 2020/21 FY to Kshs.129.8 billion in 2021/22 FY but then dipped to Kshs. 116.4 billion in 2022/23 FY. The actual expenditure for the period was Kshs.105.5 billion, Kshs.109.4 billion and Kshs.98.7 billion for 2020/21, 2021/22 and 2022/2023 financial years respectively, translating to absorption rates of 87.5%, 84.3% and 84.8% over the same period. The resources were utilized to achieve the following:

Reduction of Prevalence of HIV from 4.3% in 2020 to 3.7 in 2022; new HIV infections from 32,027 to 22, 154; and AIDS related mortality from 19,486 to 18,473 during the same period. Kenya made strident efforts to combat Drug-Sensitive tuberculosis (DSTB), Multi-Drug Resistant Tuberculosis (MRTB) and malaria by developing new TB drugs, optimization of the existing ones, production of 244,927 units of bleach (TBCide) and developing, piloting and adopting a new malaria vaccine

The SDMS established a diagnostic and reporting centre at KNH in the FY 2020/21, constructed and operationalized an Oxygen plant with a capacity to produce 1,500 litres of oxygen per minute at Mwai Kibaki Hospital and development and equipping the Chandaria Cancer and Chronic Diseases Centre (CCCDC) at Moi Teaching and Referral Hospital (MTRH). To enhance capacity for cancer detection, treatment and care, the State Department established an Integrated Molecular Imaging Center (IMIC) and IMIC Hospitality Centre at KUTRRH and established. These interventions will enhance service

delivery at level-6 facilities in the country to cater for the increased demand for referral services. The Department ramped efforts to for Covid-19 vaccination with 31.9% of adult population being fully vaccinated by the end of the review period.

Establishment and equipping of the East Africa Kidney Institute (EAKI) is ongoing with construction works at 84% completion as of 30th June 2023 and the construction of a National Commodity storage center at KEMSA is at 88% completion. The Managed Equipment System(MES) project has continued to be of immense benefit to the supported hospitals and the availability of appropriate medical equipment in 121 hospitals across all the 47 counties. MES project has enhanced equity of health care especially in availability of surgical operation, dialysis therapy, screening of cancers, and radiological diagnoses.

SDMS has continued to invest in Health Products and Technologies (HPTs) through implementing and utilizing KEMSA-LMIS 3, enabling KEMSA to fulfil and efficiently deliver essential health products and technologies. All essential HPT lists were reviewed to increase the scope and depth of coverage by increasing the number of products available and the level of care decentralized to improve accessed to UHC. The National Medicines and Therapeutics Committee was operationalized to enhance rational use of Medicines in the Country. Subsequently, 47 counties also formed and operationalized their County MTCs.

In addition, a nationwide health facility census conducted in FY2022/23, will inform the roll out of primary healthcare networks and guide future plans, policies, and budgets.

During the MTEF period 2020/21 to 2022/23, the sector faced some emerging issues and challenges which impacted negatively on the achievement of the planned outputs and health outcomes. These include: emerging and re-emerging diseases due to increases cross-border travel, especially after relaxation of international travel during COVID 19 period; re-emergence of neglected tropical diseases such as kala azar and elephantiasis among others; and the rise in Non-Communicable Diseases (NCD) incidences; reduction in Donor funding to support the health sector and the tightening fiscal space has greatly impacted implementation of programmes, activities and projects. Other obstacles include existing gaps in infrastructure and human capacity, inadequate legal and policy frameworks for sector regulation, insufficient funding, climate change concerns, and the prioritization of pending bills over development resources in sector allocations.

Similar to other countries in the region, Kenya is currently grappling with a human resource crisis within the public health sector due to labor emigration. Many professionals are seeking better employment opportunities in developed nations.

To mitigate these challenges, it is crucial to formulate and implement strategies that address labor retention, attract talent, and provide incentives for professionals to remain within the country. Additionally, efforts must be made to enhance the capacity of local health institutions and improve working conditions to retain skilled personnel and ensure quality service provision.

To overcome some of the implementation challenges experienced in previous financial years, the Sector will fast track review and strengthening of the legal, policy framework and operations to improve efficiency. It will also strengthen collaboration with various stakeholders including development partners and the private sector. It shall also improve research, development and

innovation so as to enhance efficiency, effectiveness and productivity. The sector will also invest in emergency preparedness and response to secure the health and lives of Kenyans. In conclusion, the Sector will strengthen its efforts towards realizing Universal Health Coverage.

Over the MTEF period 2024/2025 – 2026/2027, the sector will implement eight (8) programmes; four by each State Department as outlined in paragraph 3 above.

Health research and innovation is key to unlock bottlenecks experienced in the health sector and develop capacity to develop solutions for current and emerging health issues. To achieve this, the sector will provide end to end digital solutions for health facilities, develop and implement a national information exchange and put in place a comprehensive health information management system. The sector will also establish partnerships and collaboration in order to improve research capacity, acquire technologies for manufacturing of HPTs and achieve technology transfer.

The sector will prioritize Digitization of Health services. This will increase efficiency, transparency, and ensure seamless service delivery between providers. It will also enhance claims management at health facilities and commodity management through provision of end-to-end supply chain management. It will also collaborate with the county governments to ensure retention of funds collected at health facility level for improvement of the facility operations. In partnership with the county governments, the sector will establish and operationalize Primary Care Networks in the counties that will offer effective services to the community, through proper referrals and engagement of multidisciplinary teams at community level. County governments, the National Treasury and the State Department will consider ring-fencing funds for essential medicines and supplies.

The sector will ensure that more focus is put on local manufacturing of Health products and technologies to enable commodity security and enhance self-reliance. Achievement of Universal Health Coverage will be a core theme during the MTEF period to ensure achievement of the objectives of BETA, Kenya Health Policy and international commitments on health.

The Sector has set programme targets for the years 2024/25, 2025/26, and 2026/27, which contribute to the achievement of strategic objectives.

To implement these programmes, the sector requires KSh. 1,240 billion, with KSh. 371.9 billion for FY 2024/25, KSh. 411.4 billion for FY 2025/26, and KSh. 456.8 billion for FY 2026/27. Specifically, a total of KSh. 131.4 billion, KSh. 148.9 billion, and KSh. 168.3 billion will be needed for recurrent expenditure in the financial years 2024/25, 2025/26 and 2026/27 respectively. Additionally, for development expenditure, a total of KSh. 204.4 billion, KSh. 262.4 million, and KSh. 288.4 billion will be necessary in the financial years 2024/25, 2025/26 and 2026/27, respectively, over the three-year period.

However, it is important to note that the sector allocations for the FY 2024/25 and the Medium Term are lower than the projected requirements, resulting to shortfall of KSh. 224.3 billion, KSh. 255.0 billion and KSh. 295.9 billion respectively.

In Conclusion the MTEF report for the Health Sector highlights the Ministry's strategic direction, performance objectives, and budgetary priorities for the coming years. By focusing on digitization of health facilities, research and innovation, improving access to specialized health services while

offering financial protection to vulnerable members of the community, local manufacturing of health products, strengthening public health infrastructure, disease prevention, and professional standards, the department aims to improve the overall health and well-being of the community while ensuring regulatory compliance and maintaining high-quality healthcare services.

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

The Government has committed to improve the quality of life for all Kenyans by ensuring Equitable, Accessible, Affordable and Quality Health Care of the Highest Standard under the social pillar.

This commitment mandates the National Government to provide leadership on health policies and standards, technical assistance and capacity building. Through the Bottom-Up Economic Transformation Agenda (BETA) and in an effort to deliver Universal Health Coverage, the government in collaboration with County Governments and key stakeholders in the spirit of *Afya Bora Mashinani* will continue to prioritize Kenya Vision 2030 Flagship Projects for the Health Sector as outlined in Fourth Medium Term Plan (2023 -2027). These include: Social Health Protection; Community Health High Impact intervention; 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.

Executive Order No. 1/2023 reorganized the Health Sector into two State Departments, namely the State Department for Medical Services and the State Department for Public Health and Professional Standards. Subsequently, Executive Order No. 2 of 2023 enumerated the functions and institutions falling under each State Department.

The State Department of Medical Services comprises of four (4) programmes namely, (i) National Referral and Specialized Services; (ii) Curative and Reproductive Maternal Neonatal Child and Adolescent (RMNCAH) (iii) Health Research and innovation and (iv) Administrative Support Services. The Programmes ensure that the State Department carries out its mandate as per the Fourth Schedule of the Constitution namely, health policy, health regulation, national referral facilities, capacity building, and technical assistance to the counties.

The State Department for Public Health and Professional Standards is made up of four (4) programmes namely, (i) Preventive and Promotive services, (ii) Health Resource, Development and Innovation, (iii) General Administration Planning and Support Services and (iv) Health Policies Standard and Regulations. The programmes will ensure that quality healthcare services are guaranteed through the provision of policies on healthcare, standards, human resource development, and public health standards and sanitation management. It also provides strategic leadership and support to all health professional bodies, development of a framework to ensure the sharing of professional experiences and embedding in future clinical practice.

The healthcare sector is labor intensive and human resources represent the most important input into the provision of healthcare, as well as the largest proportion of healthcare expenditure. Strengthening the health workforce through policy and planning will help address the balance between supply and

demand for healthcare workers; ensure equitable distribution; improve quality; and enhance the use of data and evidence to improve health and health workforce outcomes. Kenya is currently experiencing a shortage of healthcare workers and an unbalanced distribution of health personnel between and within counties mainly due to fiscal restraints on hiring within the public sector due to policies that cap salaries and freeze hiring.

The Government is committed and determined to realize the constitutional right to health in the shortest time possible by delivering a Universal Health Coverage (UHC) system built on three pillars as follows:

- Publicly financed primary healthcare (preventive, promotive, outpatient & basic diagnostic services), that gives patients a choice between public, faith based and private providers, based on a regulated tariff;
- Universal seamless social health insurance through NHIF comprising a mandatory national contributions and private insurance as complementary covers; and
- 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 combination of insurance levy and Government.

This Report presents an analysis of the Health Sector performance and achievements for the period 2020/21 to 2022/23, the priorities and resource requirements for the period 2024/25 to 2026/27, cross sector linkages, emerging issues, challenges, and recommendations. The report further outlines the priority investment areas of the Health Sector and its role in economic development as highlighted in the Subsequent Chapters.

1.2 SECTOR VISION AND MISSION

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

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/OBJECTIVES FOR THE SECTOR

1.3.1 GOAL

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

1.3.2 OBJECTIVES

The Sector objectives are as stated in the health Policy (2014-2030). The policy objectives reflect the country's agenda for improving population health. They include:

- i. To eliminate communicable diseases;
- ii. To halt and reverse rising burden of NCDs;
- iii. To reduce the burden of violence and injuries;
- iv. To provide essential healthcare;
- v. To minimize exposure to health risk factors;
- vi. Strengthen collaboration with private and health related institutions;
- vii. Strengthen health professionals’ regulatory mechanisms; and
- viii. Strengthen health workforce production and management systems.

The focus areas of investments in the Health Sector includes Health financing, Leadership and governance, Health Products and Technologies, Health information, Service delivery, Health Infrastructure, Research & innovation, Health workforce and Development.

1.4 SUB-SECTOR AND THEIR MANDATES

1.4.1 STATE DEPARTMENT FOR MEDICAL SERVICES

The functions of the State Department for Medical Services are described under the Executive Order No. 2 of 2023 as shown in Table 1.1.

Table 1.0.1: State Department for Medical Functions and institutions

Functions	Institutions
i. Medical Services Policy	i. National Health Insurance Fund (State Corporations Act, Cap. 446, National Health Insurance Fund Board Order, National Health Insurance Fund Act, No. 9. of 1998)
ii. Medical research	
iii. Curative health services	
iv. Health Policy and management	
v. Pharmacy and Medicines Control	ii. Kenya Medical Supplies Authority (KEMSA) (Kenya Medical Supplies Authority Act, 2013)
vi. National Health Referral Services.	
vii. Cancer management policy	
viii. E-Health	iii. Kenyatta National Hospital, (State Corporations Act, Cap. 446,
ix. Immunization Policy and Management.	iv. Moi Teaching Referral Hospital (Legal Notice No.78 of 1998, State Corporations Act, Cap. 446)
x. Reproductive Health Policy and management.	
xi. Non-Communicable diseases (NCD) control and management.	v. The National Cancer Institute of Kenya (Cancer Prevention and Control Act, 2012)
xii. Control and protection against HIV/AIDS and STI	vi. National AIDS Control Council Amendment Order (2022) that establishes the National Syndemic Diseases Control Council
xiii. Control and management of Leprosy	vii. Kenya Medical Research Institute (KEMRI) (Science Technology and Innovation, 2013)

	<ul style="list-style-type: none"> viii. Kenyatta University Teaching, Referral and Research Hospital State Corporations Act Cap 446 ix. Kenya tissue and Transplant Authority x. Kenya Biovax institute limited xi. Spinal Injury hospital xii. Mathari National Teaching and Referral Hospital
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1.4.2 STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS

The functions of the State Department for Public Health and Professional Standards are described under the Executive Order No. 2 of 2023 as shown in Table 1.2.

Table 1.2: State Department for Public Health and Professional Standards Functions and Institutions

Functions	Institutions
<ul style="list-style-type: none"> 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, labeling, advertising, promotion, sponsorship and use of tobacco products; ix. Control and Management of Tuberculosis (TB) and other Lung Diseases; and Malaria Control and Management; and x. Control and Management of Leprosy 	<ul style="list-style-type: none"> i. Kenya Medical Practitioners and Dentist Council (KMPDC) ii. Kenya Health Professions Oversight Authority (KHPOA) iii. Kenya Medical Training College (KMTTC) iv. Kenya National Public Health Institute (KNPHI) v. Kenya Hospital Authority Trust Fund vi. Counselors and Psychologists Board vii. Physiotherapy Council of Kenya viii. Clinical Officers Council of Kenya (COC) ix. Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB) x. Nursing Council of Kenya (NCK) xi. Kenya Nutritionists and Dieticians Institute (KNDI) xii. Health Records and Information Managers Board xiii. Pharmacy and Poisons Board (PPB) xiv. National Quality Control Laboratories (NQCL) xv. Public Health Officers and Technicians Council (PHOTC) xvi. Kenya Nuclear Regulatory Authority (

	KNRA) xvii. Kenya Institute of Primate Research (KIPRE) xviii. Kenya Health Human Resource Advisory Council (KHHRAC) xix. Tobacco control board xx. Occupational therapy Council of Kenya
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1.5 AUTONOMOUS AND SEMI-AUTONOMOUS GOVERNMENT AGENCIES

The Sector comprises 32 Autonomous and Semi-Autonomous Government Agencies (AGAs and SAGAs).

1.5.1 STATE DEPARTMENT FOR MEDICAL SERVICES

The State Department's Semi-Autonomous Government Agencies (SAGAs) include:

i. Kenyatta National Hospital (KNH)

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

ii. Moi Teaching and Referral Hospital (MTRH)

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

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

Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) was established as a state corporation under the State Corporations Act Cap 446 through a Legal Notice No.4 of 2019. The mandate of the hospital is to receive patients on referral from other hospitals or institutions within or outside Kenya for specialized health care.

iv. Kenya Medical Supplies Authority (KEMSA)

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

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

v. Kenya Medical Research Institute (KEMRI)

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

The objective of the Institute shall be to carry out health research, innovation, capacity-building and service delivery for the improvement of human health and quality of life, and advise the Government on matters related thereto. KEMRI is responsible for providing leadership in health research & development, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, and monitoring and assessing health trends as well as dealing with trans-boundary threats and disease outbreaks.

vi. National Health Insurance Fund (NHIF)

The National Health Insurance Fund (NHIF) is a parastatal established under the NHIF Act No. 8 of 1998 with an independent Board of Management. The Fund is mandated to facilitate access to quality healthcare through strategic resource pooling and healthcare purchasing in collaboration with stakeholders. NHIF works to secure financial risk protection against the cost of healthcare services for all Kenyan residents through prudent financial management of resources.

vii. The National Syndemic Diseases Control Council – (NSDCC) formerly National AIDS Control Council (NACC)

The National Syndemic Diseases Control Council (NSDCC) is a State Corporation established under Section 3 of the State Corporations Act, Cap 446, through the National Syndemic Diseases Control Council Order, 1999 as amended by legal notice number 143 of 2022. The amendment comprises an expanded mandate to manage Syndemic diseases, including HIV, sexually transmitted infections, malaria, leprosy, tuberculosis, and lung disease. The key mandate of NSDCC is to: Develop policies and guidelines relevant to the prevention and control of Syndemic diseases as well as mobilize resources and Government Ministries, Counties and institutions, non-Governmental organizations, community-based organizations, research bodies, the private sector and universities to participate in Syndemic diseases control and prevention.

viii. National Cancer Institute of Kenya

The National Cancer Institute of Kenya (NCI Kenya) is a state corporation established by the Cancer Prevention and Control Act (No. 15 of 2012). This was in recognition of the need for a coordinated response to the growing cancer burden in Kenya. The mandate of the NCI Kenya is to coordinate and centralize all activities, resources and information related to cancer prevention and control in Kenya.

ix. Mathari National, Teaching and Referral Hospital

Mathari Hospital, established in 2020 as a State Corporation under the State Corporations Act Cap 446 through Legal Notice No. 165, is a level 6 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.

x. National Spinal Injury Referral Hospital.

The National Spinal Injury Referral Hospital was founded in 1944 as a facility to care for World War II soldiers who had spinal cord injury. The hospital is not yet confirmed as a SAGA, but the request has been discussed with the previous Health Parliamentary team and the completion process is underway.

The main mandate of the hospital is to achieve effective accessible, equitable and secure health services for patients with spinal injuries that will bring the realization of Universal Health Coverage (UHC) in Kenya. Hospital offers Curative Spinal Services such as spine, plastic and general surgeries; nursing care; medical care; diagnostic laboratory and radiology, Rehabilitative Services including physiotherapy, occupational therapy, psychosocial therapy and orthopaedics as well as Promotive and Preventive Spine care; including chronic pain management; health education on spine care to general public and former patients.

xi. Kenya Tissue and Transplant Authority

The Kenya Tissue and Transplant Authority (KETTA) formerly, Kenya National Blood Transfusion Tissue and Human Organ Transplant Service is a State Cooperation established under Legal Notice No. 142 of 1st August 2022. The Authority is mandated to ensure access to the safe and ethical use of human cells, tissues and organs and the safety, biosafety, and well-being of donors and recipients in medical services relating to human-derived medical products through the establishment and maintenance of systems that comply with safety and legal requirements. The Authority currently runs a hub and spoke model approach to increase access to blood transfusion services in the Country through blood donor recruitment, collection, and laboratory processing to ensure blood transfusion safety. The Authority has a network of 6 Regional Blood Transfusion Centers and provides commodities for blood collection to all the blood establishments.

xii. Kenya Biovax Institute (KBI)

Kenya Biovax Institute (KBI) Limited is a State Corporation incorporated under the Companies Act 2015 on 16th September 2021. Kenya Biovax Institute is a purpose-led, biotechnology institution with focus on manufacturing, commercialization and R&D for specialized HPTs, including human vaccines, biotherapeutics and diagnostics.

xiii. The Social Health Authority

On 19th October 2023, H.E. The President assented to the Social Health Insurance Act that birthed the Social Health Authority. The Act came into effect on 22nd November 2023 after gazettelement by the

Cabinet Secretary for Health and it provides for a transition period of one year from the appointment date. The Act also provides, under Clause 7 of the Transitional Provisions, that the annual estimates for the National Health Insurance Fund for the financial year in which the appointed day occurs shall be deemed to be the annual estimates of the Authority for the remainder of that financial year.

The Act aims to;

- Provide a framework for improved health outcomes and financial protection in line with the right to health and universal health coverage.
- Realign healthcare systems, processes and programs for responsiveness, reliability and sustainability of healthcare in Kenya.
- Enhance the pooling of resources and risks based on the principles of solidarity, equity and efficiency so as to guarantee access to healthcare services to all.
- Promote strategic purchasing of healthcare services.

The functions of the Social Health Authority among others include:

- Management of Funds established under the Act.
- Receipt of all contributions and other payments required to be made to the Funds by Act.

The Act established three Funds under the Social Health Authority namely: The Primary Healthcare Fund, The Social Health Insurance Fund and The Emergency, Chronic and Critical Illness Fund. The role of each of the Funds and sources of financing are as outlined below:

I. THE PRIMARY HEALTHCARE FUND

Section 20 of the Social Health Insurance Act, 2023 establishes the Primary Healthcare Fund whose objective is to purchase primary healthcare services from health facilities. Sources of funds shall be monies appropriated by the National Assembly; any grants, gifts, donations, or bequests; monies allocated for that purpose from fees or levies administered; monies accruing to or received by the Fund from any other source.

II. THE SOCIAL HEALTH INSURANCE FUND

The Social Health Insurance Fund was established under Section 25 of the Act. Sources of funds shall be contributions under the Act; monies appropriated by the National Assembly for vulnerable persons and indigents; gifts, grants, innovative financing mechanisms or donations.

III. EMERGENCY, CHRONIC AND CRITICAL ILLNESS FUND

The Emergency, Chronic and Critical Illness Fund was established under Section 28 of the Act to defray the costs of management of chronic illness after depletion of the social health insurance cover and to cover the costs of emergency treatment. Sources of funds shall be monies appropriated by the National Assembly; gifts, grants, donations or endowments or monies from any other lawful source.

1.5.2 STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS

The State Department's Semi-Autonomous Government Agencies (SAGAs) include:

i. Kenya Medical Training College (KMTC)

Kenya Medical Training College is a body corporate established under the provisions of the Kenya Medical Training College Act, (Cap 261) of the laws of Kenya as amended by Act No.5 of 2019). The College is mandated with the role of training of the various health disciplines, to serve Kenya and beyond. The College has a population of over 62,807 students in 74 campuses spread across 44 counties in the country. The College contributes 85% of the local mid-level healthcare workforce.

ii. Kenya Nuclear Regulatory Authority (KENRA)

The Kenya Nuclear Regulatory Authority (KENRA) is a State Corporation, established on 10th January 2020, by the Nuclear Regulatory Act, 29 of 2019. 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.

iii. Kenya Medical Practitioners and Dentists Council

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

iv. The Kenya Health Human Resource Advisory Council (KHHRAC)

The Kenya Health Human Resource Advisory Council (KHHRAC) is established under the Health Act 2017, Part V Sections 30-44, 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.

v. The Kenya Health Professions Oversight Authority (KHPOA)

The Kenya Health Professions Oversight Authority is a corporate body created by part VI of the Health Act no. 21 of 2017 with the mandate of providing oversight in training, registration and licensing of health professionals; coordinating joint health inspections; receiving and facilitating resolution of complaints and arbitrating disputes and conflicts; and monitoring execution of respective mandates and functions of health regulatory bodies. It has been categorized by the State Corporation Advisory Council (SCAC) as a Regulatory Corporation category PC 6.

vi. 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 Act Chapter 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 and for connected purposes

vii. Clinical Officers Council (COC)

The Clinical Officers Council was established under the Clinical Officers Act, Cap 260. The Act was assented on August 24, 1988 and repealed in 2017 and replaced by Act No 20 of 2017. The mandate of the Council is to make provision for the training, registration, and licensing of clinical officers, regulate their practice, and for connected purposes.

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

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

ix. Kenya Nutritionists and Dieticians Institute (KNDI)

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

x. Public Health Officers and Technicians' Council (PHOTC)

The Public Health Officers and Technician's Council is a statutory body established under the Public Health Officers (training, registration and licensing) act no. 12 Of 2013 to regulate training registration and licensing of public health officers in Kenya.

The mandate of the council is to; exercise general supervision and control over training, practice and employment of public health officers and technicians in Kenya and to advise the government to all aspects thereof.

xi. Pharmacy and Poisons Board/ Council (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.

xii. Tobacco Control Board (TCB)

Tobacco Control Board is established under Section 5 of Tobacco Control Act 2007. 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.

xiii. National Quality Control Laboratory (NQCL)

The National Quality Control Laboratory was established in 1992 as a body corporate, under the Pharmacy and Poisons (Amendment) Act of 1992 (Cap 244, Laws of Kenya). It was prequalified by World Health Organization (WHO) in 2008. NQCL is mandated to carry out the examination and testing of drugs and any material or substance from or with which and the manner in which drugs may be manufactured, processed or treated and ensuring the safety and quality control of drugs and medicinal substances; (b) performing chemical, biological, biochemical, physiological and pharmacological analysis and other pharmaceutical evaluation; and (c) testing, at the request of the Board and on behalf of the Government, of locally manufactured and imported drugs or medicinal substances with a view to determining whether such drugs or medicinal substances comply with this Act or rules made thereunder.

xiv. Physiotherapists Council of Kenya

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

xv. Health Records and Information Managers Board

Health Records and Information Managers Board is established under section 7 of the Health Records and Information Managers Act, 2016 (No. 15 of 2016) and amendments provided for in the Health Laws (Amendment) Act, 2019. The Board is mandated to regulate training, registration, licensing and practice of Health Records and Information Managers.

xvi. Counsellors and Psychologist Board

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

xvii. The Kenya National Public Health Institute

The Kenya National Public Health Institute was established under CAP 446 Laws of Kenya and came into operation under Legal Notice no.14 on 21st Jan 2022. It is mandated to establish mechanisms to facilitate quick detection of outbreaks and emergencies; Conduct vulnerability and risk assessment, and mitigate various health-threatening issues in collaboration with non-health entities including Ministries responsible for matters relating to environmental health, animal health, and trade; academic institutions and non-governmental organizations.

xviii. Kenya Hospital Authority Trust Fund

The Kenya Hospital Authority Trust Fund (KHATF) was established in 1968 by the then, Minister of Health through a Trust Deed in exercise of the powers conferred upon the Minister

by National Hospital Insurance Fund Act of 1966 Section 42(3). The objective of the fund as spelt out in section 1 of the Trust Deed was the “furtherance of medical education in association with the University College of Nairobi”.

xix. Occupational Therapy Council of Kenya

The Occupational Therapy Council is established under the Occupational Therapists (Training, Registration and Licensing) Act No. 31 of 2017. The mandate of the Council is to regulate the training, registration, licensing and the practice of occupational therapists.

xx. Kenya Institute of Primate Research (KIPRE)

The Kenya Institute of Primate Research (KIPRE), former Institute of Primate Research, is a biomedical research facility which has existed since 1958. KIPRE ethically utilizes non-human primates and other experimental animals for research resulting in the production and commercialization of vaccines, drugs, therapies, medical interventions and services to improve human health. It is located in Karen with research focusing on Tropical and infectious diseases, Reproductive Health and Biology; Non-communicable diseases; Phage therapy for microbial resistance, Snake bite research and intervention and One-Health research on emerging pathogens and diseases that involve Human, Wildlife, Livestock and the Environment. KIPRE is established vide Legal Notice no. 273.

Furthermore, KIPRE’s research capacity and compliance with international best practices has enabled it gain recognition by United States National Institutes of Health Office of Laboratory Animal Welfare, accredited by African Network for Drug and Diagnostics Initiative (ANDI) as center for drug development and testing, recognized as a World Health Organization (WHO) Collaborating Centre and the facility is accredited by the American Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC). KIPRE was recently certified for Good Financial Grant Practices (Silver Medal) and it’s the first in the entire African Continent to achieve this compliance.

The research capacity at KIPRE and its international acclaim offers the institution a solid foundation to operate as a premier biomedical research facility in Kenya and Africa.

1.6 ROLES OF STAKEHOLDERS

The Health Sector is governed through the steering leadership of the Government. The major stakeholders in the Sector are as illustrated in Table 1.3:

Table 1.3: Stakeholders in the Health Sector

Name of Stakeholder	Role of the Stakeholder
The National Treasury	Providing budgetary support for investments, operations and maintenance of the Sector besides the remuneration of all employees.
State Department for Economic Planning	Coordination of planning, policy formulation and tracking of results in the State Department.
National Council for Population and Development	Provides advocacy and resource mobilization support, coordination of public and private stakeholders, and programme support for RMNCAH interventions towards international Commitments on population and development.
National Assembly and Senate	Legislation and oversight on matters relating to health including law enactment and budgetary approval.
County Health Departments	In accordance with Schedule 4 of the Constitution counties departments of Health are specifically mandated with: County health facilities; County health pharmacies; Ambulance services; Promotion of preventive and promotive health care services; licensing and control of sale of food in public places; veterinary services; cemeteries, funeral parlours and crematoriums; enforcement of waste management policies.
Non-State Actors in Health	They include the private sector, faith-based organizations (FBOs), non-governmental organizations (NGOs), Community Based Organizations (CBOs) and Civil Society organizations (CSOs). Non state actors contribute to Health service delivery through advocacy and resource mobilizing, provision of service delivery, social mobilization at community level to influence health seeking behaviour, promotion of best practices and address human rights and gender issues.

Academic Institutions	Universities and middle level colleges play crucial roles in health research, development of Human resources for Health, provision of tertiary health care and funding.
WHO	Support the State Department with technical advice on Health systems strengthening approaches; both national and counties.
Global Fund	The Global Fund is a multi-sectoral partnership designed to accelerate the end of AIDS, tuberculosis, and malaria at national and county levels. Key programmatic activities are for the procurement of diagnosis and treatment commodities; facilitate preventive measures. In addition, the support is to improve the quality of care; enhance use of quality data for decision-making; social behaviour; support community approaches and address human right and gender.
PEFFAR (USAID & CDC)	Supports the State Department in provision of Financial and Human resources and technical assistance for the HIV and TB programs at the National and county levels.
GAVI	Support for Vaccines and Immunization programmes
World Bank	Support health systems strengthening interventions in both national and county government levels
JICA	Leadership and Governance, infrastructure, community health both National and Counties
UNICEF	Supports maternal, children & adolescents, nutrition and healthcare, strengthening of health and nutrition systems, Scorecard (RMNCAH) and water and sanitation (WASH) programs at both National and county levels.
UNFPA	Support on Population Health and family planning commodities; maternal health programme (RMNCAH)
UNAIDS	Co-ordinate the joint UN team for multi sectoral HIV response; support M&E of HIV response
DANIDA	Health System strengthening in the Counties.
Organization of Petroleum Exporting Countries (OPEC)	Support for Burns and Paediatric centre.

Saudi Arabia Fund for Development	Support for cancer centre in Kisii Hospital and Burns and Paediatric centre.
Arab Bank for Economic Development in Africa (BADEA)	Support for cancer centre in Kisii hospital and burns & Paediatric centre.
Private sector consortium-local manufacturers of health products	Coordinates all private practice members;
Faith-Based Organizations	Coordinates Faith based health services among them are SUPKEM, CHAK and KCCB
Kenya Health Federation	The federation works with commercial and public institution, professionals, non-state actors to promote strategic public private partnerships
Other state actors	Multisectoral collaboration to implement programs that have impact on Health including; Ministry of Environment and Forestry, Ministry of Water, Sanitation and Irrigation; Ministry of Agriculture and livestock development; Ministry of Labour and Social Protection; Ministry of Public Service, Gender, and Affirmative Action, Ministry of Information, Communications and the Digital Economy, Ministry of Interior and National Administration Ministry of Roads and Transport, Ministry of Education, Ministry of Trade, Investments and Industries, Judiciary through inter-sectoral collaboration in promotion of health services, disease prevention and addressing the social determinants of health. In addition, Kenya National Bureau of Statistics (KNBS) and Kenya Institute for Public Policy Research and Analysis (KIPPRA) conduct surveys and provide information for policy and planning purposes.
Clients/ Consumers of Health Services	Household and communities have a major role in the demand and utilization of quality, accessible and affordable services
East Africa Community (EAC)	EAC has a key role in advocating for and safeguarding cross border health
Advocacy groups	These are non-profit organization and advocacy groups that focus on public health issues and professional standards working to influence policy and

	promote public health initiatives.
Schools	These includes primary and secondary schools whereby primary health care is reinforced
Other state actors (MDAS)	Multisectoral collaboration to implement programmes that have an impact on Health.

CHAPTER TWO: PERFORMANCE REVIEW FY 2020/21-2022/23

This Chapter details the Sector performance for FY 2020/21-2022/23 and an analysis of the previous budgetary allocations, actual expenditures and achievement of programme outputs. The Ministry of Health is mandated to support the attainment of the health goals of the people of Kenya through implementing priority interventions. In order to achieve these priorities, the Sector is expected to formulate a credible budget that in the long-term guarantees efficiency and effectiveness in public spending.

2.1 REVIEW OF PROGRAMME PERFORMANCE REVIEW FY 2020/21-2022/23

2.1.1 STATE DEPARTMENT FOR MEDICAL SERVICES

Programme 1: Curative and RMNCAH Services

Sub-Programme 1.1: Communicable Disease Control

a) NASCOP

The prevalence and incidence of HIV in Kenya is reported at 4.3% and 0.59% respectively as at 2021, attributed in part to significant behavioral change and increased access to Anti-Retroviral Treatment (ART's). As of December 2022, approximately 1,377,252 people were living with HIV, with 1,330,565 currently on ART, indicating a robust treatment coverage of 96.61%, a noticeable improvement from 81.52% in 2020.

HIV-targeted testing of High-risk populations during the FY 2022/2023 was set at 7,632,170, however only 4,241,677 were reached, achieving roughly 55.6% of the target. This shortfall occurred primarily due to delays in the procurement and distribution of HIV rapid test kits to service delivery locations. An impressive 98% of pregnant women in 2022, accessed antenatal care (ANC). However, only 15% initiated their first ANC visit during the first trimester, and HIV status knowledge decreased from 80% during ANC to 15% at six weeks post-natal. Maternal ART coverage reached 89.56%, though it lagged in ASAL regions. The estimated HIV Mother to Child Transmission (MTCT) rate for 2023 is 8.6%, with a case rate of 1,359 per 100,000 individuals. New infections in children now occur predominantly during the extended breastfeeding period, attributed to treatment interruptions among Women Living with HIV (WLHIV) (47%) and incident infections among previously HIV-negative women (23%).

b) National AIDS Control Council (NACC)

The National AIDS Control Council continued to implement a multisectoral and multifaceted HIV response to accelerate the achievement of Universal Health Coverage and greater program impact. The achievements for the period under review is highlighted in the summary table showing the performance of the HIV program from 2020 to 2022.

Summary table showing the performance of the HIV program

	2020	2021	2022
HIV Prevalence	4.30%	4.00%	3.70%
PLHIV	1,435,271	1,437,267	1,377,784
Incidence	0.09%	0.10%	0.59%
HIV Infections	32,027	34,540	22,154
Mortality	19,486	22,373	18,473
MTCT Rate	9.70%	8.90%	8.60%

Source: 2023 HIV Estimates

Mid-Term Review of the HIV Programme in Kenya marked a significant milestone in the ongoing efforts to combat the HIV epidemic within the country. The review process provided valuable insights into the progress, challenges, and opportunities that shape the country's journey towards achieving KASF II objectives.

The key HIV-related policy documents developed in the period under review included: Costing HIV prevention in Kenya, 47 County Profiles, 2022 World AIDS Day Progress Report, 2023 HIV Estimates, the Actuarial Analysis of Integrating HIV treatment within the NHIF Benefit Package, Epidemic Appraisal Report, HIV Implementation and Financing Proto-type bill, and the Health Sector Transition Road map,2022.

Multisectoral County HIV Coordination forums were operationalized in all 47 Counties to support development of HIV related policies as well as monitor and review progress on the implementation of the Kenya AIDS Strategic Framework II and the County AIDS Implementation Plans. In FY 2021/22 10 counties were supported to ensure mainstreaming of HIV programs in county work plans and budgets, thus strengthening Domestic Resource Mobilization (DRM) process.

One of the HIV prevention strategies is the human-centered design approach which allows communities to identify and design their own interventions. Some of the achievements for the period under review include the utilization of the Communities of practice (CoPs) such as engagement of male champions who distributed 5,871,526 condoms in non-health settings in 2022/23. The numbers dropped from 6,451,258 in 2021/22 due to national and global supply chain challenges of essential commodities including condoms. For effective distribution of condoms, 168 condom dispensers against a target of 205 were procured and installed in institutions of higher learning in FY 2022/23.

The institution sustained messaging on HIV prevention and treatment as well as universal health coverage in the context of HIV with over 82,433,925 million people reached against a target of 25 million through the triple threat initiative, sensitization through PLHIV networks and interpersonal engagement with fisherfolk and other vulnerable populations, Advocacy on COVID-19 vaccination, engagement of community gate keepers and opinion leaders, Documentary on Universal Health Coverage in the context of HIV and AIDS (media reports indicated that over 3,999,000 people reached).

Sub-Programme 1.2 Non-Communicable Diseases Prevention and Control

Non Communicable Diseases (NCD's) accounted for 41% of the deaths in 2021/22, compared to 43.5% in 2020/2021.

a) NCD Prevention and Control

In NCD data management, an electronic patient health records system for diabetes and hypertension was rolled out in 98 health facilities. This has enhanced reporting of diabetes and hypertension indicators. Pilot projects included integration of NCD care in Primary health level were conducted during this period in Busia, Trans Nzoia and Makueni Counties that saw improved health outcomes such as increasing control rate of hypertension from 38% FY 2021/22 to 55% FY 2022/23.

b) National Cancer Control Program

In Kenya, cancer is the second leading cause of non-communicable diseases (NCDs) after cardiovascular diseases. The annual incidence of cancer is increasing and was reported as 42,116 cases in 2020. The overall five-year cancer prevalence rate is 82,620 (54,156 cases among women and 28,464 cases among men). In the year 2022/23 the Ministry developed and launched its third National Cancer Control Plan 2023-2027 and a Cancer Monitoring, Evaluation and Learning (MEAL) Framework for 2023-2027, and launched the Garissa Comprehensive Regional Cancer Centre.

In FY 2022/23 over 6,000 primary health workers were trained on early cancer diagnosis through e-learning platforms on the MOH Virtual Academy and another 6,500 primary health workers on cervical and breast cancer screening and treatment of precancerous lesions across the 47 counties. 257 community health promoters in 10 counties were trained in cancer screening. Through support from partners 150 thermal ablation devices were distributed in 22 counties. The proportion of women screened for cervical cancer against the set target for the year nationally reduced from 42.8% in 2021/22 to 30.9% in 2022/23. There was a significant increase in outpatient visits at public cancer centers from 75,928 in 2020/2021 to 105,760 in 2021/2022 and 115,627 in 2022/2023 where 23 essential anticancer medicines continued to be provided at no cost to the patients through a conditional grant through KEMSA.

c) Geriatric Medicine

Since the launch of the Healthy Aging and Older Persons Strategy (2022-2026) in 2022, fifteen Health care providers have been trained on Integrated Care for Older People (ICOPE) in Siaya County.

d) Violence and Injury Prevention and Control

There has been a 1.9% decrease in the number of road traffic fatalities between 2021/22 (4723) and 2022/23 (4634). Between 2021/22 and 2022/23, 270 healthcare workers were trained on trauma and injury management. For the FY 2022/2023, 200 Community Health Promoters (CHP's) and other

community members such as boda boda riders were trained on prevention of injuries and basic first aid in Nairobi and Nakuru counties.

e) Mental Health

The Mental Health Division managed to train 1,591 healthcare workers against a target of 1000 during the FY 2022/2023. An achievement of 159% due to integration of mental health and psychosocial support training in Covid 19 response and Ebola Preparedness. A mental health training manual was developed to train the Community Health Promoters (CHP's) and 75 CHP's were trained against a targeted 700 due to inadequate funding. Plans are underway to integrate mental health into primary healthcare and this will enhance scale up.

f) Mental Health Board

The Kenya Mental Health Board was appointed in August 2022 and by the end of the FY 2022/2023 and due to inadequate funding, they could not inspect mental health units and facilities and hence could not report on the mental status of the country.

g) National Cancer Institute

NCI-Kenya has also been proactive in its efforts to promote universal health coverage (UHC) by enhancing access to cancer education; through contextualized cancer awareness messages in ten vernacular languages, procured spots on ten vernacular FM stations. NCI-Kenya successfully disseminated cancer education materials targeted at persons with disabilities (PWDs) through the National Council for Persons with Disabilities (NCPWD) platforms and to the members of the public through the website and social media handles of the Institute number of people reached is 17,000,000 in FY2022/23.

The Institute initiated the institutionalization of cancer prevention and control initiatives in 22 Ministries, Departments, and Agencies (MDAs) with the involvement of senior management officials, developed a sensitization package on cancer prevention and control workplace programs, and successfully sensitized the 22 MDAs on the package. The institute also maintained a register of focal persons, ensuring continuity, scale up and accountability in these initiatives.

The institute developed a county sensitization package on resource allocation, supporting specific counties in developing cancer control frameworks. Digitization of the standard guidelines for establishment of cancer management Centers and the cancer registry training materials to improve quality of services. 8 cancer registries were established.

NCI-Kenya focused on policy development and regulatory frameworks. The institute developed regulations to operationalize the Cancer Control Act awaiting public hearings in various counties. NCI-Kenya made significant strides in the designation and certification of 78 cancer treatment centers to contribute to improving cancer care accessibility and quality.

Sub-Programme1.3: Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH)

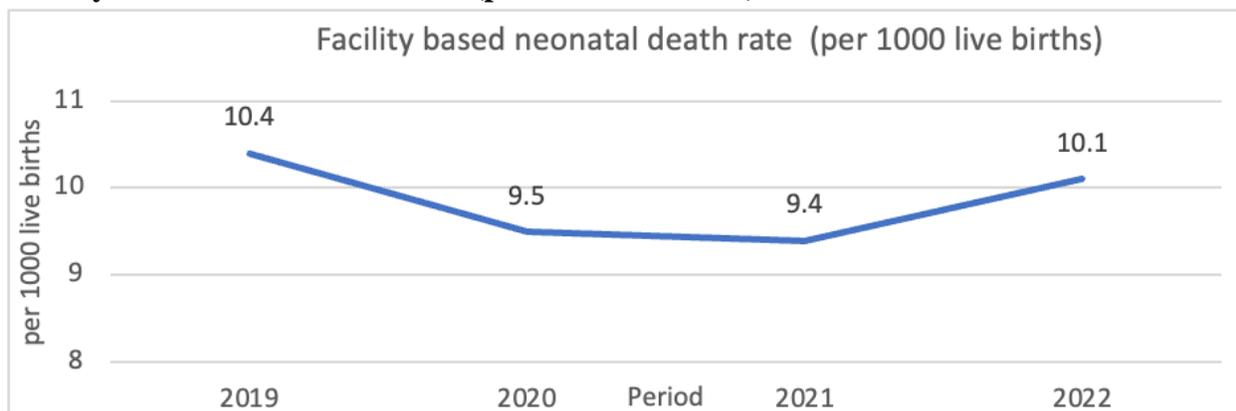
a) Maternal, Neonatal and Child Health Services

In FY 2022/23, the proportion of women who attended at least four ANC visits was reported at 51.9%, against a target of 57%. Postnatal care within 2-3 days of delivery was at 37.9%, below the 50% goal, with the specific causes for these shortfalls still under investigation. The recent Kenya Demographic Health Survey (KDHS 2022) shows that under-five mortality rate has decreased from 52 to 41 deaths per 1,000 live births, and infant mortality rate from 39 to 32 deaths per 1,000 live births. The neonatal mortality reduced at a slower rate and currently stands at 21 from 22 deaths per 1,000 live births. The SDG targets to reduce neonatal mortality rate to 12 per 1,000 live births and under-five mortality to 25 per 1,000 live births by 2030.

In FY 2021/22, a total of 2.2 million copies of Mother Child Health Handbook (MOH 216) were printed and distributed to all counties. Priority needs to be given to have this book printed annually to ensure continuous supply to counties.

A slight improvement noted for the facility neonatal deaths from a target of 11 deaths per 1,000 live births to 10.1 deaths per 1,000 live births. This was due to scaling-up of high impact interventions, supplies and equipment, capacity building of essential new-born care, development and rolling out of quality of care standards, data reviews meetings, improved technical assistance to counties

Facility based neonatal death rate (per 1000 live births)



Source: KHIS, 2022

Furthermore, Vitamin A supplementation coverage surpassed the target at 83.3% in FY 2022/23 credited to concerted efforts during the Malezi Bora weeks and collaboration across Early Childhood Development centers (ECDs). Moreover, a strategy initiated in 2023 focused on deworming interventions in counties with higher Schistosomiasis prevalence, following a notable success of treating 4.5 million children in the FY 2022/23.

b) Family Planning

Kenya has made incredible progress in improving its contraceptive prevalence rate (CPR) which has led to a reduction in the Total Fertility Rate (TFR) from 3.9 in 2014 to 3.4 in 2022. The percentage of women of reproductive age (WRA) receiving family planning (FP) commodities increased from 52.4% in 2021/22 to 74% in 2022/23.

Sub-Programme 1.4: Immunization Management

In FY 2022/23, the estimated proportion of children under one fully vaccinated was 84.7% a decrease as compared to FY 2021/22 of 88%. This discrepancy was due to spatial vaccine shortage affecting coverage. The proportion of facilities with Cold chain equipment has been maintained at >90% with specialized cold chain equipment in 3500 facilities. In FY 2021/22 to FY 2022/2023 the proportion of health Facilities with functional cold chain equipment reduced from 90% to 85%. This was attributed to the inability of the National and County governments to access and to purchase the spare parts to maintain the Cold Chain equipment.

a) Community health services

The innovative electronic Community Health Information System (eCHIS) piloted in FY 2021/2022 in Isiolo and Kisumu has since been expanded to include six more counties: Kakamega, Siaya, Vihiga, Migori, Nakuru, and Nyeri. In these regions, Community Health Promoters have been leveraging on the eCHIS platform to deliver high-quality, integrated community health services directly to households, marking a significant advancement in localized healthcare delivery.

As at June 2023, Counties were able to establish new Community Health Units linked to public health facilities in an endeavor to enhance Universal Healthcare Coverage, with 113% coverage in FY 2022/23 as compared to 92% in the FY 2021/22.

Sub programme 1.5 Curative services

a) Orthopaedic Trauma

Development of Orthopaedic Trauma Registers (MOH 274) was started in FY 2021/2022 and completed in FY 2022/23. The Register is a data quality management and collection tool that will assist managerial decision-making, staff rationalization, and coming up with an indicator such as clubfoot management in Kenya among others.

b) Clinical Services

Operationalization of the Health and Wellness Center through an expanded range of services was done in the FY 2021/22 to 2022/23 to offer and cater for emergencies in line with the Health and Wellness centre at the Ministry of Health, a TWG and draft zero guidelines was developed. Technical assistance to counties was also done by holding the Annual meeting with county frontline health care workers

theme roles in Universal Health Care. This contributed towards the coordination of key health care personnel that play a major role in primary healthcare in Kenya. All counties were well reached out in the FY 2021/22 to 2022/23.

c) Radiology and diagnostic imaging

During the period under review (FY 2021/2022/2023), the Radiography bill was signed into law December 2021 and the current state is to operationalize and implement. The rules and regulations for radiographers Act was subjected to stakeholders' engagement and now are in the process of gazettment.

To improve radiology and diagnostic imaging services and radiation protection safety measures, 40 radiographers were sensitized and trained on radiation monitoring for quality assurance. During the period under review, a draft ultrasound guideline was developed and awaiting a stakeholder participation.

d) Rehabilitative Services

In the FY 2021/22, the Rehabilitative services supported the National Council for Persons with disability in the process of registration of Persons with disability and the KRA in the process of vetting PWDs who had applied for tax exemption. The Disability Medical Assessment, Categorization Guidelines and the Rehabilitation and Assistive Technology Strategy 2021-2026 was also done and the Disability Assessment Committee that was formed was sensitized. Further, Disability Medical Assessment was decentralized to the counties to ease the process of assessment and registration of PWDs.

In FY 2021/22, the National Assistive Technology Centre of Excellence was established at JKUAT. In addition, 7 Disability Classification Tools were developed namely: Physical Disabilities; Visual Impairment; Hearing, Speech, Language Communication, and Swallowing Disability; Mental Health Disorders/ Intellectual Disabilities and Autism Spectrum Disorders; Progressive Chronic Disorders and Oral and Dental Disabilities.

e) Oral Health

In the FY 2021/22 Oral Health Services launched the Oral Health Policy 2022 -2030 and Strategic Plan 2022 -2026 whose aim is to improve oral health through the utilization of existing socioeconomic, cultural, political, and health systems frameworks in the country. Currently, development of a National Plan to phase down Amalgam is ongoing.

In order to upscale oral health promotive and preventive programs, The World Health Organization (WHO) in conjunction with The Ministry of Health Oral Health Services established a digitalized training system for training community health promoters in aspects of oral health.

Programme 2: National Referral and Specialized Services

Sub-Programme 2.1 National Referral Services

a) Kenyatta National Hospital

i. Specialized surgeries

During the period under review, the hospital performed specialized surgeries that include thirty-two (32) major liver resections, increased kidney transplants from fifteen (15) FY 2021/22 to nineteen (19) in the FY 2022/23. A total of 30,451, 33,523 and 37,307 specialized surgeries were conducted in FY 2020/21, 2021/22 and 2022/23 respectively. These specialized surgeries include maxillofacial, obstetrics and gynaecology, paediatrics surgery, cardiothoracic surgery, neurosurgery, plastic surgery, general surgery, ENT surgery, orthopaedic surgery, ophthalmology. In addition, a total of 16,106 specialized renal services were provided in the FY 2022/23 that included Continuous Renal Replacement Therapy (CRRT), Tissue Typing, Venesection, Haemodialysis, Peritoneal dialysis, dialysis Catheter procedures and Renal Biopsy. The hospital established heart surgery, cancer treatment, diagnostics and imaging, laboratory medicine, tissue and organ transplantation, gastroenterology, diabetes and endocrinology centres.

ii. Intrauterine transfusion



During the period under review, a team of four specialist doctors conducted transfusion of anaemic fetus (hemolytic disease) in mother's womb. In the procedure red blood cells from a donor are injected into the fetus. The procedure entails transfusing a baby while still in the mother's uterus. The hemolytic disease is a blood disorder that occurs when the blood types of a mother and baby are incompatible. This is a situation in pregnancy when the maternal red

blood cells (RBCs) lacking the rhesus antigen are exposed to rhesus-positive red blood cells through the placenta leading to the activation of the maternal immune system.

iii. Multidisciplinary outreaches



In the FY 2020/21, the Hospital conducted 163 outreaches, 177 in 2021/22 and 391 in the FY 2022/23 to improve management of patients before referral and conduct general public awareness. A total of 123 county referring facilities were visited and the health care workers sensitized accordingly. In the period under review, cumulatively a total of 42,209 clients were reviewed and screened and 2,711 cases

referred for specialized treatment. On the patient care front, KNH established a diagnostic and reporting centre in the FY 2020/21 which incorporates a medical teleconferencing facility and artificial intelligence tele-radiology center which enables relay of radiological images from referring hospitals. The images are then read, interpreted and reported on a timely basis for clinical decision-making.

iv. Uniportal Video Assisted Surgery



During the period under review, KNH continued to offer specialized services including a uniportal Video Assisted Surgery, video assisted thoracic surgery, laparoscopic surgery to remove large polycystic kidneys in a patient who was being prepared for kidney transplant which is highly delicate and complicated process.

v. Play therapy



In the FY 2022/23, the Hospital introduced play therapy sessions for pediatric patients in both inpatient and outpatient settings. These sessions play a crucial role in fostering the development of social interaction abilities among children, providing them with a means to effectively convey their emotions, and serving as a valuable coping mechanism. Smiles for the chance engaging children in art therapy.

b) Mwai Kibaki Hospital

Mwai Kibaki Hospital formerly KNH Othaya was handed over to KNH management and was fully operationalized in FY 2021/22. To date, patients seen increased from 133,216 in the FY 2021/22 to 285,901 in the FY 2022/23. New services introduced increased from 6 in the FY 2021/22 to 13 in the FY 2022/23.

In addition, the Hospital expanded the following services; cardiology, oncology, vaccination, renal, family planning, physiotherapy, farewell home, plastic & reconstructive surgery and laparoscopic surgery. In furtherance of UHC aspirations, the hospital increased medical camps and outreaches from 4 in the FY 2021/22 to 6 in the FY 2022/23. Clients reviewed and screened increased from 4,850 in the FY 2021/22 to 6,293 in the FY 2022/23.

The hospital further renovated the Critical Care Unit (CCU) and expanded its capacity from 6 in the FY 2021/22 to 21 beds in the FY 2022/23. The Hospital renovated the New-Born Unit that culminated to an increase bed capacity from 6 in the FY 2021/22 to 16 in the FY 2022/23.

Oxygen Plant



To meet the rising demand for CCU, Mwai Kibaki Hospital constructed and operationalized an Oxygen plant with a capacity to produce 1,500 litres of oxygen per minute, 2,160,000 in 24 hours, and has 18 ports filling station with an ability to fill in 72 oxygen cylinders in 24 hours. The Hospital also acquired a 3000-litres bulk liquid oxygen tank in the FY 2021/22. The facility is supporting the provision of oxygen to other health facilities within the region.

c) Mama Margaret Uhuru Hospital (MMUH)



During the period under review, KNH was handed over the management of the former Mathare North Level IV Hospital, to be an annex of the Hospital. Today, MMUH is offering a wide range of services and specialized care including Paediatric Outpatient Clinic (POPC), General Paediatric Emergency and Outpatient Clinic (GOPC), Dermatology, Ophthalmology, Comprehensive care services, Ear, Nose & Throat (ENT), Rehabilitative services; orthopaedic trauma, physiotherapy and occupational therapy. A total of 7,894 inpatients and 36,641 out-patients have received treatment in the facility. Cumulatively 14 outreaches targeting Mathare North and its environs have been undertaken across various sub specialties.

d) Moi Teaching and Referral Hospital

i. Chandaria Cancer and Chronic Diseases

Centre (CCCDC) - This is a One-Stop-Shop Point of Care for Cancer and other Chronic Diseases. Two (2) Linear Accelerator (LINAC) Equipment and Brachytherapy Machines were installed and operationalized to increase access to highly specialized cancer services in the Country. During FY 2022/2023, 19,622 Oncology Consultations were conducted against 16,395 in FY



2020/2021, representing 19.68%. 15,091 Radiotherapy Sessions were conducted in FY 2022/2023. MTRH invested approximately Kshs. 1.393 billion towards infrastructure and equipment. A 2nd bunker was constructed and completed in January 2023 and installed with a new True Beam LINAC machine that was operationalized in February 2023.

ii. Laboratory & Pathology Services: MTRH prides itself in providing highly specialized Laboratory investigations in Biochemistry, Haematology, Parasitology, Immunology, Microbiology, Histology and Gene Expert. In FY 2022/2023, MTRH Laboratory performed 1,426,746 tests against 1,119,596 in FY 2020/2021; 27.43% Improvement over the last 3 years. The Laboratory was the first to hit over 1 million in East & Central Africa. This was made possible through the construction of a modern laboratory.

iii. Radiology/Diagnostic Services: Radiology Services provided include Interventional Radiology through MTRH's massive investment in Specialized Equipment: CT Scans (32 Slice, 64 Slice and Advanced 128 Slice CT Scans), Magnetic Resonance & Imaging Equipment (MRIs), Dental OPG/CBCT/Lateral Cephalogram Machine, Digital X-rays, Ultrasound Equipment and Mammogram. In FY 2022/2023, 100,288 radiology examinations were conducted against 82,528 in FY 2020/2021; 21.52% Improvement over the last 3 years. During 2022-23FY, a new diagnostic center to accommodate two (2) 1.5 Tesla MRI and two (2) cardiac catheterization laboratory equipment was constructed and is 90% complete. One 1.5T MRI and one cathlab have already been procured pending delivery and installation on completion of the building.



iv. Maternal Health: During FY 2022/2023, 13,309 deliveries are conducted and 12,379 in FY 2020/2021; representing 7% improvement. Other specialized Reproductive Health Care Services provided include Maternal Fetal Medicine, Reproductive Endocrinology & Infertility, Urogynaecology, Adolescent Gynaecology, Minimally Invasive Surgeries etc.

v. **The Renal Dialysis/ Transplant Centre:** MTRH provides haemodialysis and haemofiltration to both adults and paediatrics as well as performing Kidney Transplants as part of the management of Chronic Disease since 2006. In FY 2022/2023, 18 Kidney Transplants were conducted against 8 in FY 2020/2021. Further, 2,502 Haemodialysis for children were carried out against 2,083 in FY 2020/2021, 20.11% Improvement.

vi. **Highly Specialized Surgical Services:**

a) **Corneal Transplants:** MTRH is the only Public Hospital offering Corneal Transplants in Kenya. Fifteen (15) Corneal Transplants conducted in FY 2022/2023 against 7 in FY 2020/2021; 118.28% Improvement over the last 3 years.

b) **Cochlear Implantation:** MTRH performed the first Cochlear Transplant Surgery in June 2023, being the first public Hospital to undertake specialized Surgery in East and Central Africa.

c) **Open Heart Surgeries:** 92 Open Heart Surgeries were conducted in FY 2022/2023 against 8 in FY 2020/2021; 1,050% Improvement over the last 3 years.

d) **Minimally Invasive Surgeries:** During FY 2022/2023, 3,202 Minimally Invasive Surgeries were conducted against 2,226 in FY 2020/2021; 43.84% Improvement over the last 3 years.

e) **Cardiothoracic Surgeries:** During FY 2022/2023, 453 Cardiothoracic Surgeries were conducted against 297 in FY 2020/2021; 52.52% Improvement over the last 3 years.

vii. **Intensive Care Services:** MTRH ICU capacity increased from 6 in 2018 to the current 63 beds for better outcomes in the provision of critical and highly specialized healthcare services. 859 admissions were done in FY 2022/23 and 356 in FY 2020/2021; 41.29% Improvement over the last 3 years.

viii. **Medical Oxygen Investments:** MTRH invested in 2,000 Litres per Minute (LPM) Oxygen Generating Plant to ensure consistent availability of oxygen to patients at the Points of Care. This is the biggest Hospital Based Oxygen Generating Plant in Eastern and Central Africa. The average number of inpatients at MTRH is 1,200 on any given day, for a 1,020-bed capacity Hospital. Out of these inpatients, about 120-150 or 10.0%-12.5% are on oxygen support as part of the treatment mainly referred patients from the wide region covered by MTRH and most are admitted to Adult Medicine Wards, Intensive Care Unit (ICU), Neonatal Intensive Care Unit (NICU), New Born Unit (NBU), Shoe4Africa Children's Hospital and Theatres.



- ix. Data Centre, ICT network upgrade and high-definition CCTV:** To support digitalization in Financial Management, Human Resource Management, Asset Management, End-to-End Procurement, Electronic Medical Records System (EMRS) and other operations, MTRH is fully equipped with a state-of-the-art Data Centre with an advanced firewall for Big Data security, intelligent switches, high-capacity backup infrastructure as well as a high availability setup of servers.
- x. Nawiri Recovery and Skills Centre:** This is a transition home for mental health patients that integrates healthcare provision and economic empowerment; a solution to the missing link between the transition of mental health and community integration. It is one of its kind in a public hospital in East and Central Africa. Mental illnesses are a significant cause of ill health, with an estimated 25% of outpatients and up to 40% of in-patient health facility visits having diagnosable mental health conditions among them: Schizophrenia, Bipolar Disorder, Alcohol & Drug Abuse and Depression. The facility was commissioned on 26th August 2021 by Cabinet Secretary, Health. Thirteen (13) clients are admitted at any given point at Nawiri Recovery and Skills Centre. One Hundred and Thirteen (113) patients admitted since inception and 98 discharges.
- xi. Alcohol and Drug Abuse Rehabilitation Centre:** MTRH recognizes the negative impact of Alcohol and Drug Abuse in the workplace and Society. To address this, the Hospital established a 41-Bed Capacity Facility to provide rehabilitation services to staff and society to promote well-being and a productive nation. Extension of the facility with additional 23 beds was done in 2023 at Kshs 9.5 Million. In FY 2022/2023, 95 admissions and 1,684 Outpatients were attended. In FY 2020/2021, 76 admissions and 1,239 Outpatients were attended; representing 25% and 35.91% improvement in Admissions and Outpatients respectively.
- xii. Healthcare, Training and Research:** MTRH contributes to strengthening Human Resource for Health (HRH) capacity in Kenya and beyond through its accredited College of Medicine (CoM) and Collegiate Postgraduate Training in General Surgery, Orthopaedic Surgery, Paediatric Surgery and Neurosurgery under College of Surgeons of East, Central and Southern Africa (COSECSA), Other Programmes are East and Central Africa College of Physicians (ECSACOP) for Physicians, College of Anaesthesiologists of East, Central and Southern Africa (CANECSA) for Anaesthesiologists and College of Ophthalmology of Eastern Central and Southern Africa (COECSA) for Ophthalmologists. During FY 2022/2023, 120 Research Projects were undertaken against 12 in FY 2020/2021; 100% improvement over the last 3 years. Similarly, 3,602 Internship/Attachment Opportunities were provided in FY 2022/2023 against 2,822 in FY 2020/2021, representing 27.63 improvement.
- xiii. Multidisciplinary Outreaches and Inreaches:** MTRH continues to undertake specialized multidisciplinary outreaches to build Counties' Human Resource Capacity and streamline patient referral mechanisms. During FY 2022/2023, 93 multi-disciplinary Outreaches were undertaken against 57 in FY 2020/2021; 63.16% improvement over the last 3 years.
- xiv. 150Kg/Hr Medical Waste Incinerator:** The new 150Kg/Hr medical Waste incinerator was procured in 2022/23FY to ensure proper and efficient management of medical waste. This was to address demand for disposal of medical waste that the 250Kg AMB Microwave Plant and 74KG World Bank Incinerator was destroyed by a fire accident. The project was tendered in June 2022 and evaluated and awarded in September 2022.

The construction of the new Plant house to house the new machine commenced in October 2022 and it was completed and handed over on 20th February 2023 and operationalized after installation of the new incinerator. The challenge of disposal of medical waste initially occasioned by the breakdown of the Microwave medical waste treatment plant World Bank 75Kg/hr waste incinerator was addressed and currently all daily waste generated are incinerated without any backlog.

- xv. **Core Beam Computer Tomography (CBCT) Machine:** This new machine, an advanced system of OPG machine was procured to modernize the provision of dental services. A vital machine is able to rotate round the patient giving the dental professionals a 3D view of the dental structure. It has enable advanced restructuring of oral and maxillofacial surgeries and other oral treatment planning. The machine was procured in 2022/23FY.
- xvi. **Endoscopic Tower:** The Hospital successfully procured and operationalized a new endoscopic tower to provide advanced non-invasive endoscopic examination and treatment procedure.

e) **Kenyatta University Teaching Referral and Research Hospital (KUTRRH)**

i. **Integrated Molecular Imaging Services**



The Integrated Molecular Imaging Center (IMIC) and IMIC Hospitality Centre at KUTRRH were Officially Commissioned on 16th October, 2021. The centre is the first of its kind in a public hospital in the Eastern African Region with a Cyclotron that is capable of producing FDGs to supply the country and the region. The centre is also equipped with 2 PET/CTs and SPECT/CT, 3T MRI and 256 Slice CT. Previously, PET/CT services were not available in any public hospital and hence were

unaffordable for most Kenyans.

The center started operations on 10th January 2022 and since then, the facility has been able to perform 1,169 successful FDG PET/CT scans in the year 2021/22 and 3685 in the year 2022/23 and 592 PSMAs in the year 2022/23.

ii. Cyberknife for Advanced Stereotactic Radiosurgeries



On 24th April 2023, KUTRRH hosted His Excellency President William Ruto who visited the Hospital to commission the CyberKnife machine. The CyberKnife is the latest generation of non-invasive precision treatment that treats cancerous and noncancerous tumors in areas of the body previously thought to be untreatable. The Cyberknife S7 delivers painless treatment by use of high doses of precise targeted robotic radiation therapy and is an alternative to surgery. It is the second of its kind in Sub-Saharan Africa. Cancer

patients can now breathe a sigh of relief after installation of the Cyberknife as the treatment requires three to five sessions with minimal risk of complications or damage to healthy tissues. The operations will start in the FY 2023/24.

iii. Brachytherapy, radiotherapy and Chemotherapy

KUTRRH has established a center of excellence in cancer care and has managed to install a Brachytherapy machine for treatment of cancer patients in addition to the LINAC Machine. Brachytherapy, also known as internal radiation, is a form of radiotherapy treatment where the source of radiation is placed on or inside the diseased area. A total of 395 Brachytherapy sessions were carried out in the year 2021/22 and 851 in the year 2022/23. The number of patients seeking services has increased as a result of increased demand and improved efficiency in service delivery. A total of 55,296 Sessions of Radiotherapy and Chemotherapy were carried out in the year 2021/22 which increased to 62,134 in the year 2022/23.

The hospital is in the process of expanding the cancer center to ease congestion as well as offer services to more patients. Construction of the cancer center expansion is at 85% completion.

iv. Critical Care Services

KUTRRH Operationalized the 15 bed Neonatal Intensive Care Unit during the year 2021/22. This is in addition to the ICU & HDU beds operationalized in the previous years thus increasing the beds from 72 to 87. The number of admissions have increased from 917 in FY 2020/21 to 1525 in FY 2022/23 with a total admission of 3763. This has made KUTRRH one of the largest critical care units in the country.

v. Increased Capacity for Medical Gases

KUTRRH and MOH officially commissioned a 20,000-litre liquid oxygen tank that was donated through the Ministry of Health by the World Bank. Currently, KUTRRH has four (4) oxygen plants

which produce 2400 litres per minute cumulatively. With this increased capacity, KUTRRH has enough oxygen and other medical gases and is supporting five other hospitals.

vi. Operationalizing Heart Surgeries

Kenyatta University Teaching Research and Referral Hospital (KUTTRH) undertook the first case of Open-Heart Surgery on 26th April 2022 with the first surgeries conducted on two patients. The hospital conducted 13 open heart surgeries during the year 2021/22 and 35 in the year 2022/23. The hospital also invested in a state-of-the-art cardiovascular diagnosis and treatment facility. The heart unit has an automated Catheterization Laboratory, commonly known as a Cath lab. The Cath lab is equipped with state-of-the-art imaging technology used to view the arteries and check how well blood is flowing to and from the heart. The number of procedures performed in the period under review is as follows:

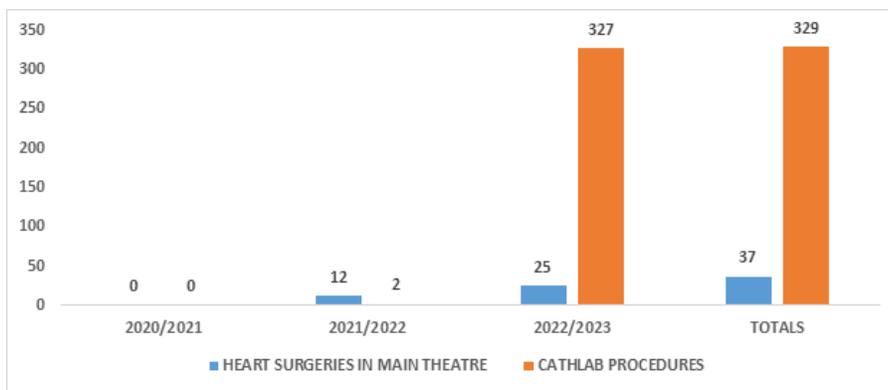


Figure: Heart Surgeries and Cath Lab Procedures

vii. Other Specialized Surgeries

KUTRRH performed the first total laryngectomy, which is an operation to remove the entire voice box for advanced cancers of the voice box. The second such operation was done in April 2023 on a 70-year-old male patient with stage three cancer. Both patients presented with hoarseness of the voice and had a history of smoking. They had visited different hospitals where their condition was managed as an inflammation of the throat, so they did not improve. The number of specialized surgeries carried out were 736, 1,615 and 4,379 in FY 2020/21, 2021/22 and FY 2022/23 respectively

viii. KUTRRH Comprehensive Breast Care Centre

During the period under review, the hospital operationalized a Comprehensive Breast Care Centre in October 2022. This is a one stop shop for screening, diagnostics, and treatment for breast care conditions, including breast cancer. A total of 1756 people accessed the service in the year 2022/23.

ix. Research & Clinical Trials

KUTRRH's Research and Clinical Trials Department works towards building research capacity by coordinating the Hospital's research studies. 46 research proposals were received for evaluation and 18 were approved with most being at various regulatory approvals (IRBs, PPB & NACOSTI) and funds sourcing. Of the approved studies, six have commenced implementation. These studies are in areas of Cancer, Covid-19 and Renal. During the period under review, the Hospital was awarded a grant of Ksh. 290 million from University of Manchester to carry out Esophageal Cancer research to be implemented in the next 3 years.

x. Medical Outreach

KUTRRH conducted 10 medical outreaches during the year 2021/22 and 14 in the FY 2022/23. These included a free ear surgical medical camp in collaboration with Operation Ear Drop, free Cleft palate surgical camp in collaboration with Love without Reason, free renal checkup during the World Kidney Day and a free medical checkup for residents of Kirigiti in Kiambu County and Kahawa West among others. The total number of people screened in the FY 2021/22 was 4576 and 7657 in FY 2022/23.

xi. Medical Education and Training

a) Specialized Nursing Training

The Training Institute of Specialized Nursing (TISN) in KUTRRH held its first graduation on 2nd June 2023 at the Hospital's auditorium for the class that completed in 2022 with a total of 37 students graduating. The college offers Specialized Nursing Programs namely: Higher Diploma in Critical Care nursing, Higher Diploma in Oncology Nursing, Higher Diploma in Nephrology and Higher Diploma in Peri-operative Nursing.

b) Clinical Fellowships

During the period under review, KUTRRH was accredited by the College of Surgeons for East, Southern and Central Africa, as a training centre for Surgeon Fellows. Additionally, the East, Central and Sothern Africa College of Physicians and the College of Anaesthesiologists for East, Central & Southern Africa accredited KUTRRH as a training centre.

Number of students in the various medical training programs

Program	2020/2021	2021/2022	2022/2023
Students Placement for Clinical Rotations	84	301	732
Training Institute of Specialised Nursing	0	39	66
Collegiate/Fellowship Training			
COSECSA/CANECSA/ECSACOP	0	2	6

f) Mathari National Teaching and Referral Hospital (MNTRH)

During the period under review, the hospital established a research unit which is now registered by NACOSTI, and trained 20 staff on institutional scientific and ethical review. Subsequently, the hospital has embarked on various research projects in collaboration with various partners, the most significant one being a study on Cost Benefit Analysis on the use of Long Acting Antipsychotic Injectable for treatment of Schizophrenia.

The hospital also acquired specialized diagnostic and therapeutic equipment that include a digital Xray, CT Scan, Electroconvulsive Therapy (ECT) machine, EEG, a mammogram machine, fully automated chemistry analyzer, fully automated hematology Olympus, CX23 MICROSCOPE, water bath machine, hot-air oven, electrolyte machine, hand tally counter and a total of 186,886 tests were conducted in the period under review.

The number of patients served during the period increased by 120% compared to the previous year from 296,652 in 2020/22 to 355,515 in 2022/23. The average length of stay (ALOS) reduced by 37.5% from 48 days in 2021/22 to 30 days in 2022/23. This is attributed to availability of second line drug for treatment of various disorders and an increase in the number of patients reintegrated back to their families through the hospital repatriation program from 280 in 2021/22 to 312 in 2022/23.

During the period under review, the hospital expanded the inpatient drug rehabilitation services capacity by 208% from 48 beds in FY 2021/22 to 100 beds in FY 2022/23. Additionally, the hospital rehabilitated a 30-bed capacity child and adolescent ward, the only one available in the country for inpatient care of mentally ill children and adolescents.

The hospital was able to improve the comfort of its customers by constructing toilets and bathrooms in the outpatient block.

g) Spinal Injury Hospital

The National Spinal Injury Referral Hospital was founded in 1944 as a specialized facility to support patients with spinal cord injuries. It has both an inpatient and outpatient service portfolio supporting immediate spine treatment, rehabilitation and reintegration services to its clients.

In the last financial year, the hospital was funded to support renovations for inpatients, built a new outpatient block and increased its storage capacity to accommodate its regular supplies by procuring and installing 5 storage containers. More so, the hospital strengthened the hospital health information management system to monitor and improve patient and service provision. This has remarkably improved our turnaround time and improved accountability in all service points.

The establishment and strengthening of the quality assurance unit has enabled the facility to closely monitor quality Hospital Processes. This included creation and strengthening of infection prevention

control measures. The hospital also reinforced its emergency responses preparations by acquiring more fire extinguishers and easy access to all parts of the hospital through decluttering.

Though the facility has a small bed capacity, sufficient measures have been initiated to allow both long and short stay patients. A clear admissions committee with an established standard procedure has been instituted and a clear waiting list for patients reassessed. The patients receiving Physiotherapy services increased to 4377 in FY 2022/2023 from 3441 in FY 2021/2022 and 2810 in FY 2020/2021.

h) Forensic and Pathology Services

In the financial years 2021/22 - 2022/23, the State Department managed to perform 780 autopsies, 235 court expert opinions have been done, and interpreted 10% of the pathology results for clinical decisions against a target of 40%. The variation is because linkage with clinical teams in the counties is weak in that some counties do not have pathologists such as Elgeyo market, Kilifi, Garissa, and Narok among others. In line with supporting administration of justice because of court orders, 25 exhumations were performed.

In the financial year 2022/23, the State Department managed to perform 1705 autopsies, 249 court expert opinions, 20 exhumations and interpreted 60% of the pathology results, an improvement from 10%. 20 Exhumations were performed. At the National Cancer Reference Laboratory, a cancer diagnosis was made for 156 patients using histology slides and 200,000 using cytology slides. In addition, a total of 428 exhumations were carried in Shakahola Kilifi county.

Sub-Programme 2.2 Health Infrastructure and Equipment

i. Managed Equipment Services

Managed Equipment Services (MES) is a seven-year term project and had provision for three (3) years extension. It involved five (5) contracts for equipment supply, installation & and commissioning, maintenance, replacement, and disposal, including training and reporting throughout the contract period in level 4 and level 5 County hospitals and National Hospitals. The contracts were signed in the year 2015 on various dates except for Philips, which was signed in April 2016. The thematic areas covered by the MES contracts are the theatres, CSSD units, Dialysis units, ICU/HDU, and radiology services.

The objective was to improve quality of healthcare through increased access and availability of specialized health services. The project estimated cost was USD 663 Million. MES equipment results realized that there was demonstrable benefit of MES equipment in the supported hospitals and that the availability of appropriate medical equipment in 121 hospitals across all the 47 counties has enhanced equity of health care especially in availability of surgical operation, dialysis therapy, critical care , screening of cancers, and radiological diagnoses.



A premium ultrasound in Coast general hospital

With the lesson learnt during the implementation of MES, the Ministry is rolling out National Equipment Service Program (NESP) that will equip all health facilities from level 2s to Level 5s to ensure quality and accessible health care services.

In the period under review 2022/2023, the major activity was contract management, including monitoring equipment functionality. In the same period, the equipment supported services and Utilization as displayed in the table below:

Utilization of MES equipment as of 2020/2021-2022/2023

Infrastructure	Key Performance Indicators	Actual Achievement 2020/21	Actual Achievement 2021/22	Actual Achievement 2022/23
Managed Equipment Services equipment utilized	Number of surgeries	175,451	162,272	188,030
	Number of dialysis sessions	143,672	264,819	229,354
	Number of patients utilizing ICU	2,694	3,592	5,508
	Number of radiological tests	1,196,578	1,996,308	1,963,430

Source: MOH

Achievements and Successes of MES Project

The achievements of MES include access to;

1. More reliable and uninterrupted critical service delivery by the medical equipment, which is maintained to a high standard. **This translates** to reduced downtime of equipment. All equipment has to meet the minimum contractual uptime guarantee of more than 95%; hence, service is not interrupted.
2. Enhanced efficiency in the health system due to reduced time spent in the referral process and distances travelled while seeking health services,
3. Reduced patients' wait times for the provided services. There used to be a long queue of patients waiting to access services such as dialysis at KNH, however, with the availability of equipment in the county, the time taken to access services is greatly improved.
4. Specialized training for health workers was also sustained to optimize the utilization of the equipment. The contractually guaranteed equipment uptime was consistently achieved at between 90% - 98%.

i). MRI AND CT-SCAN

The Ministry procured the 20 MRI and 37 CT-Scans in various counties. The equipment has revolutionized the health care in these facilities.



ii). Kisii level 5 cancer center

Kisii Level 5 Hospital Cancer Centre was conceptualized by the Kisii County Government in 2014. The project proposal was forwarded to the National Treasury through the Ministry of Health for funding consideration. The National Treasury secured funding from Arab Bank for Economic Development in Africa (BADEA) and the Saudi Fund.

Consultancy contract signed in November 2019. The tender was advertised and closed in December 2021. Tender evaluation and award was done in February 2021. The progress was occasioned by delay in signing of the loan agreement by Saudi Fund for Development (SFFD) in April 2017 whereas BADEA had signed on June 2015. Unprecedented long period for preparation of project designs, tender documents preparation and equipment specifications; COVID-19 restrictions that delayed project tender document preparations and cancellation of 1st tender advertisement done which was declined. Re advertisement for the contract was done.

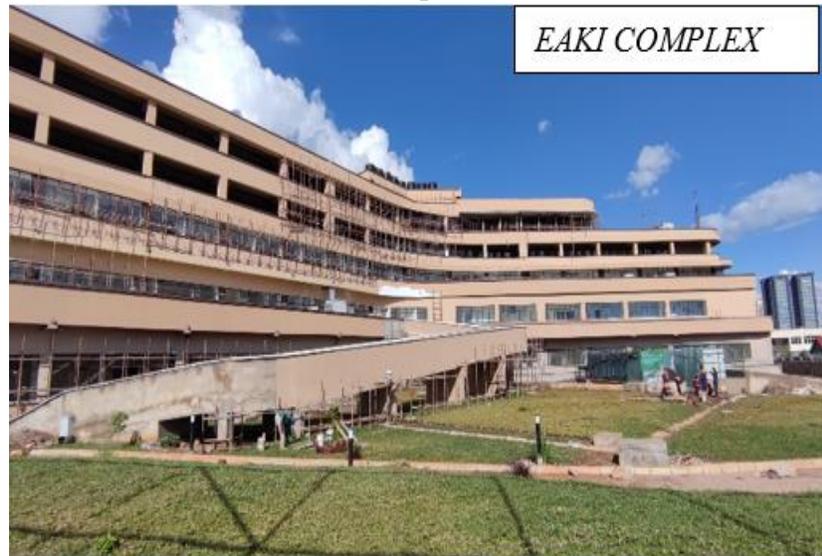
iii).East African Centre of excellence for skills & Tertiary Education

The East Africa Centre of Excellence for Skills and Tertiary Education (EACE) was conceived for the East African Community and financed by the African Development Bank. The East Africa Kidney Institute (EAKI) is a proposed centre of excellence in renal care, training, and research to be set up in Kenya as part of the East African Community's objective of developing of relevant and highly skilled workforce in biomedical sciences to meet the EAC immediate labour market needs and support EAC's free labour market protocols. It is envisioned that EAKI will attract medical tourism from the region and beyond. EAKI is part of the EAC COEs focusing on Nephrology and Urology.

EAKI project has 3 components in Urology and Nephrology, and the component deliverables under this include:

- Establish a regional centre of excellence in urology and nephrology in Kenya: Construction of the Institute, equipping the Institute, training personnel, research. (UA 24.28million).
- Support EAC regional integration agenda in higher education to respond to labour market needs (UA 1.32million).
- Project Management and coordination (UA 1.93million).

The building construction progress moved from 63% FY 2021/2022 to 84% completion as of 30th June 2023 and the project's component of equipping the complex is ongoing. Now awaiting the delivery of some of Batch II equipment.



On the training component, the project has trained health workers in various cadres: Preceptorship (177), Diploma (65), Masters in renal nursing (5), Fellowship in Nephrology (8) and Ph.D. (3). In addition, the project supported Annual Scientific conferences in regard to urology and nephrology professionals (Kenya Association of Urology Surgeons and Africa Nephrology Nurses Association) where research papers were presented.

iv).Health Sector Equalization Fund Projects

Following the Court ruling, the National Treasury developed new Equalization Fund Regulations which were gazetted in April 2021 and subsequently approved by Parliament. The regulations provided for establishment of a new board to oversee implementation of projects. The Board has since been constituted and inaugurated and on 27th June 2022, the National Treasury formally wrote to the Ministry of Health advising that implementation of the stalled projects should commence. Completion of the stalled projects will commence once the fund board advise.

The total budget appropriated for the 84 projects was KES 1, 964,219,396 while the total of contract sums was KES 1,892,777,228. The total amount paid to the contractors by 30/06/2023 was KES 1,469,458,900.4 leaving a sum of KES 423,318,327.60 being the total part of contract sums not disbursed.



The Ministry through collaboration with Ministry of defence has able to construct the following health facilities:

v). Sports Funded Projects in Health

The Ministry through collaboration with Ministry of defence has able to construct the following health facilities:

a) Githunguri Sub County hospital

The project was to upgrade the facility from a level 3 to a modern level 4 health facility. It's a 360 bed capacity hospital. The project includes 6 storey building that will house outpatient department, wards, theatres, radiology and maternity. The construction is complete and awaiting equipping.



b) Tumu tumu Mission hospital

The ministry has supported Tumu tumu mission hospital with construction of a modern outpatient, Accident & emergency and pharmacy block. The project is at 95% completion.



c) Upgrade of Engineer health centre

The project aimed at upgrading Engineer health centre to a modern level 4 hospital. The construction is complete and fully equipped with modern medical equipment.



d) Busia County Referral Hospital

The project includes construction of inpatient block that has 4 wards. The construction was completed as at 30th June 2023 and was commissioned by the President on 26th August 2023.



e) Sura Adoru level 2 health facility

The project include construction of Sura Adoru level 2 health facility in Samburu county. The area had no health facility. The construction is complete and awaiting commissioning



f) Keroka level 4 hospital

The project targeted improving the infrastructure in the facility. Construction of Accident & Emergency block, Maternity, Mortuary has already been done.



Sub-Programme 2.3: National Blood Transfusion Services (KNBTS)

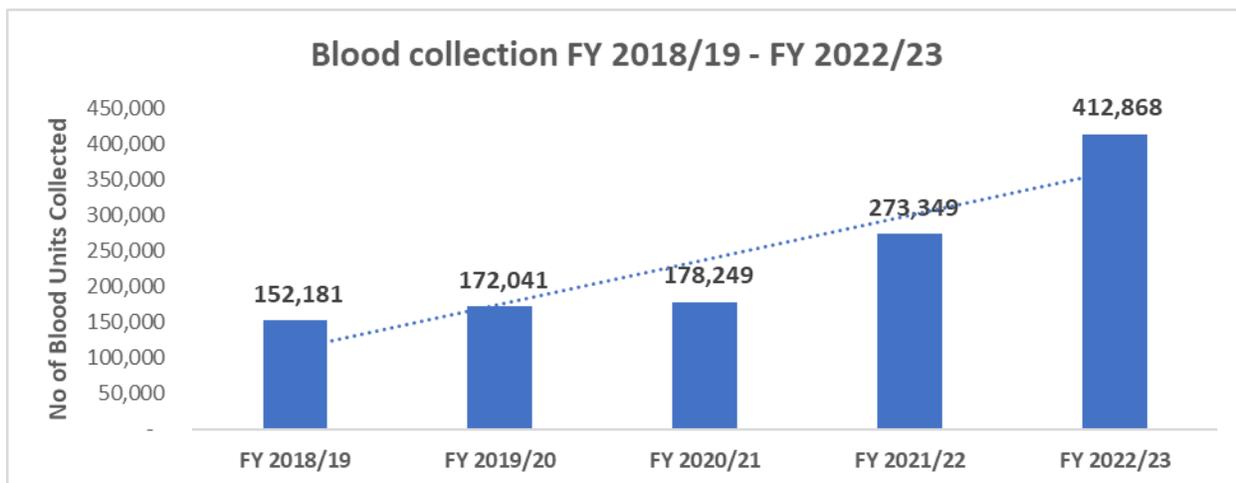
i. Kenya National Blood Transfusion Services

Kenya National Blood Transfusion Services currently operates six (6) regional and 43 satellite centres. During the period under review (FY 2019/20), 3 satellites were set up in Homabay, Makueni, and Kwale while one satellite was set up in Kajiado in FY 2020/21. In FY 2021/22, 14 County Satellite Blood Transfusion Centres were set up in the country, making a 46% increase from 29 in FY 2020/21 to 43 currently. The satellites were established in; Baringo, Elgeyo Marakwet, Samburu, Isiolo, Laikipia, Nyandarua, Marsabit, Tharaka Nithi, Nyamira, Mandera, Tana River, Muranga, Kirinyaga and Mama Lucy counties.

ii. Blood collection and trends

In FY2020/21, 178,249 units were collected against the minimum WHO 1% blood donors target from 500,000 non-remunerated voluntary blood donors, translating to 37.7% of the country's minimum blood needs target met as per the 2019 Kenya Population and Housing Census. Blood components conversion rate target was set at 80% in the financial FY 2021/22 up from 60% in the previous year. In the FY 2021/22, an increase of 53% was realized with 273,349 blood units collected and processed. In FY 2020/21 the proportion of the blood collected and converted to components increased to 75% as compared to 60% in FY 2019/20. Out of the 273,349 units collected in FY2021/22, 57% were

converted into various components. Cumulatively, 348,566 blood and blood components were made available, translating to 69% of the country’s annual minimum blood needs. In FY 2022/23, a total of 412,868 blood units were collected in the country with a components preparation rate of 67%.



Source: KNBTS Annual Reports

iii. Blood and blood components donation, preparation, and Storage Capacity



Storage and freezing capacity was expanded by 80% from approximately 35,000-unit storage capacity in FY 2020/21 to 70,000-unit capacity across 43 Satellite Blood Transfusion Centres and six (6) RBTCs in FY2022/23. In FY2020/21, the Ministry also acquired specialized blood component preparation equipment which was placed in satellites across 8 counties including 1 blood grouping machine. This investment increased national Blood Safety testing capacity from 1,500 to 2,500 daily tests (or 650,000 annual tests capacity over 260 working days); Blood grouping capacity increased from 1,500 to 2,600 daily tests in FY2021/22. A 90% drop in turn-around time from blood donation to results confirmation relaying was experienced across transfusing hospitals in Kenya thus ensuring timely access to safe blood and products. 8 blood bank refrigerators and 8 blood freezers; 8 refrigerated centrifuges, 4 platelet apheresis machines, and 8 platelet agitators were acquired in FY 2020/21.

During the FY2021/22, 6 hematology analyzers; 5 refrigerated centrifuges for blood products preparation; 10 sample centrifuges, 10 platelet agitators; 18 automated plasma extractors, and 12 vehicles were acquired and distributed to different counties across the country. In the FY 2022/23, five (5) more apheresis machines were acquired bringing the total to 9 machines.

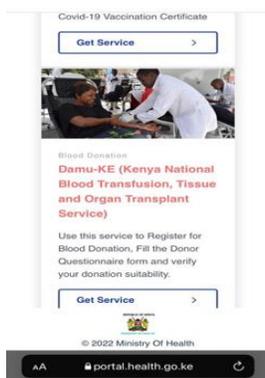
iv. Quality Management and Hemovigilance Systems

The KNBTTS initiated a strengthened Quality Assurance and Hemovigilance system for blood safety and efficacy and Transplant of Human Derived medical products. Two regional testing laboratories were accredited under ISO 15189 making a total of five (5) in FY 2021/22. The number of registered transfusing facilities in the KNBTTS database stood at 498 in FY2021/22 up from 450 in FY 20220/21. In the FY 2022/23 the number of transfusing facilities submitting Hemovigillance and in the KNBTTS database increased to 600.

v. Blood Transfusion Policies and Guidelines.

In FY 2021/22, one policy was developed, and six regulations and standards were approved and launched to be applied across the country. These included the Policy on donation and transplant of Human human-derived medicinal products, appropriate use of blood and blood products, standards for setting up blood establishment, Intergovernmental framework, Cold Chain manual and National standards for blood transfusion services.

vi. Leveraging ICT to increase efficiency and accountability.



A track and trace system (Damu-KE) for blood and blood components was developed in collaboration with the Ministry of Health and ICT and securely hosts all Kenyan blood biodata in line with the Kenya Data Protection Act, 2019. The system manages blood as a national resource thereby increasing equitable access to all Kenyans. In FY 2021/22, the system was launched and deployed in 6 Regional Blood Transfusion Centers, two satellite centres, and three transfusing facilities. The system has a client-facing module where Kenyans can self-register as blood donors. The system also has a communication module to ensure interaction with blood donors and increase notification. At the end of FY 2021/22, the system had already registered a total of 25,240 blood donors. Training of 27 County ICT officers and 30 Blood Establishment staff has been conducted. Last mile trainings are scheduled to enable deployment in remaining County 20 County Blood Transfusion satellites

The KNBTTS Organized the first Blood Transfusion and Transplant Conference for Africa attended by over 700 people from Kenya and the region. In FY 2022/23, the KNBTTS has scaled up the rollout of the Damu-KE Blood Banking Management System to 33 Blood Establishments up from 6 establishments achieved in the FY 2021/22. The total number of Blood Establishments for the country is 49.

In FY 2022/23 end-user equipment was provided to all the 49 Blood Establishments (6 Regional Blood Transfusion Centers and 43 County Blood Transfusion Centers), and broadband internet installed in 40 out of the 49 blood establishments.

Sub-Programme 2.4: Health Products and Technologies

i. Kenya Medical Supplies Authority (KEMSA)

KEMSA takes pride in its pivotal role and significant milestone in Last Mile Delivery of (HPTs), which positively impacts the lives of every Kenyan. In FY 2022/23, KEMSA served over 9,129 health facilities, representing 99% of last mile deliveries dispatched to all 290 constituencies and all 47 counties across the Country.

In the FY 2022/23, KEMSA successfully acquired health products and technologies (HPTs) valued at Kshs. 29.37 billion. Consequently, the organization efficiently delivered essential health products and technologies worth Kshs. 27.153 billion to 9,129 healthcare facilities spanning all 47 counties in the country.

Challenges in Stock Availability: It is worth noting that stock availability for essential health products and technologies was lower than in previous years due to difficulties in maintaining an adequate cash flow for supplier payments.

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

Financial Year	Procurement HPTs Value in Kshs.	Last Mile HPTs Distribution Value in Kshs.
2020-21	38,946,261,160.53	29,581,890,329.29
2021-22	27,073,132,792.39	28,757,887,972.43
2022-23	29,373,321,550.78	27,153,799,994.00

Order Processing and Fulfillment: 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 place, track, and assess their orders, streamlining the ordering process and enhancing data quality for informed decision-making. It has also significantly improved Medical Commodities management at the County level.

Order Fill Rates Over the last three years:

	FY 2020-2021	FY 2021-22	FY 2022-2023
Order fill rate for KEMSA Capital -Essential HPTs	54%	50%	51%
Target for KEMSA EMMS	90%	90%	90%
Order fill rate for Programmes EMMS (HIV, TB, FP, Malaria)	94%	85%	80%
Target for Programmes EMMS (HIV, TB, FP, Malaria)	98%	98%	98%

Several factors contributed to this sub-optimal outcome which include;

- Financial Constraints of essential products-This hampered the ability to procure health products

and vital technologies required to meet the needs of the various counties it serves.

- Supplier delays in deliveries-Poor turnaround time of suppliers in delivering HPTs to KEMSA added to the complications. These delays hindered the ability to promptly fulfill its commitments to its customers.
- Uncertainty due to organizational reforms-The ongoing organizational reforms introduced an element of uncertainty. This uncertainty had a noticeable impact on the morale of the staff, resulting in reduced productivity and engagement

The order turnaround for Hospitals in the FY 2020/21, 2021/22 and FY 2022/23 stood at 12.6 day,14.7days, and 14.4days respectively against a target of 7 days, while that of Primary Health Facilities (PHFs) stood at 18.1 days, 19.8 days and 16.9 days respectively against a target of 10 days during the periods. In FY 2020/21, there was slight improvement in performance of hospital and PHFs orders compared to previous years that was attributed to business process re-engineering efforts that were supported by the KAIZEN institute.

Several factors contributed to the below target outcome which include;

- Disjointed Warehouses Impacting Efficiency- The presence of disconnected warehouses throughout Nairobi had a detrimental effect on route integration and resulted in prolonged order processing times. Consequently, this issue led to extended order turnaround times.
- Insecurity in Remote Areas- Insecurity in hard-to-reach regions further exacerbated the challenges. This posed difficulties in serving certain areas efficiently, affecting both operations and customer satisfaction

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



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

shortages e.g. COVID-19 pandemic. The completion rate as at the end of FY 2022/23 is 88%.

At the end of FY 2022/23 the authority has developed a turnaround strategy which is geared towards business process re-engineering. This is to reduce the efficiencies in the organization and improve UHC outcomes. Expected results include reduced turnaround time and increased Order fill rate.

ii. Directorate of Health Products and Technology (DHPT)

HPT Policies to provide requisite oversight for the sector.

During the period 2020/21 to 2022/23, the directorate prioritized policy guidelines including the review of the National Pharmaceutical Policy 2012 following its expiry period. By June 2023, the situation analysis report with recommendations were completed and development of the HPT policy is prioritized in 2023/2024 FY.

All essential HPT lists were reviewed to increase the scope and depth of coverage by increasing the number of products available as well as decentralizing the level of care they can be accessed to support UHC delivery. These include.

- a) Review of the Kenya Essential Medicines Supplies Lists (KEMSL) that also incorporated the Assistive Technologies
- b) Review of the Kenya Essential Diagnostics List (KEDL)
- c) Development of the Specifications for the KEDL
- d) Review of the Kenya Essential Medicines List (KEML)
- e) Development of the first Kenya National Medicines Formulary (KNMF) 2022 edition and update of the KNMF aligned to KEML 2023

The National Medicines and Therapeutics Committee was operationalized to enhance rational use of Medicines in the Country. Subsequently, 47 counties also formed and operationalized their County MTCs.

Several guidelines were developed in support of the health supply chain <http://guidelines.health.go.ke/#/category/28> and converted to online content under MOH virtual academy <https://elearning.health.go.ke/>. Some include the HPT Management Guidelines, Guidelines for establishment of Medicines and Therapeutic Committees, the HPT Quantification Handbook, and the Commodity Management Supportive Supervision Checklist.

A digital donations portal under development is 70% complete and a draft donations policy was developed to enhance efficiency and transparency in donations management. For example, by the end of FY 2022/23, a total of 260 donation import permits and 55 customs clearance endorsement letters applied for under the USAID HPT funded projects were facilitated manually by DHPT. With completion of the portal, these and all other donations will be facilitated online.

A Traditional and Alternative Health Practitioners Bill and a TAM Policy was also developed, and stakeholder engagement completed. Cumulatively, seventy-seven (77) TAM practitioners were registered and or licenses renewed in the review period. Additionally, MOH trained at least twenty (20) herbalists on Intellectual Property (IP) Rights and in December 2023, a further thirty (30) were trained on Good Manufacturing Practices (GMP)

HPTs Governance at the national and county levels

Following the creation of the Division of Health Products and Technologies (HPT) in April 2019, an inaugural Health Products and Technologies Supply Chain Strategy 2020-2025 was developed.

In line with the strategy, DHPT supported County Governments to establish equivalent multidisciplinary Health Products and Technologies (HPT) Units to strengthen efficient management

of HPT. By May 2022, all 47 Counties had established the Units and (5) counties have anchored their HPT Units in their County Health Act/legislations namely Vihiga, Machakos, Makueni, Kilifi, and Taita Taveta. A guidance for the establishment of HPT Units was also developed.

Increased availability of health products & Technology

Quantification of HPT was done for each of the 47 county governments, all 6 national referral facilities, and the strategic programs forming the first scientific establishment of national HPT needs, and a critical resource mobilization tool for HPT in Kenya. The national HPT need for the FY 2022/23 was established as KSh 98,088,330,559.00.

The capacity to deliver oxygen in health facilities was enhanced with health facilities capacitated through various strategies where by June 2023, the progress was as follows:

Piping of oxygen in health facilities - A total of 324 facilities were targeted for piping. Tenders were awarded for all the 14 lots, vendors introduced to counties through the Council of Governors in 2023. Vendors have completed piping of facilities in two counties (Vihiga and Bungoma) while work is ongoing in all other counties.

Installation of PSAs in health facilities – Twenty-seven (27) Pressure Swing Adsorption (PSA) technology oxygen plants were to be installed in the counties. By end June 2023, training was done, and five PSAs installed. Twenty-two 22 PSAs had procurement tenders awarded, vendors introduced to counties through COG and installation work is ongoing.



Handover of Liquid Oxygen Tank to Deputy Governor, West Pokot County

Installation of liquid oxygen tanks in health facilities- Thirty-two (32) health facilities were targeted to receive liquid oxygen tanks, and ten (10) of them have already been installed. Others are awaiting delivery and

installation.

Ensuring availability of oxygen cylinders in health facilities A total of twenty thousand six hundred (20,620) cylinders were procured and delivered to the 47 counties with a county receiving a minimum of 300 cylinders each.



Inspection of cylinders before dispatch to counties

To improve HPT consumption reporting and data visibility, the first essential HPT reporting tool was developed where the overall reporting rate grew from 0% in March 2021 to 91.2% as of end June 2023 with a timely reporting rate of 83%. MOH further supported the revision and printing of the 7,000 copies of the MOH 647 tool in December 2022 to uphold reporting. The revision saw the number of Tracer HPT reported monthly increased from 61 to 85 in consultation with counties. Digitization of the health

supply chain will go a long way in replacing the manual reporting systems and helping to capture thousands of HPT used in the health facilities.

The Directorate actively supported successful roll of COVID-19 vaccines supply chain following the establishment of the COVID-19 vaccines procurement and logistics committee in March 2021 a micro planning tool was developed to support COVID-19 deployment that facilitated planning by the healthcare facilities in the 47 counties.

Regulatory capacity enhancement in support of local production initiatives

The collaboration across sectors in the implementation of the Big 4 Agenda saw the Ministry of Trade and the Ministry of Health develop a preferential Master Roll 1 of 2022 for use by all MOH SAGAS and MDAs in local procurement of HPT.

Taxation reports were developed and submitted under the Medicines Affordability and Pricing Advisory Committee to inform HPT tax incentives in the Finance Bill towards HPT affordability and enhancement of local manufacturing of HPT. This led to exemption of taxes for various HPT and manufacturing equipment under the Finance Act 2022 in support of local manufacturing for HPT and vaccines. The regulator, Pharmacy and Poisons Board embarked on Level 3 maturity level capacity building and assessment under the WHO Global Benchmarking Tool (GBT).

Programme 3: Health Research and Innovations

Sub-Programme 3.1 Health Innovations

Kenya Biovax Institute

The Institute achieved the following in the review period:

- i. Corporate Governance structure developed and being operationalized.
- ii. Refurbished Embakasi site for office space and ongoing works for installation of equipment.
- iii. Received NEMA license to enable establishment of the fill and finish facility at Embakasi.



■ PROPOSED 3D IMPRESSIONS



Proposed 3D impressions of the refurbished KBI Embakasi warehouse

- iv. Established Strategic partnerships engagements for technology and knowledge transfers for drug substances and drug products; 1 agreement(MOU) signed with Kenya Medical Research Institute and Kenya Institute of Primate Research on collaboration in research initiatives, product development and commercialization of specialized health products and technologies. Partnership agreements with International Vaccine Institute (S. Korea) and Biofarma (Indonesia) at advanced levels of negotiation for implementation .



KBI Chairman M. Kibati, EBS, CEO Dr. M. Lusiola and Dr. R. Kenya attend a high-level meeting between IVI Director General and HE President William Ruto, Health CS, S. Nakhumicha and PS H. Kimtai



KBI CEO Dr. M. Lusiola exchanges signed MOU with KIPRE CEO Dr. P. Mwethera as members of both teams look on.

- v. Technology Transfer Agreement with the WHO mRNA technology transfer program submitted to Office of the Attorney General for review.
- vi. Non Disclosure Agreements with two (2) potential global vaccine manufactures signed
- vii. KBI is actively engaged with AU and Africa CDC in discussions on Vaccinde Market Shaping

KBI CEO, Dr. M. Lusiola signs
MOU with Biofarma, Indonesia



- viii. Two (2) staff members have been trained in Biomanufacturing at International Vaccine Institute, S.Korea and capacity building for staff is ongoing.

Digital Health Emmanuel to provide more information

The Directorate of Digital Health, Informatics, Policy and Research has developed a final draft of the Digital Health Bill, 2023. The bill seeks for An ACT of Parliament to provide for a framework for provision of digital health services; to establish a comprehensive integrated digital health information system, data governance and protection of personal health information, service delivery through digital health interventions, e-waste disposal, health tourism, and for connected purposes.

Sub-Programme 3.2 Medical Research

Kenya Medical Research Institute (KEMRI)

During the period under review (FY2020/21-2022/23) Kenya Medical Research Institute (KEMRI) undertook a number of strategic initiatives, reforms and policy measures to address issues of health research and development which included:

Research: KEMRI developed and implemented 191 new research proposals in the FY 2022/23, 162 in FY 2021/23 and 143 in FY 2021/21, covering national health research priority areas with the aim of providing evidence-based research data to inform policy formulation, practice and product development.

In the period under review, KEMRI presented 209, 174 and 92 scientific abstracts in FY 2022/23, FY 2021/22 and FY 2020/21 respectively in national and international conferences and scientific forums with 525 publications done in peer-reviewed journals. These contributed to increased scientific knowledge in addition to providing a repository of scientific reference material for formulation of evidence-based policies out of which 12 policy /evidence briefs were developed and submitted to MoH

in FY 2022/23. The policy briefs have in turn informed the development and review of disease management guidelines and health systems interventions.

In FY 2021/22 KEMRI conducted a Rapid situation analysis on population needs for Universal Health Coverage in Government selected Pilot Counties. Subsequently KEMRI scaled up and completed UHC studies in twelve (12) counties namely Bungoma, Homabay, Bomet, Nyandarua, Nyeri, Isiolo, Meru, Machakos, Kitui, Taita-Taveta, Kisumu and West Pokot. During the same period and within the wider institutional framework for UHC, KEMRI conducted research on human food security and nutrition and Health Systems, and developed Foods and Recipe lists to be used in development of retention and yield factors for standard recipes during the food consumption survey.

In FY 2022/23 environmental AMR studies have been completed showing high level of drug resistance to commonly used antibiotics from pathogen isolates collected from effluents and rivers that mirror the levels of resistance documented from pathogens isolates collected from health facilities. Based on this KEMRI scientists are working on alternative ways to mitigate AMR by development of bacteriophages. The Institute continues to maintain a robust AMR surveillance platform across several counties to continue informing the status of AMR in Kenya. This is being conducted in collaboration with MoH (National Inter-agency Stewardship Committee).

Surveillance: KEMRI continues to run the Health and Demographic Surveillance Systems (HDSS) targeting population dynamics, validating National census/demographic Health Surveys, health facility utilization, evaluation of new health interventions and priority diseases monitoring within Kisumu, Siaya, Nairobi, Homabay and Kilifi Counties. This robust platform has been used to achieve some of the key health systems interventions evaluations such as;

- Successful pilot deployment of malaria vaccine in Kenya and now adopted as one of the vaccines to be taken up by KEPI.
- Continued mapping out disease dynamics within communities.
- Continued mapping of health facilities and their utilization to inform the functioning of UHC. This information is regularly shared with the County and National Government for planning.
- Continued monitoring the COVID 19 transmission dynamics and impact of control measures deployed and other disease outbreaks.

Climate change and health: KEMRI continues to monitor the trends in disease causing organisms and their vectors in relation to climate change. KEMRI has developed models to predict and monitor malaria outbreaks, allowing the identification of possible epidemics. In FY 2022/23 KEMRI established a Clean Air Africa (CAA) programme for capacity building that led to the launch of the Centre of excellence in air pollution. This is a culmination of work on the forecasting on the potential effects of climate change on Malaria in the lake Victoria Basin by KEMRI.

Neglected Tropical Diseases (NTDs): In FY 2021/22 KEMRI supported the Ministry of Health in undertaking the public Health Initiatives such as National school-based deworming programme, Malaria Survey in school children, National Trachoma impact assessment survey, capacity building for school health and nutrition and capacity building and technical support for NTDs control and

elimination by providing technical support and field operations. Additionally, KEMRI participated in the development of strategies and guidelines such as NTDs strategic plan (2022-26), Advocacy, communication and social mobilization (ACSM) strategy (2022-26). KEMRI also participated, chaired technical meetings including Lymphatic Filariasis Technical Advisory Group (TAG), Schistosomiasis and STH TAG and Trachoma TAG, and continues to support the NTD Regional Reference Lab

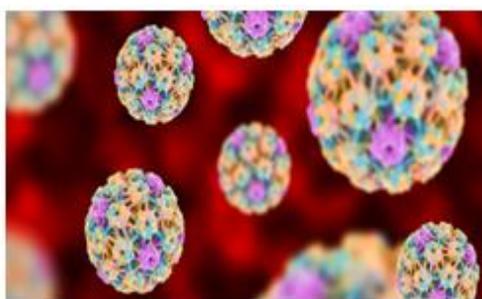
Health Products and Technologies (HPT): Discovery, Development and Clinical trials of Medicines, Vaccines, biotherapeutics and Diagnostics:

Vaccines: Control of diarrhoeal diseases – in FY 2020/21 The Institute was involved in evaluation of several vaccine candidates for cholera, salmonella, shigella. KEMRI currently establishing a shigella human challenge model platform to support early vaccine and drug development studies.

In FY 2022/23 KEMRI Successfully completed phase three evaluation of the childhood Hexavalent (SHAN6). This vaccine is to reduce the number of injections children receive in the first year of life to achieve full immunization.

In FY 2021/22 KEMRI Completed evaluation on Injectable polio vaccine which is currently being deployed in many countries as a replacement of oral polio vaccine.

Prevention of Cervical cancer - HPV Vaccine – Single-dose HPV vaccine completed and adopted by WHO in FY 2022/22. KEMRI technical team is working with MoH on the revision of HPV vaccine guidelines for single dose use.



In FY2022/23 KEMRI completed evaluation of several COVID 19 vaccine candidates and currently there are new candidates being evaluated targeting new variants. A number of KEMRI Centres are involved in the understanding of the TB epidemiology and evaluation of new TB vaccine candidates.

Medicines:

The Malaria drug discovery research programs using platforms such as; chemical library mining, nanotechnology, phytochemistry, and computer aided drug design (CADD) KEMRI in FY 2022/23 KEMRI has drug candidates going into pre-clinical development. In the same period the institute initiated late stage of evaluation of new anti-malarial such as KAF, KAE and monoclonal antibodies. Since FY 2006/07 KEMRI did set up of a real-time robust anti-malarial drug resistance surveillance and monitoring.

In FY 2022/23 KEMRI was involved in the development and evaluation of antiretroviral and optimization of existing ARVs combinations.

Since FY 2021/22, KEMRI has been involved in the development of new TB drugs and optimization of the existing ones.

In FY 2022/23 KEMRI completed clinical trials on the new anti-Leishmania combination therapy. This new therapy is the basis of the current review of the Leishmania treatment guidelines of Kenya. For Schistosomiasis (bilharzia), in FY 2022/23 KEMRI completed the final evaluation of the pediatric formulation of praziquantel. The product is currently under review by the European Medical Agency for registration.

KEMRI is involved in the National Mental Health taskforce and is undertaking several studies on understanding the epidemiology of mental health conditions, Alcohol, drug and substance use disorders to inform policy and mental health management programs.

KEMRI was involved in COVID-19 (ANTI-COV) study platform that showed that all the potential anti-Covid treatment non-was found to be effective, especially the treatment of mild to moderate disease. KEMRI was involved in several sickle cell disease drug candidates.

Diagnostics: The first locally manufactured new rapid diagnostic test (RDT) for malaria was developed in FY 2022/23. Samples were shared with neighboring countries (Uganda and Rwanda) for quality testing and currently WHO pre-qualification is planned. KEMRI hosts the only regional Malaria Diagnosis training Centre in Kisumu that is providing training for health workers, researchers and supports external quality control for clinical trials in Malaria.

Diarrhoeal diseases being a major public health problem, KEMRI has a diarrhoeal disease research program that has finalized the evaluation of 12 RDTs for typhoid.

KEMRI is currently involved in evaluation of new RDTs for diagnosis of leishmaniasis and at the same time, a new program has been established for in house development of identifying new targets to inform the development of better diagnostic tools. Viruses remain a major driver of morbidity and mortality especially arborvirus and

have been associated with epidemics and pandemics. In response to this in FY 2021/22 KEMRI developed a program on identification and characterization of known and emerging viral pathogens to inform the development of RDTs for ease of diagnosis such as yellow fever, Rift valley fever, dengue, chikungunya e.t.c.

COVID-19 KEMRI Response: In FY 2022/23 KEMRI conducted 151,353 COVID-19 diagnosis tests across the country, conducted 55,637 EID tests and 3,326 COVID-19 genome sequencing. In FY 2022/23 the Phases 2 and 3 clinical trials on AstraZeneca (Chadox) was completed.

Capacity building: In FY 2022/23 KEMRI trained (4) participants on Molecular Diagnostic Tools in clinical genomics and Human Identification. 4 staff from Gertrudes Hospital were trained for two months on Molecular Diagnostic Tools in clinical genomics and Human Identification, 24 officers from 17 countries on Scientific Writing for Public Health Practitioners, 54 officers on global training hub for biomanufacturing (GHT-B) and 24 officers on Laboratory accreditation mentorship and internal auditors cohort 1 & 11. The Institute also trained 36 graduate attaches, 78 postgraduate Diploma students, 34 Masters Students and 42 PhD students to completion, with 26 Masters and 51 PhD students. In FY 2021/22 KEMRI sensitized 46 county laboratory managers on biosafety and sample collection on onset, trained 51 personnel on entomology, trainees were drawn from (Kenya, Tanzania, Burundi, Rwanda, Sudan, Nigeria, South Sudan and Ghana), trained 47 staff from Embu

County, Mandera County, Institute of Primate Research and Gertrudes Childrens' Hospital on COVID-19 testing. Additionally, KEMRI trained 25 IPR staff on understanding of COVID 19 disease and infection prevention and control (IPC) and 120 laboratory staff from 47 counties on emergency laboratory preparedness and response.

Innovations and HPT Development

In FY 2022/23 KEMRI registered the COVID-19 PCR kit with the Pharmacy and Poisons Board. KEMRI also manufactured Malaria diagnostic kits, Plasmocheck and validated PCR testing kits. These were launched during 12th KASH Conference, in FY2022/23.

During FY2021/22 KEMRI produced some of the developed innovations such as; 32,788 pieces of Viral transport media, 244,927 units of bleach (TBCide) and 335,862 units of Sanitizers (KEMRUB). The products were supplied to KEMSA and distributed to other health facilities.



In FY2022/23 KEMRI won the adjudicators award for diagnostic Innovation, PlasmoCheck-Malaria rapid test kit, Virus Transport Media (VTM) and KEMCov -19 COVID -19 PCR test kit at the Africa Public Service Day, 10 years and Beyond event.

In FY 2021/22 KEMRI developed a cloud-based technology to support Maternal and child healthcare in Kenya and the region. The product, developed in partnership with Kwale County piloted a digital version of the mother-child booklet that nurses and clinicians can now use to enter medical records instead of the traditional paper booklets and will be used for neonatal vaccination tracking in Kenya.



used

KEMRI Kenya Vision 2030 Flagship Projects

a) Center of Excellence for Stem cells Research, Synthetic Biology and Regenerative medicine: The Center of excellence in stem cell research was established, fully equipped commissioned in FY 2022/23,

b) Natural Products:

Manufacture of pharmaceuticals through Public Private Partnership Initiative

Development of indigenous technologies for manufacture of niche products

- In FY 2022/23, the formulation of authenticated herbal remedies for management of cancer and jigger eradication was completed. The product (Tungicide) is available for final clinical evaluation for Tungiasis (jigger infection).
- In FY 2021/22, the Pre-clinical studies for herbal medicines for cancer treatment- One hundred and forty-seven (147) samples collected in Nairobi and Uasin Gishu. Microbial contamination and drug sensitivity studies have been completed for 117 samples; data analysis completed in FY 2022/23. Cytotoxicity studies are also continuing. Data compilation for 5 samples tested against prostate and cervical cancer cell lines on going.
- Formulation of a remedy for management of COVID 19 from Zedupex was completed in FY2022/23.
- In FY 2021/22 KEMRI completed the development of therapeutic and supplemental foodstuffs to prevent and treat malnutrition; Ujiplus – A third clinical trial of Ujiplus, a fortified herbal formulation among children infected with Schistosomiasis in Mbita, Homabay county was initiated in effort to boost the elimination of roundworms and hookworms in children.

Innovations

During FY2021/22 KEMRI developed and produced some of the innovations such as;

units
to



32,788 pieces of Viral transport media developed, produced 244,927 units of bleach (TBCide) and 335,862 of Sanitizers (KEMRUB). The products were supplied KEMSA and distributed to other health facilities.

KEMRI also obtained accreditation by KENAS (ISO17043) for COVID-19 Proficiency Testing and so far, 16 laboratories have been registered in FY 2022/23.

Capacity Development

Infrastructural

In FY 2022/23 KEMRI maintained the following accreditations; WHO accreditation (CVR-EPI LABS polio/measles), Microbiology & Clinical Research Labs (CAP) (KEMRI/WRP Kericho), ISO 9001:2015 (QMS Requirements KEMRI, Certified Clinical, Microbiology & Immunology labs (GCLP), CGMRC Kilifi, CGHR Kisumu, CCR Kombewa/Kondele/Kericho, ISO/IEC17043:2010

General Requirements for Proficiency Testing (Production), Fully fledged laboratory for Human Identification & Training for paternity and for disaster and crime scene investigation.

In FY 2022/23 KEMRI Installed CCTV, barrier access control at KEMRI HQ, in FY 2021/22, rehabilitated/replaced water pipping system at HQ, repaired/renovation of staff quarters at Mbagathi & rehabilitation of access roads and in FY 2020/21 constructed and upgraded BSL2 and other laboratories supported by USA Defense Threat Reduction Agency (DTRA), upgraded ICT infrastructure and automation.

Human Resource

KEMRI Graduate School enrolled PhD and Master's students in FY 2022/23, whereas 28 & 60 were enrolled in FY 2021/22 and 16 & 43 in FY 2020/21 respectively. KEMRI and Japan International Corporation Agency (JICA) launched a project in FY 2022/23 that will enhance research capabilities in Kenya and on the African Continent. The KEMRI JICA Technical Corporation Project (TCP) aims at strengthening institutional research capacity for the improvement of human research capabilities in the region.



KEMRI partnered with Smile Train to offer a one-of-a-kind research methodology training for medical professionals drawn from 6 Central and Eastern African countries in FY 2022/23 In FY 2021/22 trained Thirty -four (34) personnel on Evidence based decision, 24 on Research Methodology where trainees were drawn from Kenya, Ethiopia, Uganda, Democratic Republic of Congo and Rwanda.

Professional development

In FY 2022/23 KEMRI trained seven (7) officers in Air Pollution, Energy, Climate Change and Health curriculum, Seven (7) trained on Health Journalism and Public Health Communication Curriculum: Certificate in Health Reporting, Fifteen (15) trained on Research Administration & Management Program, in FY 2021/22 one officer was trained on the fungal exposome and health issues, 7 on methods in epidemiological clinical and operation research, 35 on TB prevalence survey, 18 on COVID risk perception study, 60 on pediatrics TB diagnostic study implementation, 520 on biosafety and biosecurity, 1 officer on Introduction to Biotechnology & Bioinformatics, 2 officers on ISO 15189:2012- Medical Laboratories requirements for quality and competence, 180 officers through Africa Genomic Medicine Training Initiative Course were also trained virtually, 12 trained on Malaria

Microscopy Competency offered by HuQAS, 12 staff trained on performance evaluation of a prototype rapid diagnostic test for the diagnostic of schistosomiasis, 10 on Miseq FGS Sequencing, and 16 on environmental methodologies.

Service delivery

- **Technical assistance**

KEMRI continues to offer technical assistance to the Ministry of Health through; Secondment of personnel (NPHLS, NQL, BioVax, participating in the Technical working groups and Committees to MoH departments, divisions and programmes (Kenya Medical Laboratory Technicians & Technologists Act, Micronutrient Forum, Infant and young child feeding, Tobacco control Board, National Public Health Laboratory, COVID-19 task force, COVID-19 vaccine deployment, National Immunization Technical Advisory Group (NITAG), National Laboratory Technical Advisory Committee (NLTAC), Kenya Coordinating Mechanism for Global Fund), Other National Governments (Environment, Education, Defense, Agriculture, Interior, Judiciary)

KEMRI has also Dedicated a Unit to County Governments for research support. i.e., UHC piloting and evaluation and Knowledge management to county health departments.

Outbreak detection of Viral Hemorrhagic Fever (VHF)

In FY 2021/22 KEMRI assisted MoH with early detection of outbreaks of dengue, Rift Valley fever, yellow fever, Chikungunya among other suspected outbreaks like Ebola. In the period between July 2021 to June 2022, the laboratory received and tested 293 suspect arbovirus samples from 12 counties During this period, the Institute was in the forefront of prompt detection of Dengue (coast), Chikungunya (coast), Rift valley Fever (Rift valley region) and yellow fever (Isiolo) outbreaks in various parts of the country that informed prompt response including instituting vaccination campaigns against yellow fever by the Kenya Ministry of Health.

KEMRI operationalized One Health Research approach programme in AMR, and surveillance of key zoonotic infections in FY 2021/22.

- **Laboratory services**

KEMRI offered 971,376 specialized laboratory services in FY 2022/23, 636,427 in FY 2021/22 and 1,335,872 in FY 2021/12 respectively. These specialised services included; Viral Load testing which covers 75% of all National tests, PCR- Early Infant Diagnosis of HIV, HIV/Rapid Test and DNA tests during the period under review.

- **Products** KEMRI developed and commercialized 162,213 diagnostic kits and other products in FY 2022/23, 286,664 in FY 2021/22 and 698,613 in FY 2020/21 respectively. The products included, Culture Media (plates), Culture Media (Tubes), KEM-rub, TBcide, Safi Kem (Hand wash), Sheep blood and Distilled Water

- **Regional, Continental and International responsibilities**

In FY 2022/23 KEMRI continues to hosts the following reference centers; East African Community: East African Health Research Commission focal point, African CDC: East African Region Coordination Center (RCC) laboratory support, WHO regional reference laboratory for polio, Arbovirus regional reference laboratory, Global reference center for Malaria diagnosis, Regional

trainer for COVID 19 genomics, and KEMRI supported establishment of Malaria Diagnostics Centers of excellence in Tanzania, Ghana and Nigeria.

Recognition

In FY 2020/21 KEMRI was awarded the 16th (2020) JICA President award for its contribution to diagnostics and research in human health especially during the COVID-19 pandemic, KEMRI was also ranked the top health research Institution in Africa in terms of health research output, according to the authoritative Global Information Analytics Giant, Scimago Laboratory from 2019 – 2021 and was also ranked number eight in all research institutions in Africa and number one in health research innovation in Africa.

Programme 4: General Administration

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

General administration supported technical directorates as follows: -

- Development of tools to enhance efficiency in service delivery.
- Coordination of digitalization process
- Facilitate acquisition of medical equipment and infrastructure development.
- Alignment of laws and development of Bills to enhance health services.
- Security and maintenance of buildings and health facilities supported by National Government.

Human resource management & development

The Subsector has undertaken Workload Analysis that will strengthen the institutional frameworks for its different State Corporations to address duplication, overlap and harmonize the reporting relationships. Additionally, the restructuring will address staffing gaps arising from devolution and new & emerging health technologies.

The HR instruments for the following State Corporation below were developed and approved by Public Service Commission: -

- Mathari National Teaching and Referral Hospital;
- Kenya National Radiation Authority (KNRA);
- Kenya Biovax Institute; and
- The Kenya Medical Research Institute (KEMRI).

Industrial Relations

During the reporting period the Subsector faced industrial unrests which disrupted service delivery. An alternative dispute resolution mechanism was deployed to improve the industrial relationship thus

averting pending strikes. Currently as a Sector is experiencing unprecedented industrial peace and harmony.

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 that is, psychiatric (8) Orthopaedic Surgery (14), Neurology(1), Paediatric Surgery(4), Anesthesiology (3), Diagnostic Radiology(6), Nephrology, Urology(9), Plastic & Reconstructive surgery(6), Ophthalmology(26), Family Medicine(7), Thoracic & Cardiovascular surgery(3), Internal Medicine(40), Human Pathology(5) and various courses at the Kenya School of Government (KSG). The sector trained a total of 327 and 302 officers in 2020/21 and 2021/22 respectively. In the year under review, no new training approvals were made and the allocation was used to clear pending fee payment for officers who were already in school pursuing different programmes.

Internship programme

Internship in health sector is a compulsory experiential learning, where graduates build upon previously acquired technical knowledge by working within a professional work setting. The programme is designed to allow graduates to enhance their professionalism and gain career knowledge through hands-on – training for a prescribed period of one (1) year.

The Subsector has an authorized establishment of 9500 interns. In the year 2022/23, a total of 4934 interns were placed in various health facilities to undertake their mandatory internship programme. This was an increase from 4165 and 3876 in 2021/22 and 2020/21 respectively. However, during the implementation of the programme, the sector faced a challenge of inadequate funds to place the approved numbers and lack of enough placement facilities to cater for the increased number of graduates.

In order to streamline the Internship Programme, the Subsector developed an internship guideline which are expected to solve challenges facing management of the internship programme in the health sector.

Sub-Programme 4.2 Finance and Planning

The Directorate/Department led the State Department of Medical Services in the articulation of the BETA priorities as reflected in the Medium Term Plan IV. The Department further provided support and capacity development on planning, priority setting and costing to SAGAs and programs.

In addition, it collaborated with the County Department of Health in the development of County Health Strategic Frameworks. At the National level, the department of Planning developed concept notes for the Kenya Health Sector Strategic Plan, Ministerial Strategic Plan as well as for Returns on Investment.

National health Accounts (NHA) report was finalized and disseminated together with County Health Financing Facts Sheets. As part of the NHA, 15 policy briefs were developed and shared with MOH, CoG and County departments of health.

In the year under review, the Division of Monitoring and Evaluation spearheaded a joint integrated support supervision with counties (JHFA) that involved an extensive data collection process from sampled 90 hospital and 172 primary healthcare facilities with an aim of evaluating the quality-of-service delivery and ultimately make recommendations towards improving access and outcomes for the entire population.

In addition, the Division, in collaboration with the KNBS and other stakeholders conducted the Kenya Demographic Health Survey (KDHS) 2022 to assess the prevalence of key health indicators like maternal and child health, family planning, HIV/AIDS, and nutrition to inform health policies and guide program planning.

To track key performance indicators for the Primary Health Care systems, in the year under review, the Division led the development of both the National and County PHC progression models that includes both qualitative and quantitative data measuring key aspects related to inputs of PHC; identification of priority areas and trend improvements in the implementation of PHC over time.

The Division also conducted a post evaluation of the COVID-19 roll out in the country with a draft M/E framework developed and visualization of the framework linking the Chanjo system to the KHIS.

Sub-Programme 4.3 Social Protection in Health

Health Financing

In the period under review, the State Department of Medical Services together with NHIF, finalized the Harmonized UHC Essential Benefits Package (EBP). The essence of the Essential Benefit Package is mainly to support strategic purchasing decisions and clearly outline the scope of benefits, and from where the benefits can be accessed. In the same reporting period, the Health Financing strategy was finalized and launched. Other achievements towards the realization of the UHC goal included approval of the finalized Social Health Insurance Sessional Paper. Identification and registration of over one million indigents across the forty-seven (47) counties was done by the State Department for Social protection and National Health Insurance Fund. Finally, the State Department of Medical Services in the period finalized the development of Facility Improvement Fund (FIF) Guidelines to outline the process of retention of user fees and NHIF reimbursements among other sources of revenue for the health facility and initiated the process of development of Donor Transitioning Road map.

During the review period, the State Department of Medical Services together with EAC held the first National Health Financing Dialogue as a recommendation from the African Leadership Meeting that advocated for increased domestic resources for health.

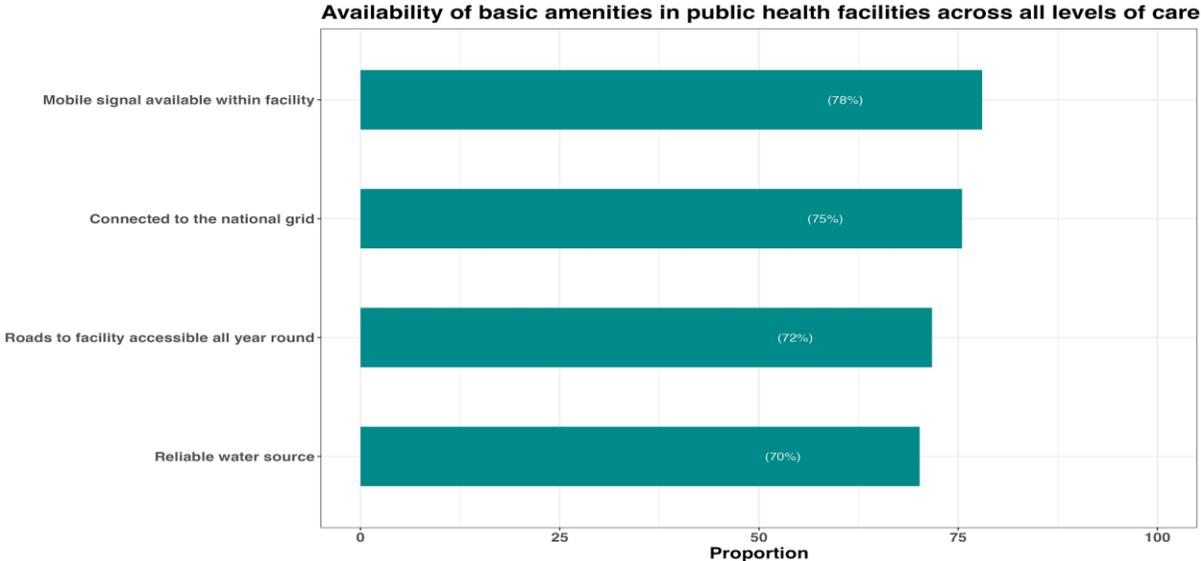
The State Department in collaboration with other stakeholders have initiated processes that serve as facilitators for UHC. This has contributed to significant milestones such as provision of SMART cards to cover 200,000 boda boda riders, achieved through a partnership involving the Ministry of Interior, National Transport Safety Authority (NTSA), National Registration Bureau (NRB), National Youth Service (NYS), Huduma Centres, and the National Health Insurance Fund (NHIF). In the same breadth there have been efforts to enroll a big segment of informal sector through collaboration between the Ministry of Health, NHIF has partnered with USAID & Health Partners to pursue the Cooperative Health Financial Model to leverage and increase member enrolment through structured Sacco/Welfare and cooperatives in the country.

Universal Health Coverage

The sector paid premiums for one million poor households, who are currently on a social health insurance nested in NHIF, to the tune of six billion Kenyan shillings. The contracts of 8,571 healthcare workers employed under the UHC was renewed in the last financial year.

More than 20 primary health care networks (PCNs) have been established, bolstering the national vision of primary health care agreed from Astana in 2018 and institutionalized through the national PHC strategic framework. The PCNs are in varying levels of implementation, with the main challenge being the modes of financing of the PCNs. Currently there are a total of 7,476 fully functional community health units (CHUs) with close to 80, 000 community health promoters offering services at the household level. In FY 2022/23, referrals from the community level to the facilities were 7 times more than the target (6, 108, 097 out of a target of 850,000).

Through collaboration with health enabler ministries, to date, of the 5,945 public health facilities, three quarters are connected to electricity while more than two thirds have access to a reliable water source and are accessible by road as in the chart below;



These investments have improved service delivery and coverage leading to an attainment of an overall UHC service coverage index of 79%, which is good progress in the journey towards universal health coverage for all.

National Health Insurance Fund (NHIF)

Linda Mama Program

The Government of Kenya through the Ministry of Health introduced Free Maternity Services in 2013 to address the high maternal morbidity and mortality which at the time was 362 deaths per 100,000 live births. Further, 62% of births in Kenya are delivered under the supervision of a skilled birth attendant, which is still below the international target of 90%. Traditional birth attendants continue to assist with 28% of births, relatives, and friends with 21%, and in 7% of births, mothers receive no assistance at all.



The Ministry of Health transitioned the program to NHIF in 2016 and rebranded it to “Linda Mama Program”. NHIF provides access to maternal services including skilled delivery, antenatal and post-natal care services as well as complications arising from pregnancy.

Key Performance for Financial Year 2022/2023

1. Over **1.2million** expectant mothers registered for Linda Mama
2. **927,102** deliveries recorded in the period under review.
3. **84%** of births attended by skilled health in 2022/23 compared to FY 2021/22 with **65%** of skilled births.
4. **65%** of Linda Mama beneficiaries attended at least four (4) ANC visits.
5. Increase in the antenatal care (ANC) coverage is positively associated with increase in use of skilled care during birth where use of skilled care during birth.

The Linda Mama Program received **KES 4.098 Billion** program funds during the FY 2022/23. The utilization of the Linda Mama funds since inception is summarized in the table on Funds utilization for Linda Mama Program.

Funds utilization for Linda Mama Program

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Cumulative
Balance B/fwd.	373,747,692	1,698,019,343	527,046,256	2,564,562,271	2,383,577,090	2,019,486,726	
Funds transferred to NHIF	2,961,525,853	2,000,000,000	6,079,570,000	-	8,196,000,000	4,098,000,000	23,735,095,853
Total funds available	3,335,273,545	3,698,019,343	6,606,616,256	2,564,562,271	5,812,422,910	6,117,486,726	
Benefits							
Inpatient	291,600	409,350,835	916,033,053	1,312,328,570	747,279,078	1,417,035,192	4,802,318,328
Caesarean Section	198,695,425	416,724,020	482,602,251	711,534,353	598,954,101	763,288,833	3,177,324,983
Normal Delivery	1,402,218,705	2,046,261,027	2,196,770,409	2,332,660,545	1,978,327,987	2,538,580,959	12,497,714,132
Ante-Natal	14,817,275	229,297,566	381,686,463	528,633,291	426,515,462	571,707,974	2,152,658,031

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Cumulative
Post-Natal	1,494,997	22,942,330	41,397,009	62,982,602	41,859,556	84,363,929	255,040,423
Admin costs	19,736,200	46,397,309	23,564,800	-	-	-	107,530,117
Sub-total	1,637,254,202	3,170,973,087	4,042,053,985	4,948,139,361	3,792,936,184	5,374,976,887	22,992,586,014
Balance C/fwd.	1,698,019,343	527,046,256	2,564,562,271	(2,383,577,090)	2,019,486,726	742,509,839	742,509,839

Health Insurance Subsidy Program (HISP)

The Health Insurance Subsidy Programme (HISP) is a demand financing health intervention that intends to enhance utilization of health services and at the same time reduce out of pocket spending by the indigent population.

NHIF rolled out HISP in 2014 targeting beneficiaries of the Orphans and Vulnerable Children Cash Transfer Program implemented by the State Department for Social Protection. Currently, there are 181,968 households registered and covered by NHIF. HISP members are entitled to a similar cover enjoyed by the National Health Scheme members. This includes inpatient, outpatient, and special packages & products.

The State Department for Social Protection through the Ministry of Health shared the data file of 72,400 HHs with NHIF which were subjected to IPRS verification and subsequently registered. The number of households covered stands at **254,368 OVC households** as at 30th June 2023.

There is a marked improvement in utilization of benefits among HISP beneficiaries because of the system and operational improvements such as biometric identification. In addition, the sensitization that was also conducted while biometric registration was taking place empowered beneficiaries with the right information relating to access to benefits.

A total of **KSh. 510 million** has been paid out as benefits for members of the program for the FY 2022/23 ended 30th June 2023 which represents a 53% increase compared to KSh. 290 million in FY 2021/22.

Older Persons & Persons with Severe Disability (OPSD) Program

Recent discussions in the past five (5) periods have centred on increasing health coverage to the poor and vulnerable persons in society. Currently, approximately 36% of the population lives below the poverty line while 9% live in extreme poverty. A large proportion of the population is vulnerable to poverty because of a wide range of factors are unable to deal with livelihood shocks such as sickness, old age, unemployment, and disability.

Government of Kenya through the Ministry of Health subsidizes the premiums of the beneficiaries of the Older Persons and Persons with Severe Disability Cash Transfer Programme. NHIF has been implementing the OPSD program since 2014 and currently covers **58,800** households.

The OPWD target group constitutes the households under the Older Persons and Persons with Severe Disability Cash Transfer Programme. The targeting and identification was carried out by the Ministry of Labour and Social Protection (ML&SP) through proxy means testing and community verification.

The 58,800 households were ranked by the Ministry of Labour and Department of Social Protection as the poorest in the database of beneficiaries in the Older Persons and Persons with Severe Disability cash transfer program. The households have access to benefits as prescribed under the National Scheme guidelines including inpatient, diagnostic testing, chronic care management and outpatient services among others to all NHIF members including HISP beneficiaries.

OPSD members are entitled to a similar cover enjoyed by the National Health Scheme members. This includes inpatient, outpatient, and special packages & products. A total of **KES 142 million** has been paid out as benefits for members of the program for the FY 2022/23 ended 30th June 2023. This represents a 56 per cent increase compared to the KSh.91 million paid out in FY 2021/22.

Inua Jamii 70+ Program (IJP)

Inua Jamii 70+Program is a government flagship program that rolled out in April 2018 and aims to extend coverage to older persons as part of its commitment to achieving Universal Health Coverage as underscored in the BETA Agenda. The Ministry of Labour and Social Protection expanded the Older Persons Cash Transfer Program to cover all poor and vulnerable persons aged 70 years and above. Therefore, this group of beneficiaries are set to access health insurance cover through the National Hospital Insurance Fund (NHIF).

Currently, the beneficiaries of Inua Jamii 70+ program are not accessing benefits due to the fact NHIF is yet to receive the premiums for the beneficiaries. However, the beneficiaries are eligible to access to benefits as prescribed by under the National Scheme guidelines including inpatient, diagnostic testing, chronic care management and outpatient services.

Government Sponsored Indigents (UHC)

The Government of Kenya under the ‘BETA’ agenda is committed to the provision of quality healthcare to all, including the vulnerable members of society. The Government seeks to expand health insurance coverage for poor and vulnerable groups under a cover nested in NHIF. Towards this, H.E the President launched the UHC Scale-up on 7th February 2022. The cover took effect from 1st January 2022 and intends to offer equitable access to quality health services and financial risk protection for all Kenyans through health insurance coverage.

Data of 1,509,037 indigents was submitted to NHIF for registration. This was subjected to IPRS validation and other internal checks before registration. Out of these, 882,291 qualified for sponsorship and were registered to access benefits. Consequently, the Ministry directed that the balance of the funds that were paid for the UHC vulnerable households who had not yet been identified be utilized to provide a medical cover for 200,000 Boda Boda riders.

As of June 2023, a total of 456,354 out of the 882,291 validated beneficiaries have been biometrically registered. This is an increase of 90,835 beneficiaries compared to 369,519 households registered biometrically as of June 2022. Currently, 1,000,000 households are covered under this program due to the premium paid of KSh. 6 billion annually. NHIF is fast-tracking the biometric registration of the members for seamless access of services. A total of KSh. 3.3 billion of benefits were paid out during the FY 2022/23 compared to KSh.1.3 billion paid in FY 2021/22. This represents an increase of 154 per cent.

2.1.2 STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS

Programme 1: Preventive and Promotive Services

The objective of this programme is to prevent occurrence of diseases by increasing access to quality promotive and preventive health care services. It has six sub programmes as shown below.

Sub-Programme 1.1: Communicable Disease Control

i. Malaria

The mass insecticide-treated bed nets (ITN) campaign is implemented every three years in malaria-risk areas. Currently, this is deployed in 28 counties. During the 2021 mass net campaign, Pyrethrin-Piperonyl Butoxide (PBO) nets were distributed in three malaria-endemic Counties (Kakamega, Busia and Bungoma).

MALARIA INTERVENTIONS – COUNTRY CONTEXT							
Epidemiological Zone	CM	IPTp	LLINs	IRS & LSM	Surveillance	EPR	SBC
Endemic - Lake - Coast	X	X	X	X	X		X
Epidemic-prone - Highland	X		X	X	X	X	X
Seasonal, low transmission - Semi-arid - Arid	X				X	X	X
Low risk*	X				X		X

* Select counties within low-risk zone are targeted for malaria elimination interventions

Figure 1: Malaria Interventions - Country Context

The number of confirmed malaria cases per 1,000 population depicts an increase in malaria incidence in the last two financial years from 82 cases per 1,000 in FY 2021/22 to 105 cases per 1,000 in FY 2022/23. The increase is because of enhanced diagnosis (testing) and, therefore, not a real increase. The malaria blood examination rate, i.e., number of tests done per 100 population, has increased from 25.8 in the fiscal year 2019-2020 to 29.1 in the fiscal year 2022-2023. This enhanced testing of suspected cases follows the “Test and Treat” policy for suspected malaria cases.

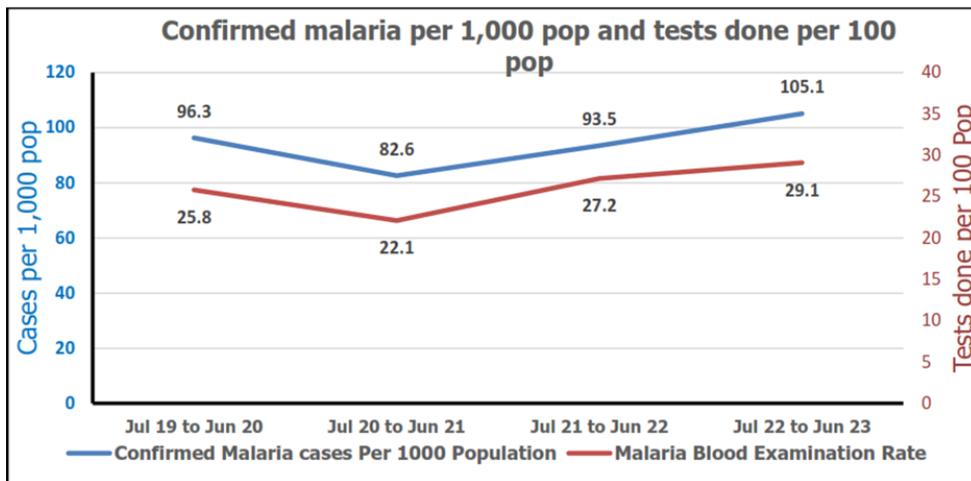


Figure 2: Confirmed Malaria Per 1,000 Population And Tests Done Per 100 Population

The proportion of pregnant women receiving SP during ANC visits has been gradually increasing i.e., 45% for IPTp3, while IPTp2 was at 57% and IPTp1 indicated An increase to 70% in the fiscal year 2022-2023.

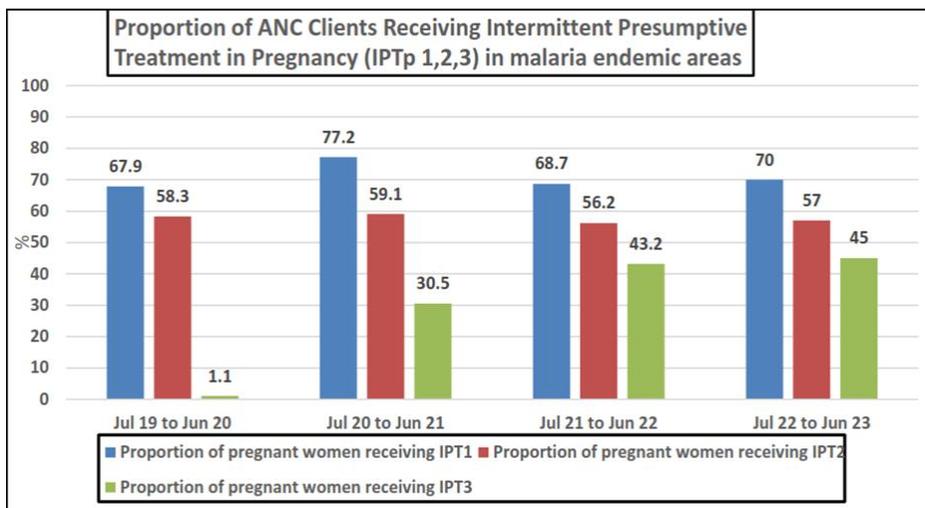


Figure 3: ANC Clients Receiving IPTP In Malaria Endemic Areas in Kenya FY 2019/20–2023

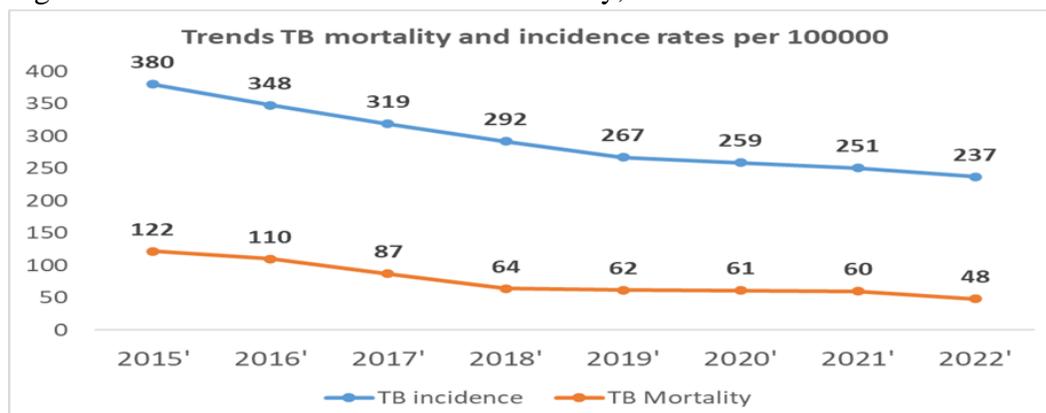
ii. Tuberculosis

Tuberculosis (TB) remains a global epidemic of public health concern being one of the leading causes of death from a single infectious agent. Kenya is among 30 high TB and TB/HIV high burden countries that contribute over 85% of the global TB burden. According to the TB prevalence survey carried out in 2017, TB prevalence was 426 per 100,000 population. In 2021, WHO estimated that about 133,000 people fell ill due to TB in Kenya (WHO report 2022). The drug-resistant strain of tuberculosis poses a major public health challenge and an economic burden to the country especially the household affected by the disease due to the high intervention cost. During the financial year 2022/2023, Kenya diagnosed 98,97582,302 people with drug-susceptible tuberculosis and started them on treatment. There were 609 702 people diagnosed with drug resistant strain of TB and all of them were started on second line treatment.

The country has achieved significant progress in TB control and prevention resulting in notable decrease in new cases and mortality due to TB. The figure below shows trends of TB incidence and

mortality since 2015. The trends show that Kenya is on track on achieving the End TB milestones of reducing incidence and mortality.

Figure 4: Trends of TB Incidence and Mortality,



Source: KHIS

- While TB case finding has improved from 73,777 in FY21/22 to 82,302 in the reporting period, a significant proportion (32%) of people with TB are still missed. DR TB case identification declined during the period from 804 in FY21/22 to 702 in FY22/23. The Ministry of Health has put in place strategies to accelerate TB case finding and improve treatment outcomes. Some of the interventions carried out during the year were;
- Active case finding in health facilities; This requires that all persons visiting the health facilities are screened for TB and those with symptoms tested for TB using molecular testing such as gene expert and Trunat. Community outreaches were also done in hard-to-reach areas using mobile X rays assisted in increasing case finding. TB contacts screening was also strengthened using community health volunteers
- Strengthening of TB diagnosis; by continuously supporting procurement and distribution of testing reagents and gene expert cartridges across all the 47 counties. Adoption of new testing technologies as recommended by WHO such as Trunat and gene Xpert ultra also has contributed to TB diagnosis
- Strengthening of initiation of TB preventive therapy (TPT) among TB contacts; this is expected to contribute to a significant reduction in new TB cases
- The Ministry continued to ensure availability of first-line and second-line treatment in order to improve and sustain treatment success rates
- Engagement of all care providers including private sector both formal and informal in TB control activities
- The Ministry had the following achievements in the period under review:
- The TB program and its stakeholder's success fully developed TB strategic plan FY2023/24- 2027/28
- Roll out of public-private mix (PPM) dashboard assisted by WHO to improve private sector visibility in TB reporting

- Expansion of molecular testing including introduction of Trunat to complement gene Xpert in order to improve access of drug susceptibility testing (DST) by all TB patients. Digital adherence technologies were also introduced in the country.
- Improvement in TB case finding which could be attributed to strengthening of active case finding and quality improvement
- Notable gradual TB incidence and mortality decline
- In order to contribute to the government agenda, facility-based app t-bu lite app was rolled out to ease reporting in facilities in both private and public sector.

i. Primary Healthcare

As follow up of the Government's directive, the State Department of health has outlined new arrangements in terms of service delivery through the formation of Primary Care Networks as stated in the primary health care strategic framework. To strengthen the agenda, reorganization of service delivery through the establishment of primary care networks (PCNs) was prioritized. To establish the PCNs guidelines were developed to outline the steps which envisioned that all the community Units in each sub-county are linked to the primary health care facilities (Level 2 & 3) and the sub-county hospitals. Over the period in review 10 counties have established PCNs translating to 21% as per the target of 47 counties during the financial year in review. The country has established 30 primary health care networks spread across ten counties since 2020, with the bulk having been established in 2022/23. To strengthen community reporting, the Sector developed a e-community health information system for roll out to all the counties in 2022/23. It also collaborated with the county governments to set up seven (7) primary care networks in seven counties, namely Makueni, Kisumu, Garissa, Mombasa, Nakuru, Kakamega and Marsabit.

The Primary Health Care Act 2023, Digital Health Act 2023, Facility Improvement Financing Act 2023, and the Social Health Insurance Act 2023 (all aimed at providing an enabling environment to sustain PCNs) were assented into law. The electronic community health information system (eCHIS) has been scaled up to 7 counties from one in the previous year.

Community health units are deemed functional if they meet the following requirements: submitting the MOH 514 every month, conducting four dialogue days, 12 action days and 12 monthly feedback meetings in a year as well as doing home visits. Operationalization of existing Community Health Units gradually increased from 81 per cent in 2021/2021 to 86% in 2022/2023. Dialogue days conducted in the community increased from 32,260 to 43,212. However, this is still below the expected number as one community health unit is expected to conduct 4 dialogues in a year.

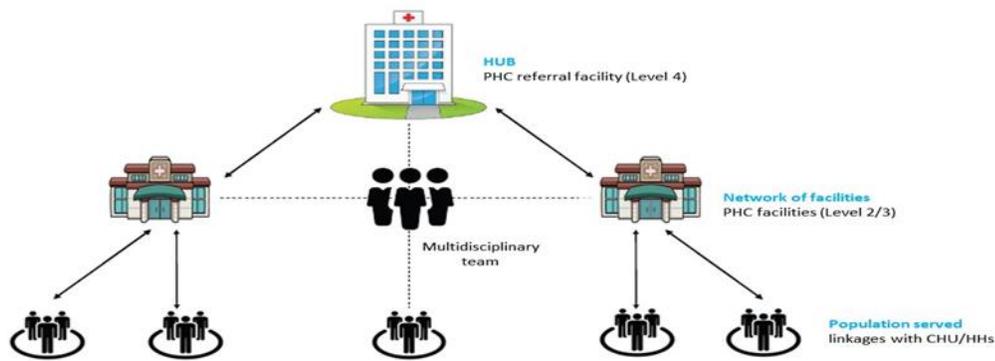


Figure 5: A Primary Health Care Network

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

ii. Diabetes and Cardiovascular Disease Control

Non-communicable diseases are increasingly imposing a major public health and economic burden in the country, accounting for 44% of hospital deaths. This group of diseases is estimated to reduce household incomes by on average 29% due to reduced productivity, premature mortality and direct health related expenditure. There has been a 30% and 45% increase in the incidence of outpatient visits attributed to hypertension and diabetes respectively between 2017/18 and 2020/21.

In response to the increasing burden of cardiovascular diseases, the Ministry reviewed management and treatment guidelines in the fourth quarter FY 2022/23.

Sub - Programme 1.3: Radiation Safety and Nuclear Security

i. Kenya Nuclear Regulatory Authority

During the year under review, the authority made a successful bid to host an international Postgraduate Education Certificate (PGEC) program. Focused on the critical domains of radiation protection and safety of radiation sources, this program is poised to welcome its inaugural cohort on the 2nd of October 2023. Notably, this inaugural cohort comprises students from approximately twenty-five diverse countries within the African region, exemplifying the program's broad regional appeal and impact.

Prior to this milestone, the program had exclusively been available in South Africa and Ghana within the African continent. However, we are delighted to announce a significant expansion. Kenya is now positioned to emerge as a prominent regional hub for chemical, biological, radiological, and nuclear training, solidifying its leadership in this crucial field.

Furthermore, it is noteworthy to highlight that we have successfully established a counterpart funding model for this program. Notably, the International Atomic Energy Agency has committed a substantial contribution of Kshs 100 million to support this endeavour. In light of this, we humbly request the Government of Kenya to consider providing a matching contribution of Kshs 100 million towards this program, reinforcing our collective commitment to its success.

During the year under review the authority processed one license applications for Positron Emitted Tomography Computed Tomography (PET/CT). The PET/CT detects residual or recurrent disease and is an excellent diagnostic procedure to differentiate tumour recurrences and as such the approach allows for the development of a more rational treatment plan for the patient.

The Authority also considered five license applications for installations of linear accelerators. Linear accelerators are a best alternative to radiotherapy centres which were using radioactive materials for treatment of cancer. In addition, a big advantage of the replacement is that linear accelerators don't pose nuclear security challenges as compared to radiotherapy centres. Risk-based radiation contamination monitoring of consumer products imported to our country was also conducted during the year under review.

In the realm of nuclear security and non-proliferation of weapons of mass destruction, the authority conducted Chemical Biological Radiological and Nuclear (CBRN) explosives training for fifty officers from the National Police Service. In addition, during the period under review conducted in conjunction with development partners the physical security planning and enhancement of high radiation risk facilities.

Sub-Programme 1.4: Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH)

ii. Family Wellness, Nutrition and Dietetics

Family Wellness: The rising burden of lifestyle diseases in Kenya is a critical health challenge that demands urgent attention and action. Non-communicable diseases (NCDs), also known as lifestyle diseases, have emerged as the leading cause of morbidity and mortality in the country. These diseases, which include hypertension, diabetes, cardiovascular diseases and obesity-related ailments, are largely preventable and heavily influenced by lifestyle factors such as physical inactivity and unhealthy eating habits.

Kenya's healthcare system is grappling with the overwhelming burden of lifestyle diseases. As more and more people suffer from NCDs, the demand for healthcare services increases, leading to higher healthcare costs and stretched resources. Moreover, the treatment of lifestyle diseases often involves long-term care, leading to a chronic burden on the healthcare system. As the prevalence of NCDs rises, there is a risk of depleting health resources, hindering the healthcare system's ability to provide adequate and quality care to all citizens.

In addition to the impact on healthcare, lifestyle diseases also take a toll on individuals' well-being and productivity. People suffering from NCDs experience reduced quality of life, decreased productivity and higher rates of disability. This not only affects individuals but also has repercussions on their families and communities. The loss of productivity due to NCDs can have adverse effects on economic growth and development, hindering the country's progress towards achieving its socio-economic goals. To counteract this growing crisis, there is a pressing need for innovative approaches that emphasize prevention and health promotion. One such promising approach is the establishment of wellness centres that focus on preventive measures and lifestyle modifications to mitigate the impact of NCDs. Goal and objective is to enhance participants' physical health by providing access to fitness services, nutrition training and expert guidance. The purpose of the programme is to enhance the holistic well-being of individuals and communities by providing accessible wellness centres and comprehensive

resources. It aims to prevent non-communicable diseases, improve physical and mental health, foster community support and promote eco-friendly living, creating a lasting positive impact on health and wellness.

Nutrition and Dietetics: Kenya is experiencing the triple burden of malnutrition, where undernutrition (underweight, stunting and wasting), overweight and obesity and micronutrient deficiencies in addition to the burden of Non-Communicable Diseases (NCDs). Out of 6,301,316 children under five years, nearly 1,109,032 are stunted (18%); 308,764 are wasted (5%); 636,433 (10 per cent) are underweight; and 3% are overweight or obese. Slightly over a quarter (28%) of adults aged 18–69 years are either overweight or obese. Currently, with the prevalence in women at 38.5% and men 17.5% (Kenya 2015 STEPwise Survey). Micronutrient deficiencies of iron, folate, iodine and vitamin A are also widespread, with 42% of pregnant women and 26% children 6–59 months are anaemic (KNMS, 2011). Although Kenya has made improvement in some of the nutrition indicators, malnutrition remains a significant public health problem, a hindrance to achieving the country’s developmental agenda with huge economic losses estimated at KSh 374 billion annually. Additionally, the Human Capital Index (HCI) for Kenya stands at 0.55 meaning that a child born today in Kenya (provided all indicators stay at the level they are today) is only 55% productive of what he/she could be with complete education and full health. Among the factors contributing to the present HCI for Kenya are the high stunting rates. Notwithstanding these significant economic losses or costs due to poor nutrition, further evidence shows that the return on investment for nutrition in Kenya stands at USD 22 for every USD 1 invested towards nutrition, making nutrition a worthwhile investment.

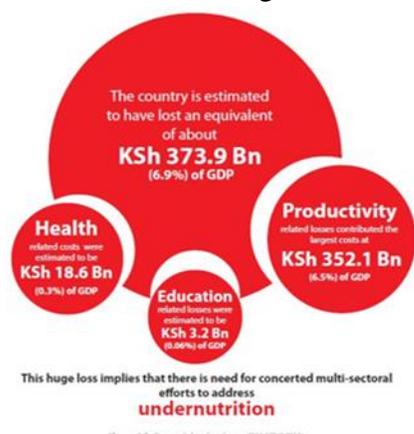


Figure 6: Economic Losses due to Malnutrition

The Ministry is implementing several nutrition interventions in addressing malnutrition in all its forms. The recurrent budgetary allocation for nutrition increased from KSh 80 million in 2021/22 to KES 204,746,905 under capital projects for procurement of therapeutic and supplementary food for treatment of acute malnutrition in FY 2022/23. Cognizant of the declining donor funding for nutrition programs, nutrition is one of the components included in the Health Sector Financing Transitioning Roadmap 2022-2030.

During the report period the following achievements were realized. VAS coverage has improved 82.1% in 2020 to 86.3% in 2021, and 83.7 in 2022 thereby realizing the global and national target of 80%. The improved coverage of Vitamin A supplementation was due to accelerated *Malezi Bora*. This is normally done through routine health facility visits and integrated community outreaches. Successful

Malezi Bora events require that stakeholders work collaboratively in microplanning, pooling resources, leveraging on each partner's comparative strengths, and coming together to review progress achievement.

Other important achievements include capacity building of Health Care workers on Baby Friendly Community Initiative (BFCI), Integrated management for acute malnutrition, the Kenya Nutrition Scorecard and training on Healthy Diets and Physical Activity. A total of 52 TOTs were trained and 3,670 Health Care workers trained. Kenya Nutrient Profile Model (KNPM) was finalized, the draft Front of Pack Nutrition labelling (FOPNL) standard is near finalization. FOPNL is one of the diet-based interventions in prevention, control and management of NCDs.

Under the ending drought emergencies flagship project, the Ministry is promoting integrated management of acute malnutrition in the 23 ASAL counties: Every year, 2 nutrition situation assessments have been conducted providing the caseloads for treatment of acute malnutrition.

Sub - Programme 1.5: Environmental Health

i. Water, Sanitation and Hygiene (WASH)

WASH in the health sector addresses Global commitments, like the sustainable development goal 6.2 which states; "By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations. During the period the State Department prioritized to increase the proportion of villages certified as open defecation free by 2% from 29 in 2021/2022 to 31 in 2022/2023 however, we managed 30%. The 1% coverage was lost to weak structures which were not resilient to climate change(floods) in flood prone areas.

ii. Vector & Vermin Control

Ministry conducted awareness on Jiggers infestation during the commemoration of the National Jigger Awareness Day in three Counties of Kakamega, Embu and Homa Bay with Kakamega hosting the National celebration in March. Over 500 persons were treated for jigger infestation in the 3 Counties. The Ministry also distributed Vector control Commodities to 9 Counties with High burden of Vector infestation. The counties include Kisumu, Busia, Kakamega, Mombasa, Taita Taveta, Migori, Trans Nzoia, Homa Bay and Embu. A total of 20 Public Health, 10 Community Health Officers and 30 Community Health Volunteers were sensitized on Jigger Control in Kakamega County.

iii. Healthcare Waste Management & Climate Change

With regards to Healthcare Waste management the State Department installed a total of 10 microwaves and commissioned Nine (9) in the project counties.

iv. Food Safety & Quality Control

Under food safety, 85% of foods meeting food safety standards was targeted and 80% was achieved by the time surveillance was taking place, there was transition of the premix standard with new micronutrient levels. Most industries were using the old standard. Secondly, Contamination levels vary significantly between branded flour and informally milled posho flour. There was no funding to carry out a third surveillance which would have informed further on the achievement.

v. Occupational Health & Safety

During the period under review, the Ministry had prioritized to establish Occupational Health and Safety Committees in 10 level 4 and 5 health facilities, this was achieved with support from partners however the project supporting this came to an end.

The need to save lives requires the urgent implementation of the health sector strategic priority 5 on minimization of exposure to health risk factors. During the period under review the Ministry prioritized to train a total of 2500 community health volunteers and managed to train 2668 CHV with support from GIZ and the 47 counties.

vi. Port Health Services

The International Health Regulations (2005) requires countries to develop and strengthen capacities at ports, airports and ground crossings based on routine activities and emergency situations of both local and international concern, in a bid to safeguard the country's borders against the introduction and exportation of infectious diseases and other public health risks. In order to achieve this objective four (4) key indicators were developed to assess performance. These include:

- i). Screening of travellers for notifiable diseases; 1% achieved
- ii). Issuance of vaccination certificates as per health requirements; 77% achieved
- iii). Cargo clearance and; 151% achieved
- iv). Inspection and certification of conveyances. 159% achieved

The descalation of COVID-19 travel requirements had an impact of the set targets to include reduction of enhanced screening of travellers and issuance of COVID-19 vaccination while a marked increase was noted in the number of conveyances arriving into the country as well as cargo.

In terms of preparedness for an emergency of international concern, Port Health services embarked on a joint core capacity assessment with Tanzania at the Kenya/Tanzania borders, developed draft simulation manual for points of entry, draft operational point of entry operational guidelines and draft five-year port health strategic plan, the first of its kind. Further 38 thermal cameras were installed and commissioned at the points of entry through funding support from the AFD project.

vii. Tobacco Control Board

Tobacco Control Board is established under Section 5 of Tobacco Control Act 2007 Cap 245A and continues to discharge its mandates within the Confines of the WHO-FCTC, Tobacco Control Act and Regulations including the relevant laws with the view of guiding Tobacco Control in Kenya. During the period under review, the planned activities included training of Tobacco Control enforcement officers in the 47 counties and full implementation of new graphic health warnings. The Board prioritized formation and sensitization of multisectoral tobacco control and enforcement committees in all the 47 counties.

On establishment and training of enforcement officers, the Board initiated the process of establishing county multisectoral tobacco control and enforcement committees. A total of two meetings were held virtually between the board and the county commissioners across all the 47 counties. Tobacco control enforcement training manual was developed and a total of 200 county enforcement officials were trained in two workshops conducted in Eldoret.

Sub - Programme 1.6 Disease Surveillance and Response

i. Disease Surveillance and Response

The Division of Disease Surveillance and Response is mandated to oversee implementation and response to events of public health importance in line with the strategic focus of the Kenya Health

policy 2014 to 2030 and the Kenya vision 2030 to transform the country into a globally competitive and prosperous nation with a high quality of life by 2030.

In the FY 2022/23, the Division of Disease Surveillance and Response developed the third edition Integrated Disease Surveillance and Response (IDSR) technical Guideline. The Division, through the support from partners, conducted sensitization on the guidelines to the county management team in all 47 counties. The Division plans to scale up the training to all sub-counties, health facilities, and the community by 2026 as stipulated in the DDSR strategic plan 2022-2026. There is a need therefore to rally support from the national and county governments for roll out to all counties and ensure sustainability. The Division also finalized the Cholera Elimination Plan 2022-2026 and the Cholera Treatment Guidelines 2023.

AFP Surveillance: The detection rate of non-polio Acute Flaccid Paralysis (AFP) declined from 4.06 to 3.14 per 100,000. As Per international norms, a rate below 2 per 100,000 indicates that the surveillance system is not effective. This performance was a result of system-strengthening approaches like performance-based reimbursements, supportive supervisory activities, and guidance from Polio expert committee members. There is significant support from partners both at the National and county levels. Globally, there is a reduction in donor support for Polio activities and there is a need to transition to Government funding to ensure a polio-free status.

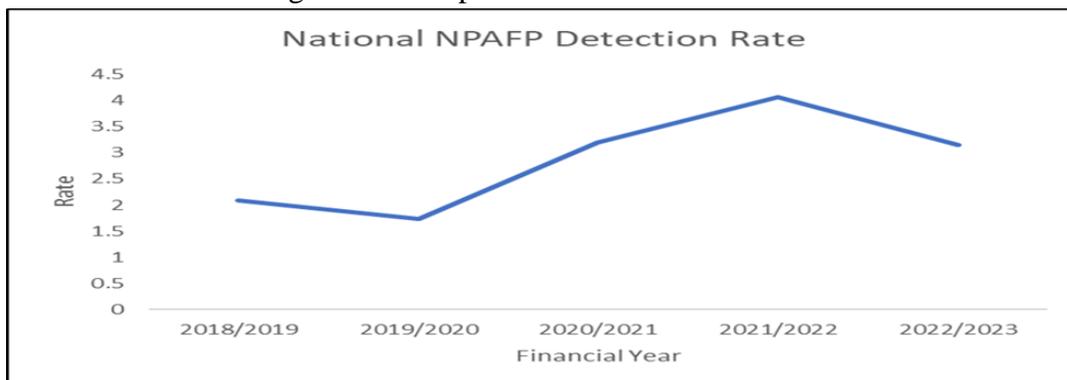


Figure 7: National Non-Acute Flaccid Paralysis Rate 2018-2023

Event Based Surveillance (EBS): Event based surveillance (EBS) is premised on the fact that occurrence of some events may precede disease outbreaks. Undertaking surveillance on such events provides good lead time to either prevent or significantly reduce the associated unfavourable outcomes. It involves collection and notification of information on events that present known and unknown public health threats thus complimenting the routine integrated disease surveillance (IDSR) on priority diseases and conditions. The Ministry through the Division of Disease Surveillance and Response established Community Events Based surveillance system in five selected counties of Kajiado, Marsabit, Mombasa, Nakuru and Siaya. Commitments for the FY 2022/23 was to scale up the number Counties implementing EBS from 8 to 20.

Division of Zoonotic Diseases: Staff trained on Rabies and Brucellosis. The Zoonotic Disease Unit (Now Division of Zoonosis) was established in 2011 jointly by the Ministry of Health and Ministry of Livestock Development with a mission to establish and maintain active collaboration at the animal-human ecosystem interface towards better prevention and control of zoonoses. The ZDU serves as Kenya's One Health office and secretariat to the Zoonoses Technical Working Group (ZTWG). In

2012, the ZDU launched its first strategic plan (2012-2017) whose main objectives were to strengthen One Health implementation and national and county levels, to strengthen zoonotic disease surveillance and to promote applied research using the One Health approach. During the FY 2022/23 the Division planned to support investigation of rabies deaths by use of post-mortems biopsy. So far 5 rabies diagnosis were confirmed as opposed to the targeted 10. There were challenges related to difficulties in sample collection that hampered the desired achievements.

Public Health emergency Operations Centre: The Kenya Public Health Emergency Operation Centre (PHEOC) is a hub for coordinating preparedness and response to public health emergencies and diverse public health threats, such as disease outbreaks. The country continues to implement the National Action Plan for Health Security (NAPHS) 2019-2023.

During the financial year 2022/2023, through the support of WHO, AFRO and Africa Centres for Disease Control and Prevention, 118 Africa Volunteer Health Corps (AVoHC) surge personnel were trained as rapid responders. The participants were drawn from all 47 counties, Ministries of Health, Water and Sanitation, Education, Agriculture and Livestock, Tourism, Wildlife and Heritage and Interior. The surge capacity is ready for deployment in the event of an emergency in the continent. There is a need to review the NAPHS as a priority for the next financial year.

The Kenya Public Health Emergency Operation Centre (KPHEOC) was activated and supported response for various outbreaks in the country and continues to coordinate response measures as well as provide daily situation reports to inform planning for five outbreaks, namely, COVID-19, Visceral Leishmaniasis, Measles, Cholera, and preparedness for Ebola outbreak. In addition, it coordinated the first mass vaccination of the oral cholera vaccine in response to an outbreak. Further, the Centre conducted three simulation exercises: A World Health Organization Africa Regional functional exercise on Ebola, tabletop exercise on Rift Valley fever, and Ebola outbreak.

Field Epidemiology and Laboratory Training (FELTP): The Field Epidemiology and Laboratory Training (FELTP) programme started in 2004. The mandate of the programme is based on the need to develop a skilled public health workforce that supports the surveillance systems, respond to public health emergencies and use data for decision making respond to outbreaks in a timely manner to avoid morbidity and mortality. In the FY 2022/23 the program has been able to train and graduate total of 200 grandaunts thirty (30) from Advanced Level, sixty (60) from Intermediate level and one hundred and twenty (120) Front line.

ii. Department of Laboratory Services

The Department of Laboratory Services (Now Division of National Laboratory Services, DNLS) in the Ministry of Health is tasked with formulation of laboratory policies and guidelines, provision of specialized testing for priority infectious and non-communicable disease, laboratory-based disease surveillance, provision of quality assurance for the public health laboratories and referral services linking national, international, and county laboratories.

Within the period under review, the Department worked closely with key partners, international organizations, and technical agencies to establish and expand molecular testing capacity for High-risk HPV, improve laboratory network for referral services, conduct food fortification monitoring and surveillance of contaminants in drinking water and foods.

In 2021/2022, 2022/2023 the Department targeted to expand and maintain the proportion of national and county reference laboratories able to conduct molecular testing for emerging and re-emerging

diseases to 31%. This was maintained in 2021/2022 and 2022/2023. This was due to the scale-up of molecular testing platforms in level IV and V laboratories.

The Department also targeted to increase and maintain the number of medical laboratories with capacity to detect and report on Antimicrobial Resistance (AMR) at 17. This was achieved through sensitization and activation of targeted laboratories in AMR surveillance.

The target was to conduct 3,000 and 4,200 tests in 2021/2022 and 2022/2023 respectively. These testing targets were surpassed to 4,822 and 24,310 respectively. The proportion of laboratories with capacity to conduct molecular testing of High-risk HPV was also increased from 9.1% to 10.6% in 2022/2023. These increases were due to effective sensitization for testing by the National Cancer Control Program.

The targets for COVID-19 testing for 2021/2022 and 2022/2023 were 1.9 and 1.2 million respectively. The testing dropped to 174,308 tests in 2022/2023 due to the de-escalation of COVID-19 as a global health emergency requiring testing for only targeted cohorts.

The targeted proportion of mycotoxin tests on foods and feeds as well as Fluoride, Nitrates and Sulphates on water for compliance with food safety standards of 86% and 80% respectively in 2022/2023 was achieved due to the Public Health Officers (PHO) initiative for sampling of food, water and feeds for compliance with food safety standards.

The proportion of tests on maize and wheat flour complying with food fortification standards also increased from 38% to 72.6% owing to the increased surveillance and sensitization of the flour milling industry. This followed the Ministry's development of a Guideline on Surveillance and Enforcement for Food Fortification in Kenya with the aim of strengthening enforcement of mandatory required food as per CAP 254 and Kenyan Standards.

Programme 2: Health Research and Development and Innovation

Sub – Programme 2.1: Capacity Building and Training

i. Kenya Medical Training College

In order to develop a workforce while prioritizing the implementation of Primary Health Care objectives, the Kenya Medical Training College (KMTC) aligned its strategies to those of the Health Sector, Bottom-Up Economic Transformation Agenda (BETA) through realignment of some curricula and introduced new courses to address emerging health needs. These include a course in Speech language therapy, Point of care ultrasound in obstetrics for Nurse Midwives, Community Health Assistant (CHAs).

The College equated its programmes and did registration of graduates with the Kenya National Qualifications Authority. This was aimed at protecting data, ensuring authenticity of certificates and enabling graduates to compete globally.

The College has embarked on harnessing innovation and creativity, leveraging on E-learning, setting up an E-library system and digital repositories, to ensure continuity of teaching and learning. The college increased the availability of ICT resources across all the Campuses. The college ensured implementation of an e-learning platform. A total of 71 Campus representatives were trained on the

use of the platforms. Part of content theory in every module was covered via e-learning. In addition, at least one continuous assessment test in each module per semester was undertaken on an e-learning platform. These interventions made the college to be named among the top 100 best institutions in ICT innovation in Africa at the 13th edition of the Africa CIO100 Awards. The College retained its position as the preferred medical institution- Webometrics ranking of 2021 and 2022.

Further the College launched a state-of-the-art simulation laboratory. The Laboratory provides quality simulation inter-professional experience training for critical care health workers and trainees. The Laboratory includes a mock Intensive Care Unit (ICU) and operating theatre in which routine and complex clinical cases can be performed under the guidance of our faculty. It is fitted with a Comprehensive Care Ventilator (CCV) as well as Universal Anaesthesia Machine (UAM), several mannequins, an ICU bed, patient monitors, oxygen cylinders and accessories, machines to simulate different types of breathing, airway kits, and other devices, accessories, and consumables that help simulate a real clinical environment.

In the FY2022/23, the student enrolment grew from 21,700 in 2021 to 25,889 in 2023 this led to increase in student population from 59,000 to 62,807 from 2021 to 2023 respectively. This was due to an increase in infrastructural development which introduced more training opportunities in Teso, Transmara, Chemolingot, Shianda Mumias ,Ndhiwa while Kangema ,Othaya and Navakholo campuses which were opened. Further, to this there was a 95% transition rate from admission to graduation.

ii. Kenya Health Professions Oversight Authority (KHPOA)

During the period under review the Authority developed Human resource instruments which were approved, and the Authority was categorized as an Oversight/Regulatory state corporation category PC6B.

A total of 13,996 health facilities were inspected for compliance to standards in service delivery and 17 level 5 hospitals assessed for emergency care preparedness. In addition, 176 County Health inspectors were trained across all the 47 counties on inspections for quality-of-care improvement.

The Authority processed 70 complaints from patients and aggrieved parties; and facilitated resolution of 5 disputes from regulatory boards and councils.

iii. Kenya Health Human Resource Advisory Council (KHHRAC)

KHHRAC has realized gradual progression in its operationalization. The Council now has all the members as provided for in the Health Act 2017. The Board was gazetted in May 2023 and inaugurated by His Excellency the President in June 2023.



Figure 8: The President presiding over the inauguration of Kenya Health Human Resource Advisory Council

During the period under review with technical support from the State Department for Public Service KHRAC, developed human resource (HR) instruments which include the Organizational Structure, Career Progression Guidelines, Human Resource Policy and Procedure Manual, and job descriptions and are awaiting presentation to the Public Service Commission for approval. With support from partners KHRAC has been carrying out national health workforce accounts (NHWA) and workload indicators for staffing needs (WISN).

The National Health Workforce Accounts (NHWA) is a system by which countries progressively improve the availability, quality, and use of data on the health workforce to support the achievement of UHC and Sustainable Development Goals (SDGs). KHRAC received technical and financial support from the WHO to implement the third round of NHWA in the Country in 2022. The Council strengthened the governance structures with technical working groups and stakeholders' forums towards progressive improvement. Training for County Human Resource Management Officers for Health (HRM), County Health Records Information Officers (CHRIOs), and officers from National Referral Facilities on NHWA and Integrated Human Resource Information system (iHRIS) was conducted. The progressive update and improvements of iHRIS for NHWA have enabled Kenya to report on the WHO platform for the last three years since 2020. KHRAC held a Chief Officers Forum and a Multi-Agency stakeholder forum to disseminate the findings.

Integrated Human Resource Information System (iHRIS), through the support of partners USAID, Global Fund, and PFMR undertook the training of the 47 County Human Resource and Health Records Information Officers on the Integrated Human Resource Information System tool to capacity-build them on in-depth data analytics which has enabled counties to update the system and develop County health workforce data profiles and dashboards for improved data for decision making.

Workload Indicators for Staffing Needs (WISN) is a human resource planning and management tool that gives health managers a systematic way of making staffing decisions. During the period under

review KHRAC made major steps towards the implementation of WISN. KHRAC steered the development of the WISN Implementation roadmap; training of two Expert Working Groups; identification of the Workload Components and development of Activity Standards of each of the health professional cadres which were prioritized. Sampling of the Health facilities in which the Data Collection will be done was also done as was the development of the Data Collection Tools. Piloting of WISN was done in Mombasa County. Further, KHRAC undertook training of human resource officers from all 47 counties on WISN.

KHRAC planned to have a centralized database that records captures and manages information about healthcare professionals. The goal is to uniquely identify all health care workers providing health care services in Kenya thus enhancing the quality of care and efficient use of resources to support the development of a skilled workforce and accelerate UHC.

iv. Kenya Medical Practitioners and Dentists' Council (KMPDC)

The Kenya Medical Practitioners and Dentists Council (KMPDC) is a body corporate established under Section 3 of the Medical Practitioners and Dentists Act (CAP 253 Laws of Kenya) with the mandate to regulate the training and practice of medicine, dentistry and community oral health within the Republic of Kenya. The Council is also mandated to regulate all health facilities within the country. Further, the Council is categorized by the State Corporations Advisory Committee (SCAC) as a 'Regulatory State Corporation', under Category PC 6A.

Kenya Medical Practitioners and Dentists Council (KMPDC) has been able to achieve most of its set targets and has made significant progress in various areas. The digitization of the practitioner's license renewal process and increased awareness are undoubtedly positive developments. This not only streamline the process but also offers greater convenience to practitioners.

The success in routine inspections and the determination of malpractice cases is also a positive sign. This is attributed to increase in Disciplinary and Ethics Committee hearings and ensuring ethical and professional standards in the medical and dental fields are adhered to.

However, the underachievement in the number of new health facilities registered and licensed highlights some challenges that needs to be addressed. These challenges include lack of personnel, logistic challenges and dependence of other Government agencies for joint inspections.

v. Nursing Council of Kenya (NCK)

The Nursing Council of Kenya ("NCK") is a regulatory body under the Ministry of Health established under Section 3 of the Nurses and Midwives Act Cap 257, Laws of Kenya.

The Council's mandate is 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 and for connected purposes.

Nursing Council of Kenya was categorized by State Corporation Advisory Committee (SCAC) as a State Corporation PC 6B. This was achieved in the last F/Y 2020/2021 and the preparation of the Human Resource instruments as advised by SCAC has been finalized and approved.

The functions of the Council are:

- To establish and improve standards of all branches of the nursing profession in all their aspects and to safeguard the interests of all nurses;
- To establish and improve the standards of professional nursing and of health care within the community;
- With the approval of the Cabinet Secretary, to make provision for the training and instruction for persons seeking registration or enrolment under this Act;
- With the approval of the Cabinet Secretary, to prescribe and regulate syllabuses of instruction and courses of training for persons seeking registration or enrolment under this Act;
- To recommend to the Cabinet Secretary institutions to be approved institutions for training of persons seeking registration or enrolment under this Act;
- With the approval of the Cabinet Secretary, to prescribe and conduct examinations for persons seeking registration or enrolment under this Act;
- To prescribe badges, insignia or uniforms to be worn by persons registered, enrolled or licensed under this Act;
- To have regard to the conduct of persons registered, enrolled or licensed under this Act, and to take such disciplinary measures as may be necessary to maintain a proper standard of conduct among such persons;
- To have regard to the standards of nursing care, qualified staff, facilities, conditions and environment of health institutions, and to take such disciplinary or appropriate measures as may be necessary to maintain a proper standard of nursing care in health institutions
- To direct and supervise the compilation and maintenance of registers, rolls and records required to be kept under sections 12, 14 and 16;
- To advise the Cabinet Secretary on matters concerning all aspects of nursing
- To advise the Cabinet Secretary on any matter falling within the scope of this Act.

The main objective of the Performance Review Report (PRR) is to inform the budget process by reviewing budget implementation progress in previous periods and using the lessons learnt for future expenditure decisions. The Council PPR will be used to determine MTEF budgetary allocations by assessing whether value for money has been obtained in previous allocations, which programmes are to be given priority. This is expected to contribute towards an efficient and effective way of allocating resources towards realization of the objectives and UHC.

Delivery of outputs during the period under review

- The Council achieved the targets set in the following core mandate activities in collaboration with the Ministry of Health, State Corporation Advisory Committee, other health regulatory bodies and the state Department for Public service among other key stakeholders:
- Education and Examination: During the three years under review the council was able to conduct nine (9) Nurses & midwives licensure examinations, where a total of 30,560 undertook in the exams with a percentage pass rate of 75% and indexed a total of 29,403 nurses and midwives. The council reviewed all training Curricula which were due for review during the same period.

- Standards and Compliance: The Number of nurses and midwives privately practicing rose to 744. The current streamlining of regulation of private practice in the health sector is expected to further increase the number of new applicants as well as renewals. The Council inspected one hundred and forty-four (144) Health facilities for nurses and midwives' clinical placements.
- Registration and Licensure: During period under review, the Council registered 19,022 nurses and midwives who applied for registration. Under the same period the council licensed 143,801 nurses and midwives who applied for registration. In addition, the council achieved 100% of BSNs presented by Ministry of Health for attachment placements.
- Technological Integration: Digitization and digitization of all services, which has improved service delivery, 95% of all NCK services and operations are done online. This has improved efficiency and reduced turnaround time in service delivery.
- Policies, regulation and guidelines: Over the last three (3) years the Council has been able to develop various policies, regulations and guidelines to support Universal Health Coverage (UHC) agenda. The policies, regulatory tools, developed and being implemented are:
 - Developed and reviewed regulatory tools and guidelines to ensure standards of nursing and midwifery practice are maintained. Scopes of Practice (Developed 13 for both general and specialty areas); Revised Code of Conduct and Ethics and Procedure Manuals
 - Developed and operationalising the Nurses and Midwives (Fitness to Practice) Regulations, 2022;
 - Data Protection; Alcohol and Drug Abuse; Business Continuity Management and Disaster Recovery; Gender Mainstreaming; Gender Based Violence; Corruption Prevention; Whistle Blowers'; Road Safety Mainstreaming; and Continuing Professional Development (CPD) Guidelines.
 - Developed the Nurses and Midwives (Private practice) Regulations, 2022 that is at approval stage before publication.

To ensure services have been devolved the Council has operationalized four (4) regional offices, thus making its services easily accessible in Coast, Nyanza, Central and Rift valley regions. The Council achieved ISO 9001: 2015 Quality Management Systems Certification (2022).

Bilateral Agreements on Immigration of Nurses and midwives: During the period through the Kenya-UK BLA, the Council was able to take 128 nurses and midwives in UK, who are currently employed.



Figure 9: Cabinet Secretary, MOH Flagging-off of Nurses to the United Kingdom

vi. Public Health Officers and Technicians’ Council (PHOTC)

The Public Health Officers and Technicians Council is a statutory body established by the Public Health Officers (Training, Registration, and Licensing) Act No. 12 of 2013 to regulate the training, practice, and employment of Public Health Officers and Technicians and to advise the Government in relation to all aspects thereof PHOTC specific mandate is to exercise general supervision and control over the training, practice, and employment of public health officers and technicians in Kenya and to advisory to the Government.

The Council achieved the targets set in the following core mandate activities in the business process as follows:

- **Standards and Compliance:** During the period under review the council Inspected 12 new training institutions and re-inspected 4 universities and 5 middle-level colleges. In addition, the council collaborated with other regulations and conducted joint health facility inspections across the county for approximately 224 health facilities.
- **Registration and Licensure:** The council gazetted a total of licensed public Health officers/Technicians total of 7114. During the period under review, the total number of professionals registered rose with a total of 2,678 professionals. This was 40% growth for the period under review.
- **Online service provider Integration:** The council improved its services by ensuring Digitization and digitization of all services. This increased the service provision by 60% to the professionals.
- **Education and Examination:** During the period under review the council was able to conduct 2 examination cycles per year. For the three years, the total examined were 2345 candidates with total indexed students of 3123 students. The council accredited 5 internship centres for maximum exposure of interns during the internship.
- **Professional Development and Growth:** for the period under review the council was able to sensitize, create awareness, appoint regional CPD Focal persons to implement CPD uptake, and increase the number of CPD providers. Additionally, conducted 1st International Public Health Conference.

Critical Challenges

- During the period under review to implement the core, mandate the council was incapacitated due to a lack of resources to execute the business processes.
- Having Insufficient Human resources at the council, the current staff is incapacitated to meet the mandate and the tasks in accordance with the performance contract.
- The council's relevant pending approval for policies, regulations, and legal instruments to formalize and legalize business processes of the council such as regulations for public health inspection of health institutions regulations, 2020.
- Dependence on the government institutions' subsidy on the rent for the office workspace among other infrastructure related to public health professional assessment.
- Insufficient enforcement task force leads to extremely low renewal rates among registered professionals, with insufficient enforcement mechanisms.

Sub – Programme 2.2: Research and Innovation

Kenya Institute of Primate Research (KIPRE)

Kenya Institute of Primate Research (KIPRE) has achieved significant milestones, contributing to the advancement of healthcare and research. In the area of preclinical evaluations, KIPRE conducted assessments of 29 candidate drugs and vaccines for major infectious diseases, focusing on efficacy and safety. Additionally, the institute played a crucial role in early warning for emerging infections by testing 10,240 zoonotic samples, supporting preventive and promotive health efforts.

KIPRE's snakebite intervention program made a substantial impact through 128 field snakebite rescue missions. These missions resulted in the successful rescue of 356 snakebite victims across various Counties, including Kitui, Samburu, Turkana, Baringo, West Pokot, and Narok. The institute's commitment to infrastructure development is evident in the completion of the Archives, Ablution block, and Resource centre. Furthermore, an ongoing initiative involves the construction of a perimeter fence.

Programme 3: General Administration, Planning and Support Services

Sub-Programme 3.1: Health Standards and Quality Assurance

Antimicrobial resistance threatens the effective prevention and treatment of an ever-increasing range of infections caused by all disease-causing organisms including bacteria, parasites, viruses and fungi. The WHO has declared AMR as one of the top 10 global public health threats facing humanity. During the period under review (FY 2020/21-2022/23), the Ministry put several measures and interventions in place to prevent and contain AMR. Key policy documents were developed including the National Action Plan for containment and prevention of antimicrobial resistance (2021), National antimicrobial stewardship guidelines for health care settings in Kenya (2021) and the Patient and healthcare worker and quality of care policy (2022). The Ministry strengthened the capacity of 17 public health laboratories to detect and report on antimicrobial resistance from 2020/21-2022/23 FYs. Within the period under review, Multisectoral AMR coordination structures have also been established at both

national (National Stewardship Inter-Agency Committee-NASIC) and in 24 county levels to oversee the implementation of the AMR National Action Plan and Policy with an aim to reduce morbidity and mortality due to resistant microorganisms.

The Ministry, through the Infection Prevention and Control Program-IPC, is implementing has prioritized implementation of interventions aimed at preventing harm caused by infections to patients and health care workers. Within the period FY 2020/21-2022/2023, Key policy documents on IPC were developed including the National Infection Prevention and Control Policy (2021), the National Infection Prevention and Control Strategic Plan (2021-2025) and the National Infection Prevention and Control in the context of COVID-19, (2021). The Ministry, in collaboration with implementing partners, also strengthened the management, leadership, and governance of IPC services through establishment and strengthening Infection Prevention and Control (IPC) Committees both at the National and county levels. County IPC coordinators were also appointed in all 47 counties to provide leadership and coordination of IPC measures.

The Ministry is implementing the Quality-of-Care Certification Framework that defines the process of ensuring delivery of quality health services to the Kenyan population. This has been achieved through implementation of the Kenya Quality Model for Health (KQMH) which is designed to guide and facilitate quality improvement through regular assessment for quality of health services delivery. Within the period under review, all 47 County Health Management Teams (CHMT) and hospital management teams were trained on Kenya Quality Model for Health (KQMH) and are able to assess quality of care using KQMH tool. In the FY 2022/23, a total of 109 health facilities were assessed using KQMH standards compared to 50 health facilities assessed in the previous financial year. To ensure institutionalization of quality improvement initiatives in provision of health services within the counties, three quality of care coaches in each county have been identified and capacity built. Quality Improvement Teams have been set up in the counties and health facilities and are continuously mentored in continuously improving the quality of health care. One hundred and forty (140) county health inspectors from all counties were also trained to assess health facilities on compliance to quality and patient safety standards using Joint Health Inspection Checklist. The county health inspectors conduct routine inspection of health facilities in their respective counties under the coordination of Kenya Health Professions Oversight Authority and also other regulatory agencies.

Sub-Programme 3.2: Human Resource Management and Development

Health workforce is a critical building block in every health system and is key to achieving universal health coverage. Within the period under review, the State Department of Public Health and Professional Standards recruited 8,580 health care workers who were deployed to the counties to strengthen quality service delivery for universal health coverage. In 2021/2022 FY, the Ministry of Health in collaboration with its key stakeholders, conducted the Health Labour Market Analysis (HLMA) whose findings informed significant policy shift that being utilized to improve health service delivery. The report will also guide investments in Kenya's health workforce. Within the same period, the National Health Workforce Account (NHWA), A World Health Organization (WHO) supported human resource for health information system for decision making, was updated. To mitigate the

negative effects of health worker migration to foreign countries, the Sector developed a draft health worker migration policy which was later incorporated into the National Labour Migration Policy. In the FY 2022/2023 the MOH On-boarded 6, 248 Interns of various cadres as shown in the table below for a one-year program.

Table: Programme Deployments FY 2022-2023, State Department of Public Health and Professional Standards

S/No.	Cadre	Number
1	Clinical Officer Interns (Dip.)	2207
2	Clinical Officers (BSC & OPTH)	794
3	Nurses	995
4	Nursing BSCN	879
5	Dental officer interns	56
6	Pharmacist Intern	431
7	Medical Officer Intern	886
	TOTAL	6248

Sub-Programme 3.3. Health Administration

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

Programme 4: Health Policy, Standards and Regulations

Sub-Programme 4.1: Health Policy, Planning and Financing

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

Sub-Programme 4.2: Health Standards and Regulations

The Ministry takes lead in setting norms and standards for the health sector. Within the period under review, The Norms and Standard for health Service delivery were developed. Clinical Guidelines for management and referral of common health conditions were also developed (2022/23 FY). Review of the Kenya Essential Package for Health guideline was done and awaits finalization. Clinical Guidelines and the Kenya Essential Package for Health.

The Ministry has continued to strengthen the legislative and regulatory framework for the health sector. Within the period under review, key legislation was developed including the National Health Insurance

Fund (Amendment) Act, 2022 and the Mental Health (Amendment) Act, 2022. Within the same period, key legislation was also developed and assented into law, including the Digital Health Act 2023, the Primary Health Care Services Act 2023, the Social Health Insurance Act 2023 and the Facility Improvement Fund Act 2023. The Ministry also reviewed several proposed legislations from Parliament e.g., the Kenya Drugs Authority Bill, 2022, Health (Amendment) Bill, 2022 and cancer prevention and control (Amendment) Bill, 2022.

Table 2. 1: Analysis of Programme Planned Targets and Achieved Targets

STATE DEPARTMENT OF MEDICAL SERVICES

Programme	Delivery Unit	Key Outputs	KPI	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
PROGRAMME NAME: Curative and RMNCAH										
OUTCOME: Increased access to quality promotive and preventive health care										
SP 1.1 Communicable disease control	National AIDS Control Council (NACC)	HIV Prevention and Management Services	Number of adolescents and young people reached with HIV prevention and SRH information through peer-to-peer approach	1,200,000	350,000	1,250,000	294,058	723,755	10,479,542.00	The ongoing 'End the Triple Threat among adolescents, World's AIDs Day and Condom Day campaign increased message reach to adolescents and young people
			Number of men reached with information on HIV prevention and SRH and UHC information	605,000	300,000	610,000	226,021	361,176	805,569	Leveraging Community of Practice (CP) under LISTEN Program lead by male champions more men were reached with HIV and AIDS information
			Number of PLHIV networks sensitized on Non-Communicable Diseases	35	150	38	135	205	168	Integrated discussions on NCDs and HIV during sensitization of PLHIV on their rights in Meru and Mombasa. Discussions also highlighted on integration of services especially for those with co-morbidities
			Number of condom dispensers installed in non-health settings	610	1,000	630	921	3,800	352	Installation of condom dispensers in FY 2022/23 was not achieved due to reduction in distribution of user free condoms
			Number of condoms distributed in non-health settings	13,000,000	20,000,000	15,000,000	40,393,996	6,451,258	5,871,526	Target not achieved due to national and global supply chain challenges of essential commodities including condoms.
			Number of people reached with HIV prevention and UHC messages via different platforms.	10,000,000	26,000,000	11,000,000	25,000,000	51,175,630	82,433,925	Target was surpassed due to Townhall meetings in Counties, during World's AIDs Day and Condom Day targeting to reach people with information on HIV, Sexual and gender based violence (SGBV) and reproductive health. Media coordination and extensive coverage of Triple Threat stories in the mainstream media in four counties.
			No of counties reached through Beyond Zero medical safaris clinics	7	3	10	3	9	6	A medical safari was conducted at Tudor Sub County Hospital in Mombasa, lower Kabete in Nairobi, Marsabit, Isiolo, Mandera and Turkana
			Number of MDA s reporting on Maisha Certification system	320	320	323	303	305	297	Inconsistent and late reporting by MDAs affected the reporting average for all the 4 quarters
			Number of Infrastructure projects implementing Health and HIV prevention Programmes (Road, Energy, Water and Irrigation, Housing)	50	50	90	83	59	36	The 9 HIV Programme were implemented during the quarter. This will repeat in every quarter throughout the financial year
			Number of thematic modules introduced into the Situation Room	4	4	5	4	4	2	The recent upgrade of the Kenya Health Information System (KHIS) caused misalignment of the Application Programming Interfaces (APIs) that export data to the Situation Room system. As a result, some of the modules in the Situation Room were affected and the data displayed in its dashboards was inaccurate. The team is currently working to rectify this issue and further modules will be added to the Situation Room once it is resolved.
			Number of organizations reporting through the CAPR system	1,700	1,700	1,000	1,290	1,247	136	Due to insufficient funding, there are discrepancies in how data is reported, leading to a lack of uniformity. These issues can cause problems for those relying on the accuracy of the information. To ensure accuracy and consistency, additional resources must be put in place
			No of mathematical modelling projects conducted	2	3	0	1	3	2	The annual HIV Estimates for 2023 have been completed. Epidemic appraisal to support development of Kenya Modes of Transmission is still ongoing.
Number of Counties supported to develop HIV related policies	13	1	0	13	10	47	Mid term review of county plans has been completed in all the counties. The over achievement was due to the timely evaluation of the CAIPs midway			
NASCOP			Number of people Currently on ART	1,254,800	1,254,840	1,287,890	1,255,598	1,299,152	1,330,565	The target surpassed due to implementation of test and treat strategy for clients who test HIV Positive, MOH and partners

Programme	Delivery Unit	Key Outputs	KPI	Planned Target			Achieved Target			Remarks	
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23		
	HIV Prevention and Management Services								efforts in minimizing likelihood of loss to follow up, (Loosing clients initiated to ART due to various reasons) and deaths.		
			Number of targeted HIV tests amongst high-risk populations	8,686,470	8,234,360	7,632,170	4,969,514	4,012,492	4,241,677	Delayed procurement and distribution of HIV rapid test kits to the service delivery points.	
			Number of HIV Positive Identified	182,410	189,390	190,800	125,854	103,099	91,093	Delayed procurement and distribution of HIV rapid test kits to the service delivery points.	
			Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	N/A	N/A	8.4	8.3	8.9	8.6	The variance is attributed to ANC Coverage testing rates, enrolment to HAART, Adherence and EID Testing for children. There was a shortage of commodities as well	
			Percentage of HIV pregnant women who received HAART in ANC, PNC and Labor and Delivery	94	95	98	95%	93%	94%	The variance is due to women opting out of treatment for various reasons. A lot of effort in both public and private sector in Behavior Change.	
SP 1.2 Non-Communicable diseases	Cancer Programme	Cancer Prevention Services	Number of women of reproductive age screened	369,380	400,000	500,000	328,852	670,109	344,576	The drop in screening attributed to change in reporting tool MOH 711 to MOH 745, lack of adequate human resources at NCCP to support program activities.	
			Number of Primary health care workers trained	500	2800	3,000	2,600	6,300	6,805	The target was surpassed due to Global Fund supported trainings and sensitization through webinars.	
		Comprehensive regional cancer centers established	Number of regional cancer centres	3	3	4	3	3	2	In the FY 2022/23 under review, two centers in Nakuru and Garissa were launched and are operational. Two other centers were at procurement stage.	
	National Cancer Institute Kenya	Public education in cancer prevention and control	Number of people reached with cancer Prevention & Control messages	5,000,000	8,000,000	15,000,000	5,810,591	14,000,000	19,800,000	Target was achieved. The Institute held various forums that acted as platforms to reach Kenyans with messages on cancer. The initiatives included: - The Cancer Summit; The World Cancer Day; and Cancer Survivors Day. Further, NCI-K enhanced messaging on mainstream media and social media including vernacular FM Stations and HUDUMA Mashinani Caravans to educate the public.	
			Partnerships in cancer prevention and control	Proportion of counties with county specific cancer control frameworks	N/A	N/A	10%	N/A	N/A	10%	Target was achieved. Five Counties namely Kakamega; Mombasa, Nakuru, Machakos and Nyeri were supported to develop County-Specific Cancer Action Plans
				Number of MDAs trained to implement Workplace Cancer Prevention and Control Programs	8	9	22	9	12	44	Target was surpassed as MDAs including Teachers Service Commission and Ministry of Interior and Coordination of National Government, State Department for gender; Children department; MOH; MOE; HUDUMA Kenya; NACC and NCPD were sensitized and trained on Workplace Cancer Prevention and Control Programs.
				Number of Cancer Care Centers certified	N/A	20	30	N/A	58	78	The target was surpassed due to an increase in demand for designation by the cancer treatment facilities. Major Facilities including Avenue hospital Kisumu; Bosongo Medical Centre; Garissa County Referral; Tawfiq Hospital; Fairfield Medical, Cancer Centre of Excellency Limited and Salama care were certified. Two facilities namely Cancer Care International and Ladnan hospital were inspected but awaiting certification after they put in the minimum requirements.
			Quality assurance in cancer care services	Proportion of cancer treatment facilities that have met the minimum standards of care	15	19	5	19	57	5	Target was achieved. Five facilities were inspected and were confirmed to have met the minimum standards of care they are awaiting official certification by NCI-K.
	Cancer data and research to inform policy and practice	Number of policy briefs generated from cancer data and research	N/A	N/A	3	N/A	N/A	0	Target not achieved. However, the policy briefs are still being generated in consultation with relevant stakeholders for finalization. This will be finalized in the FY2023/24.		
	Cancer information platforms established in national and county levels	Number of cancer registry hubs established	12	17	8	13	21	8	Target was achieved.		

Programme	Delivery Unit	Key Outputs	KPI	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
	Mental Health Unit	Health Care Workers Trained on Mental Health and Psychosocial support	Number of Health Care Workers trained	10,000	10000	1,000	1,195	786	1,591	We were able to exceed our target in FY 2021 & 22/23, due to integration of mental health in Covid 19 and Ebola Preparedness and response.
		Community Health Workers trained on mental health Interventions	Number of community health workers trained	N/A	500	700	N/A	120	75	Targets not achieved due to insufficient Funds
	Kenya Board Of Mental Health	Inspection of Mental health units and facilities offering mental health services	Number of inspections done.	N/A	N/A	1	N/A	N/A	0	The board was not in place in FY 20/21 & 21/22. Unable to achieve target for FY 22/23 due to lack of funds.
		Report on status of Mental health in the Country	Quarterly report on state of mental health in the Country.	N/A	N/A	1	N/A	N/A	0	The board was not in place in FY 20/21 & 21/22. Unable to achieve target for FY 22/23 due to lack of funds.
	Non-Communicable Diseases (NCD)Prevention and Control Unit	TOTs trained on Diabetes and Cardiovascular Diseases prevention and management	Number of TOTs trained	500	1500	500	498	87	0	The target was not achieved due to inadequate funds.
		Nation NCDs STEPWISE Survey conducted	STEPWISE survey report	1	1	0	1	0	0	There was lack of funds. Plans underway to undertake the STEPWISE Survey.
		Diabetes and hypertension curative services	Number of diabetes patients receiving treatment	100,000	150,000	226,310	113,099	142,223	179,028	The target not achieved due to incomplete reporting secondary to Hypertension and Diabetes tools and inadequate capacity among Health Care Workers (HCW) to utilize the revised reporting tools, financing for NCD's (out of pocket expenditure limiting access), inadequate human resources to support the unit.
			Number of hypertensive patients receiving treatment in Millions	150,000	250,000	1,100,000	186,000	240,000	513,805	The target not achieved due to incomplete reporting secondary to Hypertension and Diabetes tools and inadequate capacity among Health Care Workers (HCW) to utilize the revised reporting tools, financing for NCD's (out of pocket expenditure limiting access), inadequate human resources to support the unit.
		Community Health Volunteers trained on Diabetes and CVDs prevention and control	Number of Community Health Volunteers trained	285	400	1500	232	1151	1191	Inadequate Financial resources to train more community health promoters
	Violence and Injuries Prevention and Control Division	TOTs trained on trauma prevention and care	Number of TOTs trained	75	100	200	50	50	202	The target was surpassed to training of TOTs in the following counties: Makueni, Machakos, Kajiado, Nairobi and Nakuru counties
		Community Health Volunteers trained on prevention and control of violence and injury	Number of CHVs trained	0	1500	3500	500	0	200	Inadequate Funding
	Geriatrics Medicine	Functional workplace wellness programme established at Ministry of Health	Number of functional workplace wellness programs	1	1	1	0	0	0	The wellness centre established; however, it is currently operating sub-optimally (Weight, height and BMI readings taken for members at MOH) Plans are ongoing to incorporate more services.
		Guidelines on Physical Activity, Healthy Ageing and	Guideline on Physical Activity, Healthy Aging and Older Persons developed and available	1	0	1	0	1	0	The guideline was developed in FY 2021/22

Programme	Delivery Unit	Key Outputs	KPI	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
		Older Persons developed and disseminated								
		Rapid geriatric assessment (RGA) conducted on Geriatric patients	Number of RGAs conducted	200	1000	1300	0	1200	0	Target not met due to inadequate resources
SP 1.3 Reproductive Maternal Neonatal Child and Adolescent Health	Department of Family Health	Family Planning Services	Proportion of Women of reproductive age receiving FP commodities	50	50	55	43	52.4	74	Source DHIS2: Coverage increased due to availability of stocks and the introduction of the integrated LMIS which improved the supply chain efficiency. GOK procurement of FP commodities happened in FY 22/23. This is expected to result in decline in coverage.
		Maternal Neonatal and Child Health Services	Proportion of pregnant women attending at least 4 ANC visits	60	57	57	52.1	52.8	51.9	The adoption of the 8 ANC contacts to be rolled out.
			Proportion of women receiving post-natal care within 2-3 days of delivery	52	50	50	12	12	37.9	Data quality issues have been identified. Clarity on period for required data in the indicator description to be within 48hours.
			Number of MCH books distributed in Millions	2.2	0	2.2	0	0	0	Process for procuring for 2.2m books 2022-2023 on-going printed by MOH
			Facility based maternal mortality rate per 100,000 deliveries	100	103	100	103	110.3	86	Samburu County was exempted due to data quality issue. However, there's need to carry out an audit and recommendations from the audit to be implemented.
			Number of facilities based neonatal deaths per 1000 live births	12	23	11	23	9.3	10	A slight improvement noted due to scaling-up of high impact interventions, supplies and equipment, capacity building of essential newborn care, development and rolling out of quality-of-care standards, data reviews meetings, improved technical assistance to counties
			Proportion of Vitamin A Supplementation (VAS) coverage	62	80	80	82	86	83.3	The target achieved due availability of commodities, partner support, community mobilization during Malezi Bora activities (May & November) covering all ECDs
Number of Pre-school and school going children de-wormed in Millions	6	6	6	2.6	5.4	4.5	In 2023 there was change in strategy in which some of the counties with low prevalence of Soil transmitted Helminthes and Schistosomiasis were not covered			
SP 1.4 Immunization Management.	Division of National Vaccines and Immunization program	Vaccines and Immunization Services	Proportion of fully immunized children (Proxy Penta 3)	84	84	86	84	88	84.7	There has been a decrease in Fully Vaccinated Children due to vaccine shortage.
			Proportion of Health Facilities with Functional Cold Chain Equipment	90	92	94	88	88	85	The cold chain spare parts are expensive and not readily available in the country. The last time the parts were procured was in 2018, and National level have been assisting county in repairs. World bank has provided funding for maintenance of the equipment.
			Number of Covid 19 vaccines doses administered(millions)	9	37.6	9	370,465	18,841,001	24,699,468	The figures represent total Covid 19 Vaccines (Dose 1) administered, dose 2 and boosters to both adults and teenagers. The numbers have been slightly increasing.
			Proportion of fully immunized adults	17	100	100	1.4	32	38.4	Kenya has fully planned to vaccinate 19 million adults (70% of the adult population by end of June 2022 and the entire population of 27million people by the end of December 2022. Since WHO declared the end to Covid 19 as a global health emergency.
SP 1.5 Primary Health Care	Division of Community health services	Functional Community Health Units (CHU's) established	Number of Functional CHU's	9513	9513	8663	8663	8772	9867	>100% achieved Counties opened up more CHU's towards UHC roll out. As at end of June 2023, there was 9,967 functional CHU's in the Country.
		Collection and reporting of community health data strengthened	Number of Counties using e-CHIS to collect and report data on KHIS	0	5	5	0	2	5	10.6% Five Counties have (100%) achievement namely: Kisumu, Kakamega, Siaya, Vihiga and Migori Counties.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
Programme 2: National Referral Facilities and Specialized services										
Programme Outcome: Increased access and range of quality specialized health care services										
S.P 2.1 National Referral Health Services	Kenyatta National Hospital	Specialized health care services	Number of Heart surgeries done	150	359	395	326	465	627	Target surpassed due to acquisition and installation of heart lung machine, allocation of additional dedicated theatre as well as training of specialized personnel. Conducted 3 heart surgery projects in collaboration with international partners
			Number of Other Cardiothoracic surgeries conducted	567	1,024	1,127	931	1,142	1,238	Target surpassed due to acquisition of additional specialised equipment and introduction of extended theatre operations as well as operationalization of Ward 4B Critical Care Unit
			Number of Kidney Transplants conducted	25	15	20	7	16	19	Screening, identification and preparation of patients for Kidney transplant was conducted and a total of 19 Kidney transplants have been undertaken and 304 patients were screened and prepared for transplantation.
			Number of minimally invasive surgeries done	4,849	5,756	5,956	5,232	6,044	6,113	Target achieved. Key activities undertaken including training thirty (30) personnel on use of equipment for minimal invasive surgeries, procured and operationalized three laparoscopic towers at general surgery, Urology and orthopedics
			Number of patients undergoing specialized Burns treatment (OBD)	575	544	589	534	553	524	Target not achieved. The target was not met hence the hospital has initiated RRI for reduction of ALOS and allocation of additional specialised dedicated theatre
			Number of cancer patients on (Chemotherapy and radiotherapy)	48,113	41,970	44,068	39,971	38,639	37,772	Target not met due to the decommissioning of two radiotherapy machines (Equinox and Cobalt 60). The Implementation of the Equipment Replacement Plan is ongoing whereby a brachytherapy machine has been installed and operationalized. Installation of a new Linac machine and two (2) bunkers is ongoing.
		Health Research disseminated	Number of new Research Projects disseminated	16	17	18	16	18	34	Target surpassed. The hospital has expanded the knowledge repository and provided a platform for research mentorship program.
		Average waiting time for specialized diagnostic and treatment services reduced	ALOS for trauma patient's (days)	32	36	36	39	40	38	Target not met due to the nature of our patients. The hospital has initiated RRI for reduction of ALOS and allocation of additional specialized dedicated theatre
			Average waiting time (days) for radiotherapy	20	20	19	21	18	22	Target not met due to the decommissioning of two radiotherapy machines (Equinox and Cobalt 60). The Implementation of the Equipment Replacement Plan is ongoing whereby a brachytherapy machine has been installed and operationalized. Installation of a new Linac machine and two (2) bunkers is ongoing
			Average waiting time (days) for chemotherapy	27	21	19	21	18	17.5	Target met. The hospital Introduced 24-hour in-patient chemotherapy services and Operationalized two (2) satellite pediatrics chemotherapy centres. In addition, specialised teams and strict adherence to NHIF booking model established.
		Outreaches conducted	Number of outreaches conducted	70	61	67	344	381	391	Target met. The outreaches were conducted 122 physically and 269 webinars to various counties
		Mentorship and preceptorship for specialized health personnel conducted	Number of staff under preceptorship	N/A	50	32	N/A	53	14	Target not met due to government austerity measures on training
	Number of Youth Internships/Industrial Attachment/ Apprenticeship provided		1,650	1,818	1,999	1,731	1,904	2,766	Target met. A virtual conferencing model and creating a multidisciplinary team of facilitators was established as well as introduction and expansion of additional specialised services.	
	Mwai Kibaki Hospital	Specialized health care services	Number of minimally invasive surgeries done	1,398	1,468	1,541	1,398	1,698	1,907	Target surpassed due operationalization of the maternity theatre, engaged specialists in obstetrics, orthopedics and ophthalmology
			Average waiting time for chemotherapy services (days)	15	14	12	12	7	8	Target surpassed. Implemented sessional consultancy for oncology unit and introduced framework contracts for oncology medicines.
Number of dialysis sessions conducted			550	856	3,323	778	4,025	3,514	Target met. However, machine breakdown during the year	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
			Average length of stay for orthopedics surgery (days)	15	14	14	12	18	15	Target not met. Most of the Orthopedics patients admitted needed multi-disciplinary intervention and inability to pay.
			Number of specialized clinics	9	18	20	16	21	17	Target not met. The Hospital is in the process of hiring a nephrologist, plastic specialist and neurosurgery specialist.
			Number of screening sessions for NCDs	N/A	2	3	N/A	7	7	Target surpassed. NCD sessions were incorporated in the medical outreaches and attended to 2,902 clients.
		Health Research disseminated	Number of research projects on health disseminated	N/A	N/A	7	N/A	N/A	1	Target not met. However, the hospital has established, staffed and operationalized the research department.
		Mentorship and preceptorship for specialized health personnel conducted	Number of youth internships/industrial attachments/apprenticeship	N/A	N/A	130	N/A	N/A	153	Target met due to high demand of students seeking for attachment and internship. Signed MoUs with training institutions.
		Multi-disciplinary outreaches to sensitize facilities and the public conducted	Number of specialized multi-disciplinary outreaches	N/A	N/A	15	N/A	N/A	15	Target met. Conducted 15 physical outreaches across the Mt Kenya region.
		Policies and strategies developed	Number of Policies developed	N/A	5	6	N/A	7	6	Target met. Domesticated policies as per the approved KNH manuals and guidelines.
	Number of strategies developed		N/A	-	2	N/A	1	2	Target met. The hospital domesticated the main hospital culture change strategy and Reviewed KNH Othaya Strategic Plan	
	Mama Margaret Uhuru	Specialized health care services	Reduce case fatalities amongst admitted Neonates	N/A	12.1	11.3	N/A	10.9	11.1	Target achieved. Conducted monthly mortality and morbidity audits amongst neonates and implement recommendations
			Reduce the case fatalities amongst admitted Infants	N/A	13.0	12.7	N/A	12.0	12.5	Target achieved. Conducted monthly CMEs on most prevalent diseases that cause mortality
			Number of new services	N/A	11.0	12.0	N/A	10.0	13.0	Target surpassed. Introduced ENT, POPC, Maternal Child Healthcare, Orthopedic technology, CCC, TB-Clinic, MCHF, Occupational Therapy, Physiotherapy and Orthopedic Trauma services
			Average length of stay	N/A	8.0	9.0	N/A	8.1	8.0	Target achieved. Introduced three major ward rounds, placement of laboratory equipment.
		Health Research disseminated	Number of new Research Projects disseminated	N/A	1.0	2.0	N/A	-	1.0	Target not achieved. Structures to institutionalize research put in place.
Multi-disciplinary outreaches to sensitize facilities and the public conducted		Number of specialized multi-disciplinary outreaches	N/A	1.0	4.0	N/A	1.0	6.0	Conducted six outreaches across various sub-specialties i.e. IPC, World club foot, TB day, diabetes.	
Moi Teaching and Referral Hospital	Average length of stay reduced	Average Length of Stay for Orthopedic Surgery (Trauma Patients) Days	14	12	11.7	12	11.3	11.1	Achievement due to timely specialized diagnostic services, adoption of 24 hrs. Theatres operations, consistent supply of drugs and non-pharmaceuticals.	
		Average Length of Stay for Paediatric Burns Patients	34.1	34.1		31.23	30.6	28.5	Achievement due to timely interventions to patients (Consultant's daily ward rounds), availability of drugs/supplies, and timely discharges.	
		No. of Kidney Transplants undertaken	16	17	18	8	18	18	Achievement due to continued screening & recruitment of patients from the Clinics and Wards as well as investment in Specialized HRH and Medical Equipment.	
	Specialized Healthcare Services	Number of Minimally Invasive Surgeries	1,463	2,500	2,700	2,226	3,118	3,202	Achievement due to continued screening & recruitment of patients from the Clinics and Wards as well as investment in Specialized HRH and Medical Equipment.	
		Patients receiving oncology services- Consultations & Treatment	16,024	17,120	16,600	16,395	17,536	19,622	Continued availability of Consultants at the Clinics & adherence to chemotherapy sessions schedules.	
		Number of Open-Heart Surgeries	39	40	44	8	56	92	Achievement due to continuous investment in specialized Human Resources for Health (HRH), modern equipment, drugs, and supplies.	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
			Number of Corneal Transplants	9	10	11	9	12	15	Achievement is attributed 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
			Number of Hemodialysis Sessions for Children	1,750	1,900	1,930	2,083	2,424	2,502	Achievement is attributed to the availability of highly trained staff, modern equipment, adequate drugs, and essential supplies. MTRH is the only Public Hospital in Kenya doing Children's Hemodialysis.
			Number of Cardiothoracic Surgeries	45	410	315	297	436	453	Achievement due to continuous investment in specialized Human Resources for Health (HRH), modern equipment, drugs, and supplies.
		Health Research disseminated	Number of Disseminated Research Papers on Health	12	22	24	12	21	120	Achievement is due to allocation of Research Fund (Intramural Funds) by MTRH and other Research Grants through Academic Model Providing Access to Healthcare (AMPATH)
		Multidisciplinary Consultations Conducted	Number of Multi-disciplinary Consultations with Counties	52	77	81	57	86	93	MTRH continues to undertake specialized multi-disciplinary outreaches in Western Region Counties. This was done in partnership with the County Health Services.
		Youth internships/ Industrial attachments/Apprenticeships provided	Youth Internships/Industrial Attachment/Apprenticeship	3,380	3,390	3,395	2,822	3,508	3,602	The Hospital has ensured progressive involvement of youths in attachment & apprenticeships.
Kenyatta University Teaching, Referral and Research Hospital	Specialised health care services	Number of Open-Heart Surgeries done	3	4	18	7	13	35	The target was exceeded due to increased demand for the service	
		Number of Kidney transplant undertaken	0	0	2	0	0	0	Capacity building was undertaken for the transplants to start in 2023/24	
		Number of minimally invasive surgeries done	135	150	750	120	735	1234	The target was exceeded due to increased demand for the service	
		Number of patients receiving chemotherapy and radiotherapy Treatment	7500	18000	19,500	7,908	18,950	19,752	The target was exceeded due to increased demand for the service	
		Number of Hemodialysis Sessions conducted	3200	6500	7,200	5400	6845	7840	The target was exceeded due to increased demand for the service	
		ALOS for orthopedic patients* (days)	15	16	14	16	15	11	The target was exceeded as a result of improvement in service delivery	
		ALOS (days) for elective general surgery patients	12	9	7	10	7	6	The target was exceeded as a result of improvement in service delivery	
	Average waiting time for specialized diagnostic and treatment services reduced	Number of specialized Gynecology procedures conducted	0	500	500	0	384	812	The target was exceeded due to increased demand for the service	
		Average waiting time (days) for radiotherapy	25	17	18	18	20	28	The target was not achieved due to the inability to meet the demand for radiotherapy services	
		Average waiting time (days) for Chemotherapy	21	21	17	21	18	2	The target was exceeded due to increase in capacity by introducing additional shifts	
		Average turnaround time for oncology patients (hours)	4	3	2	3	2	1	The target was exceeded due to increased efficiency	
		Number of PET Scan examinations done	0	0	3,000	0	0	3685	The target was exceeded due to increased demand for the service	
		Number of SPECT CT-Scan examinations done	0	0	800	0	0	1570	The target was exceeded due to increased demand for the service	
		Number of Cyber-Knife procedures done	0	0	50	0	0	0	The equipment was installed and services to start in 2023/24	
	Studies & Research conducted	Number of Brachytherapy sessions conducted	0	0	720	0	0	854	The target was exceeded due to increased demand for the service	
Number of research conducted & completed		1	2	3	2	2	3	The target was met		

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
		Medical Outreached and mentorship conducted	Number of Medical Outreaches and Mentorships conducted	4	5	6	5	6	7	The target was exceeded as a result of successes in the camps held hence increased demand
		Youth internships/ Industrial attachments/Apprenticeships provided	Number of Youth Internships/Industrial Attachment/ Apprenticeship	30	100	260	85	247	327	The target was exceeded due to increase in number of requests from universities and colleges
		Diagnosis and Cancer Treatment Facilities Developed	Percentage of completion of Integrated Molecular Imaging Center (construction and equipping)	50	100	N/A	80	100	N/A	
			Percentage of completion for the expansion of the Cancer Center (Manu Chandaria Comprehensive Cancer Care Center)	0	40	70	0	50	80	The target was exceeded due to acceleration of the construction process
			Percentage of procurement, installation, and operationalization of Cyber Knife completed.	0	0	100	0	0	100	The target was met
	Mathari National Teaching and Referral Hospital	Policies, Standards and Regulations developed to operationalize MNTRH	Number of policies developed			1			2	SOPs and 5 years Strategic Plan
			Number of standards and regulations developed			1			2	Waivers Manual and Finance Manual
		Specialized mental health services	Number of patients receiving in-patients specialized mental health services.	246729	259066	272,000	183262	189182	248,254	Target was not met due to a lot of clients not able to come for the services as a result of economic conditions as most of them are repeat patients
			Number of patients receiving out-patient specialized mental health services	282,842	296985	312,000	252180	254913	342,100	Due to the elevation of the hospital status to a level 7 Referral Hospital hence a bigger coverage and more referrals
			ALOS for civil psychiatric in-patients	42	55	50	64	48	44	Most of the patients are from low economic backgrounds, hence are unable to pay their bills in time and will always seek to be waived
			Number of community mental health outreaches conducted for early detection and treatment	N/A	2	2	N/A	16	21	More budget was allocated for the community outreach
			Number of clients assessed for mental status	N/A	600	700	338	407	1372	There is perceived increase in the rate of youth indulgence in alcohol and substance abuse, causing an influx in mental cases
			Number of forensic clinics to prisons conducted	N/A	16	22	N/A	30	32	Due to increase of general crime rate in the country hence having more forensic patients in the prisons
		Sub-specialized mental health practitioners trained	Number of sub-specialized mental health practitioners trained	N/A	4	8	N/A	5	15	Increased budget for training in specialized psychiatry
		Mentorship and preceptorship for specialized mental health personnel conducted	Number of Youth Internships/Industrial Attachment/ Apprenticeship	N/A	1300	1,450	N/A	3020	3,645	Introduction of mental health courses in medical training colleagues caused the influx
		Scientific conferences facilitated	Number of staff facilitated for scientific conferences	N/A	100	125	N/A	52	220	Increased emphasis on continuous medical education and development.
		Abandoned patients waived	Number of patients waived	N/A	180	140	N/A	222	1749	This was due to economic hard times due to high inflationary effects caused by COVID
		Patients Re-integrated into the community	Number of re-integrated patients into the community	96	90	85	103	280	312	Due to the increase in the number of abandoned patients, causing over admission. The cured patients have to be re-integrated back to create more room
		Studies and Research conducted	Number of research conducted on. behavioral health system needs	N/A	1	1	N/A	0	3	3 research ongoing
	Spinal Injury	Specialized spinal services	Number of in-patients receiving spinal services	190	226	240	219	204	150	The inpatients wards were under renovation.
			Number of out-patients receiving spinal services	1353	1820	1920	1754	2126	1654	The was renovations going on in the hospital

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks		
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23			
			Average Length of Stay (days) for Spinal patients	90	83.7	83.2	84.2	84	83	Due to availability of specialized drugs, spine implants, and diagnostic equipment. MRI, CT SCAN enhanced quality treatment		
			Number of orthopedic spine surgeries	N/A	156	187	N/A	180	100	The was renovations going on in the hospital, the number of in-patients admitted was low		
			Number of Plastic surgeries	N/A	152	182	N/A	160	94	The was renovations going on in the hospital, the number of in-patients admitted was low		
			Number of Patients re-integrated	N/A	190	216	N/A	106	112	112 patients were successfully re-integrated		
SP 2.2Health Infrastructure and Equipment Management	Health Infrastructure Management	Managed Equipment Services	No of Public hospitals with MES equipment	118	118	118	118	118	118	The project has been extended for one year.		
		Kisii level 5 cancer center constructed	Percentage of Completion rate	100	100	100	0	0	0	Re-advertisement for the Contract was done		
		East African Centres of excellence for skills & Tertiary Education	Percentage completion rate of construction works	100	100	100	51	63	84	Final finishes for the complex is ongoing and the process of procurement of equipment has began		
			Number of Health Workers trained in renal specialties	287	287	287	287	0	287	The project has trained the targeted number.		
		Kigumo Hospital upgraded to level 4 status	Percentage of Completion rate	60	80	100	52	78	90	The project is on course		
		Regional Cancer Centre in Meru established	Percentage of Completion rate	0	20	40	0	0	0	Budget constraints		
Regional Cancer Centre in Kakamega established	Percentage of Completion rate	0	20	40	0	0	0	Budget constraints				
SP 2. 3.Health Products & Technologies	Division of Health Products and Technologies	Health Facilities with the capacity to deliver oxygen	Number of Health facilities with the capacity to deliver oxygen			20			32	DHPT worked to ensure health facilities were capacitated to deliver oxygen through (i) piping of oxygen in health facilities (ii) Installation of PSAs in health facilities (iii) Installation of liquid oxygen tanks in health facilities and (iv) Ensuring availability of oxygen cylinders in health facilities		
		Pharmacy Services	Proper quantification of Health Products and Technologies conducted	Percentage of Counties with quantification data for HPTs			85			100	Quantification was carried out for all 47 counties. Additionally, the 6 national referral hospitals were included while at the consolidation level, all strategic programs HPT were also included. The National Quantification Report for Health Products and Technologies 2021/22 to 2023/24 was officially signed off in March 2022. Resources were availed by Afya Ugavi USAID for the countrywide quantification excercise.	
	Division of traditional and alternative medicine	Policy guidelines and regulatory framework for traditional and alternative medicine (TAM) established	Traditional & Alternative Policy guideline developed			1					A Traditional and Alternative Health Practitioners Bill has been developed, is at the Attorney General's Office. The TAM Policy has also been completed stakeholder engagement and is at the MOH legal office awaiting forwarding to the Cabinet. Some resources were mobilized from TICAH and UNESCO who supported the work. The process has taken very long as no resources were allocated by GOK to support the completion of the work.	
			Number laws/Regulations developed			1					On-going	Awaiting the passing of the Bill and the Policy
			Traditional and alternative health practitioners council established			1					On-going	Awaiting the passing of the Bill and the Policy.
	KEMSA	Availability of Health Products & technologies	% order refill rate for HPTs	90%	90%	90%	54%	50%	51%	The organization's performance during the year fell below expectations due to; Financial Constraints for Essential Products: The organization faced financial limitations, hampering its ability to procure essential health products and vital technologies required to meet the needs of the various counties it serves. Supplier Delays in Deliveries: The poor turnaround time of suppliers in delivering Health Products and Technologies		

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
										(HPTs) to KEMSA added to the complications. These delays hindered the organization's ability to promptly fulfil its commitments to its customers Uncertainty due to Organizational Reforms: The ongoing organizational reforms introduced an element of uncertainty. This uncertainty had a noticeable impact on the morale of the staff, resulting in reduced productivity and engagement.
			% order refill rate for UHC HPTs	100%	100%	N/A	69%	55%	NA	
			Order turnaround time(days) PHFs	10	10 days	10 days	18.1	19.8 days	16.9 days	The organization's performance during the year fell below expectations. Several factors contributed to this sub-optimal outcome: Disjointed Warehouses Impacting Efficiency: The presence of disconnected warehouses throughout Nairobi had a detrimental effect on route integration and resulted in prolonged order processing times. Consequently, this issue led to extended order turnaround times. Insecurity in Remote Areas: Insecurity in hard-to-reach regions further exacerbated the challenges. This posed difficulties in serving certain areas efficiently, affecting both operations and customer satisfaction.
			Order turnaround time(days) Hospitals	7	7 days	7 days	12.6	14.7 days	14.4 days	
			%of orders dispatched to health facilities	N/A	100%	100%	N/A	99%	99%	The Authority takes pride in its pivotal role and significant milestone in Last Mile Delivery of (HPTs), which positively impacts the lives of every Kenyan. In FY 2022/23, KEMSA proudly served over 8,700 health facilities, representing 99% of last mile deliveries dispatched to all 290 constituencies and all 47 counties across the Country. As the leading the Government Authority in distribution of Health Products and Technologies (HPTs), KEMSA goes above and beyond to reach patients at their nearest rural hospitals
		National Commodities Storage(supply chain) center	% completion rate (Initial Contract)	90%	100%	100%	77%	92%	92%	The project completion was delayed due to unavailability of funds as per the budget estimates GoK Allocation of KSh. 310 Million which was not disbursed
		National Commodities Storage(supply chain) center	% completion rate (Remeasured Contracts - with new budget needs)		100%	100%		72%	81%	
		Equipping, Warehouse Layout, Automation & Operationalization of the New Warehouse	%ge of completion of Operationalization			46%	N/A	NA	7%	The balance of funding that had been committed under Project CODE: 1081101800 by Global Fund was reclassified to Operationalization of the New Warehouse and not for main works. Reference is made to the Global fund correspondence vide letter Ref: GMD/HIA2/KEMSA Construction/Progress Review_4 dated Geneva, 27th January 2022. Global Fund recognized that there is still pending works which are critical to the operationalization of the warehouse and granted approval of usage of the remaining grant funds solely for the operationalization of the warehouse of US\$ 2,839,726.
SP 2.4 National Blood Transfusion Services	National Blood Transfusion Service, Tissue and Human Organ Transplant	Blood transfusion services	Number of blood units Collected	200,000	400,000	400,000	34,187	273,349	412,868	The set target of 400,000 of blood and blood components was surpassed.
			Percentage of whole blood units collected and converted to components	80%	70%	70%	75%	57%	67%	The variance is due to the increased number of blood units collected and new blood establishments. KNBTS has equally increased component preparation capacity in the new blood establishment.
			Number of transfusing facilities under Hemovigilance surveillance	350	450	500	262	450	500	The 500 transfusing facilities submit monthly hemovigilance reports to KNBTS. The establishment and strengthening HTCS is ongoing.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
			Number of Kenya National Blood Transfusion Sites (KNBTS) supplied with specialized commodities and equipment	25	35	47	28	48	49	All the 49 sites including the 6 RBTCs are supplied with specialized commodities and equipment.
			Number of New blood collection centres established		15			14	0	Between FY 2020/21 and FY 2022/23, the number of satellite blood transfusion centres increased from 29 to 43 while the RBTCs remained 6 making a total of 49 Blood establishments in the Republic.
Forensic and Pathology services	Forensic services	Percentage of Clinical forensic autopsies performed	100%	100%	30	100%	100%	100%	All clinical Autopsies requested during this period were done	
		Number of Expert opinions given	100%	100%	250	100%	100%	100%	All expert opinion requested during this period were given	
		Number of exhumations performed for medical forensics	100%	100%	25	100%	100%	100%	All exhumations requested during this period by the courts were executed	
		Number of Criminal related death scenes viewed.	100%	100%	30	100%	100%	100%	All criminal scenes that were presented to the Directorate of criminal investigations were visited by DCI together with the Forensic pathologists	
	Histology and Pathology services	Number of Histo-cytopathology examination for cancer diagnosis carried out	30%	40%	45	40%	60%	60%	The number of histocytology examination for cancer diagnosis carried out in both years surpassed the target	
		Percentage of interpreted pathology results for clinical decisions	40%	40%	45	10%	60%	100%	Percentage of interpreted pathology results for clinical decisions in the previous year the target was met in the following year the target was surpassed.	
Nursing services	Nursing policy 2021-2030 developed	Nursing policy developed	N/A	N/A	1		N/A	1 (100%)	The National Nursing and Midwifery Policy was developed and launched in July 2022.	
	Nursing Health legislation enacted	Draft Nurses act CAP 257 presentation to parliament health committee	N/A	N/A	1	N/A	N/A	0%	Draft presented but returned for further consultations	
	Critical care services	Number of nurses sponsored for critical care services	N/A	150	200	N/A	20 (30%)	150 (75%)	150 nurses enrolled nursing specialty courses but under self-sponsorship model	
Ophthalmic Eye Health	Comprehensive Ophthalmic centers established	Number of new ophthalmic training Centers	N/A	1		N/A	1		Achieved at MTRH	
		Number of New Centers offering Diabetic eye care	N/A	5		N/A	3		Equipment are in procurement processes for Thika L5, Embu and Meru level5 only.	
		Number of Centers offering Refractive and Low Vision Services	N/A	15		N/A	0		Target not met due to inadequate Budgetary allocations	
	Eye health infrastructure upgraded	Number of eye Health Facilities Rehabilitated	N/A	10		N/A	0		Target not met due to inadequate Budgetary allocations	
		National Eye Drop Production upgraded to Good Manufacturing and Production Standards (GMPS)	N/A	1		N/A	0		Target not met due to recommendation from PPB to drop it as it's a regulatory function. However, MOH to work on Contract manufacturing	
Oral health services	Oral health policy developed	Oral health policy in place	N/A	1	1	N/A	1	N/A	Ministry of health launched the Oral Health policy which awaits dissemination	
	Guidelines and safety protocols for oral health services developed	Guidelines for oral health developed	N/A	1	1	N/A	1	N/A	Guidelines and safety protocols for oral health in place	
	Amalgam phasedown	National plan for amalgam phasedown developed	N/A	1	1		0	10%	The National plan to phase down dental amalgam is 10% done with a zero draft in place	
		Number of Amalgam phasedown tools developed	N/A	9	4		0	4	The target was not achieved due to lack of funding	
Rehabilitative and Physiotherapy Services	Disability classification tools reviewed	Number of disability classification tools reviewed	N/A	N/A	7	N/A	N/A	7	1 tool was reviewed and out of the one tool 7 were formed (Physical disability, visual impairment, maxillofacial, hearing, speech & language and communication, progressive disorders and mental intellectual disabilities)	
	Guidelines for disability assessment developed	Guideline for disability assessment in place	N/A	N/A	1	N/A	N/A	1	Target was achieved	
Clinical Services	Guidelines for the Health and	Guideline for operationalization of Wellness Centre developed	N/A	1	1	N/A	1	1	Draft in place and ongoing	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
		Wellness Centre developed								
		Health & wellness center for staff mainstreamed all MDAs	Number of Health and wellness clients screened at MoH Health and wellness centre	400	400	400	400	400	400	Target met
	Orthopedics and Trauma Unit	Health Legislation on Orthopedics & Trauma developed	Orthopedics & Trauma Act Developed	N/A	1	0	N/A	1	0	Target was not met as a result of no stakeholders' engagement
	Radiology & Medical Diagnostic Services	Radiographers Health legislation developed	Radiographers Act in place	N/A	N/A	1	N/A	N/A	1	Target was achieved
		Radiographers sensitized on safety and operation of imaging equipment.	Number of Radiographers sensitized.	N/A	N/A	60	N/A	N/A	40	Target not met due to inadequate funding

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
Programme 3: Health Research and Innovations										
Health Research and Innovations										
SP:3.1 Health Innovations	Kenya Biovax Institute	Human vaccine Fill and Finish facility established	Percentage completion rate of human vaccine fill-and-finish facility	N/A	N/A	50%	N/A	N/A	16.5%	(Completion of building including roofing - 25%; GMP Consultancy and Turnkey Contractor contracts - 17% and NEMA License - 8%) The contractor experienced work exigencies that led to delays in delivery of the roofing material. During that period, the Institute undertook a strategic direction to expand available office space which would accommodate recruited staff - this led to redesigning the refurbishment works to incorporate roofing in the second stage for enabling works.
		Technology transfer of HPTs acquired	Number of technology transfers agreements	N/A	N/A	1	N/A	N/A	0	Technology Transfer Agreement with the WHO mRNA technology transfer program submitted to Office of the Attorney General, awaiting feedback
		Personnel trained in specialised HPTs manufacturing and management	Proportion of personnel trained in specialised HPTs manufacturing and management	N/A	N/A	100%	N/A	N/A	100%	The Institute trained all twenty staff on administrative (Corruption Prevention, Prevention of Alcohol and Drug Abuse and in Road Safety Mainstreaming) and technical (Three Staff were Trained in Biosecurity (South Africa), One trained in Introductory Course to GxP (South Korea), One Trained in Introductory Course for Biologics Development and Manufacturing (South Korea)).
		Staff recruited	Number of staff recruited	N/A	N/A	23	N/A	N/A	1	Requisite approval from the National Treasury and Economic Planning for recruitment made in June 2023
		Quality Management Systems established	Percentage completion rate of quality management systems established	N/A	N/A	50%	N/A	N/A	25%	ERP Contract signed in June 2023. Implementation ongoing
		Partnerships & Collaborations established	No of partnerships and collaborations established	N/A	N/A	4	N/A	N/A	1	The Institute has signed an MoU with the Kenya Institute of Primate Research. A draft MoU has been prepared with the Kenya Medical Research Institute and review meetings held - MoU awaiting signing
SP 3.2 Medical research	Kenya Medical Research Institute	Policy briefs developed	Number of policy briefs	10	14	15	48	18	12	The reduction in number of evidence briefs is due to delay in completion of some research projects.
		Research protocols approved	Number of New research protocols approved	125	224	178	143	162	191	The positive increase is because of focus on high priority, high impact team driven research initiatives.
			Number of ongoing Research Projects	405	200	500	520	522	516	This is the cumulative number of ongoing multi-year projects including the new ones formulated within the reporting period.

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
		Research Findings Disseminated	Number of research Papers published	310	350	350	446	432	525	The number of publications is significantly higher than the target maintaining the positive trends over the last three years medium term.
			Number of research Abstracts presented	135	166	191	92	174	209	The positive increase is due to the increased number of scientific conferences offering a broad range of opportunities for scientists for dissemination involving regional, international as well as in country and county platforms for dissemination.
			Number of Scientific & Health Conferences held	1	2	4	1	3	2	The Conferences included KASH, and Lung conferences that were undertaken during the period under review. Some of the conferences were co-hosted (KASH & Malaria forum).
		Quality diagnostic and specialized laboratory services	Number of Diagnostic kits produced	698617	768471	293000	698613	286664	162213	The relative deduction is due reduced demand of our flagship products (Kemrub, Tbcide and Transfer where research outputs are developed into commercially viable products. The products include diagnostic kits that aim to improve quality of diagnosis and support service delivery within the health sector. Strategies are underway for demand creation.
			Number of Specialized laboratory tests conducted in Millions	1223256	1629082	568242	1335872	638427	971376	The positive variance is due to the increased number of specialized laboratory and clinical tests that include tests in (Viral Load, PCR-Early infant diagnosis of HIV, VCT rapid tests and other molecular diagnosis). This increase was also due to enhanced community engagements and rise in new and ongoing research projects.
		Health Researchers enrolled for graduate studies	Number of researchers enrolled for graduate studies	60	60	88	0	59	90	The positive variance is due to the increased visibility and scope of courses offered as we drive towards the attainment of the full charter of a special degree awarding institution.
Completed relevant projects	Project completion rate	100%	100%	100%	77.20%	55%	86%	The following capital projects were undertaken during the reporting period. <ul style="list-style-type: none"> • Repair, renovations of staff quarters at Mbagathi –Blocks C & D • Rehabilitation of access roads and drainage in KEMRI Kisian station • ICT infrastructure and automation • Installation of CCTV, barrier access control • Rehabilitation/Replacement of water piping system at HQ • Upgrading of the p3 laboratories CRDR • Equipping of flu lab and P3 lab at HQ • construction of Sample Management and Receiving Facility (SMRF) and renovation of laboratories 		

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
Programme 4: General Administration and Medical Policy										
Programme Outcome: Strengthen Governance and Leadership in the State Department										
SP4.1: General Administration	General administration	Information Security Management System (ISMS) policy and procedures developed and implemented	ISMS policy and procedures developed	N/A	N/A	1	N/A	N/A	1	ISMS Policy and procedures were developed
			Number of Information Security Risk Registers (Risk Assessment and Treatment) in place across all directorates	N/A	N/A	15	N/A	N/A	15	Security Risk registers for 6 directorates and 9 division were developed
			Number of audits conducted to monitor ISMS implementation	N/A	N/A	2	N/A	N/A	0	Audit was not conducted since training of ISMS auditors was not done
	ICT Services	Staff(officers) computer ratio improved	N/A	N/A	1.30:1	N/A	N/A	1.25:1	There was no funding allocation to procure the computers.	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks	
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23		
		Records at MOH central registry digitalized	Percentage of MOH records at Central registry digitalized	N/A	N/A	50%	N/A	N/A	0	Inadequate funding to procure an Electronic Document and Records Management System (EDRMS)	
		ICT Strategy 2022-2027 developed	ICT Strategy Document developed	N/A	N/A	1	N/A	N/A	1	Draft ICT Policy developed	
		ICT Use 2 and ICT Security Policies and Guidelines developed	ICT Use Policy and ICT Security Policies	N/A	N/A	1	N/A	N/A	1	Draft use Policy developed within the Division	
	Public Relations Division	Communication strategy on Health developed and implemented	Communication strategy developed	Communication strategy developed	N/A	N/A	1	N/A	N/A	1	Draft Communication Strategy developed
			Percentage of Strategy implemented	Percentage of Strategy implemented	N/A	N/A	50	N/A	N/A	0	No strategies were implemented
	Human Resource Management & Development division	Capacity building of health care workers	Number of health care workers recruited	Number of health care workers recruited	9308	1119	0	8706	605	0	The target was achieved in the previous FY
			Number of health care workers placed on internship.	Number of health care workers placed on internship.	N/A	9500	9500	3876	4165	4934	Lack of exchequer and placements facilities
			Percentage of in-post employees trained	Percentage of in-post employees trained	N/A	6%	15%	N/A	10%	0%	Priority was given to pending fee balances
		Operational efficiency in state corporations under Ministry of Health	Percentage of state corporations Organization structures reviewed.	N/A	N/A	15%	N/A	N/A	37%	Target was attained	
	SP4.2: Financing and planning	Finance division	Absorption of financial resources allocated	Absorption Rate	100	100	100	100	89	93.7	Lack of exchequer at the closure of the financial year
Collection of public health sector financial resources increased			Total AIA collected by the Ministry (KSh. Billions)	10.8	10.8	16	10.8	14.8	17.3	Increased reporting rate for donor funded projects.	
Quarterly budget performance reports submitted			Number of budget reports submitted	4	4	4	4	4	4	Target was achieved in the planned period	
Central Planning & Projects Monitoring Unit/ UHC Secretariat		Policy briefs developed	Number of policy briefs	1	4	4	2	9	1	Policy briefs were prepared in line with the National Health Accounts finding for (FY 16/17 - 18/19) which prioritized specific programmes and diseases	
		Capital projects monitored	Number of capital projects monitoring progress reports	N/A	N/A	2	N/A	N/A	0	No capital projects were monitored in 2022/23	
UHC Secretariat		National and County Budget Analysis conducted	Population service Coverage	Number of National and County Budget Analysis	1	1	1	1	1	1	The department carried out a national and county budget analysis and generated a report that was published.
			Service coverage index	Service coverage index	92	80.7	85	88	90	92	Need for more resources to achieve this
	Service Access increased	Number of Households Covered under UHC Scheme (Millions)	1	1.5	1.5	1	1	1	1		
SP4.3: Social Protection in Health	Directorate of Health Financing	Service Access Index	Service Access Index	83	83	85	88	90	92	Target met	
		Health Financing Communication strategy developed	Health Financing Communication strategy in place	N/A	N/A	1	N/A	N/A	0	Kenya Health Financing Communication Strategy was not developed since the financing reforms were not yet completed. The strategy will speak on the finalized reforms.	
	County Health Management teams (CHMT) sensitized on the health financing strategy	Number of County Health Management teams (CHMT) sensitized	N/A	N/A	23	N/A	N/A	8	8 CHMTs sensitized in 4th Quarter of 2021/2023		
	NHIF	Reduced financial barriers to access to healthcare	No. of Deliveries	1,231,200	1,231,200	1,231,200	784,385	821,307	927,102	The target was based on the number of deliveries in a year. However, we achieved 75% in FY 2022/23 due to the fact that some mothers delivered using other insurance covers. There is	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Target			Achieved Target			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
										a growth of 10% in number of deliveries compared to FY 2021/22
			Number of indigents accessing healthcare through HISP.	253,400	253,400	253,400	253,400	253,400	253,400	Planned target achieved 100%
			Number of elderly & Persons with severe disabilities registered.	58,800	58,800	58,800	58,800	58,800	58,800	Planned target achieved 100%
			Number of indigents covered	0	1M	1.5M	0	1M	1M	Registration of additional indigents not carried out limiting funding
			Number of elderly persons accessing services through the Inua Jamii subsidy program	N/A	484,086	484,086	N/A	0	0	NHIF has registered 484,086 members but their premiums were not received from the exchequer
			% Population with social Health Insurance	89%	62%	N/A	46%	55%	N/A	This indicator was dropped in FY 2022/23
			Average claims processing period (days)	30	27	N/A	27	23	N/A	This indicator was dropped in FY 2022/23

STATE DEPARTMENT OF PUBLIC HEALTH AND PROFESSIONAL STANDARDS

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Planned Targets			Achieved Targets			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
Programme 1: Preventive, Promotive and RMNCAH										
Programme Outcome: Increased access to quality promotive and preventive health care										
SP 1.1 Communicable Disease Control	TB Programme	TB Prevention and Curative Services	Number of TB cases notified (All forms)	112,800	100,617	99,226	73,777	82,517	82,302	Due to insufficient budgetary allocations, there was erratic supply of TB diagnostic commodities over the period under review
			Proportion of successfully treated TB cases (all forms of TB)	90%	90%	90%	85%	84%	84%	Concomitant Malnutrition in TB patients led to adverse treatment outcomes with a high death rate of 6%
	Malaria Programme	Prompt malaria treatment enhanced	Number of Artemisinin Combination Therapy (ACTs) doses distributed to public health facilities(millions)	6.8	7.0	6.3	5.8	5.0	6.5	The was improvement in ACTs supply in FY 2022/2023 compared to earlier FYs resulting in surpassing the target for 2022/2023
		Malaria cases in public health facilities tested	Proportion of suspected cases tested (microscopy or Rapid Diagnosis kit)	95%	100%	100%	67%		89%	Improvement in the performance from previous period was as a result of improving supply of commodities.
		Malaria cases treated in accordance to the Kenya Malaria Treatment Guidelines	Proportion of Confirmed Malaria Cases treated	80%	100%	100%	92%	97%	99%	Availability of diagnosis equipment and treatment, Artemisinin Combination Therapy enabled this achievement (ACTs)
		Long Lasting insecticidal nets distributed through Maternal and Child Health (MCH) clinics	Number of Routine Long Lasting Insecticidal Nets distributed(millions)	1.7	2.2	2.3	1.42	1.48	1.8	These Nets are partner procured. However, the number of nets provided by the partner is not sufficient to cover the entire target. The Government needs to allocate more resources to cover the shortfall
		Institutional framework for Malaria Youth Army developed	Framework developed	0	1	0	0	1	0	Target Achieved
Larval Source Management enhanced	Proportion of breeding habitats identified and appropriately managed	0	90%	90%	0	75%	80%	Variance in achieving target was as a result of insufficient funding for the planned activities		
SP 1.2 Non-Communicable diseases	Non-Communicable Diseases	TOTs trained on Diabetes and Cardiovascular Diseases prevention and management	Number of TOTs trained on diabetes and cardiovascular diseases prevention and management	500	1500	124	498	87	50	There was variation since there was delay in inception of a project that was to support the ToT training
		Nuclear safety assurance	Cumulative Proportion of nuclear siting regulations developed	N/A	0	20%	N/A	0	20%	The authority partnered with Nuclear Power and Energy Agency to develop a framework for nuclear power siting

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Planned Targets			Achieved Targets			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
SP 1.3- Radiation Safety and Nuclear Security	Kenya Nuclear Regulatory Authority	Strengthened nuclear security and safety	Cumulative percentage of enforcement officers trained on nuclear security	2%	5%	10%	2%	5%	10%	The authority utilizes available opportunities to sensitize law enforcement officers on nuclear security
			Cumulative percentage of nuclear security detection architecture developed	0	3%	20%	0	5%	0.2	This is an ongoing effort. A draft radiation detection architecture has been developed
			Proportion of category I and II radiation facilities complying with physical protection measures	25%	50%	100%	25%	50%	100%	This was achieved through extra budgetary support from development partners
		Safe radiation free environment	Percentage of environmental projects complying with radiation safety guidelines	N/A	10%	20%	N/A	10%	10%	During the period environmental impact assessment reports were not evaluated but an MoU has been initiated with the Communications Authority of Kenya
			Percentage of radio analysis tests performed on imported goods	50%	50%	50%	50%	50%	50%	Target achieved
			Percentage of radiation workers captured under the national dose register	N/A	10%	20%	N/A	10%	40%	Overachievement due to Government directive on offering services through e-citizen
			Number of radiation dose inter-comparison exercises conducted	N/A	1	2	N/A	1	1	Target was not achieved due to resources being directed to operationalizing the e-citizen adoption
		Quality assurance in applications of radiation	Percentage of radiation facilities inspected	45%	80%	90%	45%	80%	90%	Target achieved by utilizing joint inspection opportunities with other agencies in the Ministry
			Percentage of radiation facilities licensed	45%	60%	70%	45%	60%	70%	Target achieved due to utilization of ecitizen platform
SP 1.4 Reproductive Maternal Neonatal Child & Adolescent Health- RMNCAH	Division of Nutrition and Dietetics Services	Malnutrition prevention & Nutrition promotion services	Proportion of children 6-59 months who received 2 doses of Vitamin A Supplementation (VAS)	80	83	90	86	86	83.7	Vitamin A target is usually 80% as recommend by WHO as safe levels where children are unlikely to get deficiency. The target is to maintain above 80% (Target achieved)
			Number of children 6-23 months receiving Micronutrient Powders (MNPS)	N/A	N/A	218,977	N/A	N/A	0	The micronutrient powders were never procured in FY 2022/23
			Number of healthcare workers trained on high impact nutrition interventions	N/A	1323	800	N/A	N/A	2,102	Data based on health care workers trained on the revised IMAM guideline, on MIYCN-e and BFCI
			Number of community health volunteers trained on key nutrition practices at critical stages in the life cycle	N/A	6,000	6,000	N/A	5865	6014	Target achieved
		Effective treatment for malnourished children under 5 years of age, pregnant and lactating women	Treatment cure rate of acutely malnourished children 6-59 months	80%	80%	83%	90%	86%	90.5%	The targets were achieved
			Treatment cure rate of acutely malnourished pregnant and lactating women	100	100%	90%	80	86%	90.3	There has been progressive improvement in achieving the target
		Nutrition policies, legislations, strategic plans and guidelines developed and disseminated	Number of Policies, guidelines, strategic plans and legislations developed and disseminated	4	5	7	3	3	5	The high cost and Long process for finalization Policies, guidelines, strategic plans and legislations resulted in the underachievement
		SP 1.5 Environmental Health	Division of Water Sanitation and Hygiene	Sanitation and hygiene practices improved	Proportion of Villages certified as open defecation free	20	31	31	25	29
Proportion of population accessing safely managed sanitation facilities	N/A				N/A	25	N/A	25	30	The intensified campaigns by partners led to the coverage beyond the targets set for the year.
Division of Food Safety and Quality Control	Food safety and quality control strengthened		Proportion of foods complying with food safety and control requirements	N/A	N/A	85	N/A	N/A	80	There was no funding to carry out a third surveillance which would have informed further on the achievement.
Division of Waste management, Pollution Control, and Climate Change	Waste management and climate change mitigation measures enhanced		Number of health facilities with installed and compliant waste treatment and disposal system	N/A	N/A	50	N/A	N/A	9	10 microwaves installed with 9 commissioned in phase I

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Planned Targets			Achieved Targets			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
	Occupational Health and Safety Division	Occupational Health and Safety standards implemented	Proportion of healthcare facilities implementing occupational health and safety standards	N/A	15	5	N/A	5	10	So far the 15 health facilities covered in the last two years have been achieved. The project that supported this has come to an end and therefore the Ministry need to pick it up for the remaining level 4 and 5 facilities
	Port Health Services Division	Port Health Services improved	Number of travellers screened for notifiable diseases	N/A	N/A	7,361,622	N/A	N/A	5,694,927	Much as there was marked increase in the number of travellers arriving into the country (8.8M), the descalation of the COVID-19 travel requirements meant a reduction in enhanced screening for communicable diseases.
Number of travellers issued with vaccination certificates as per travel requirements			N/A	N/A	249,600	N/A	N/A	23,440	COVID-19 restriction measures were amended reducing the necessity to subject travellers to COVID-19 vaccination. Otherwise, this achievement indicates travellers vaccinated against other travel related vaccine preventable diseases other than COVID-19.	
Number of tonnes of cargo cleared as per health requirements at POEs			N/A	N/A	1,460,000	N/A	N/A	2,214,892	Easing of COVID-19 restriction measures promoted trade thus allowing the increase of movement of cargo of public health importance across major POEs	
Number of conveyances inspected and issued with disinfection/disinfection certificates			N/A	N/A	265,000	N/A	N/A	423, 989	Easing of COVID-19 restriction measures allowed the increase of movement of cargo across all the POEs	
	Vector and Vermin Control Division	Vector and vermin infestations control services enhanced	Number of POEs capacity build to undertake vector and vermin control services	N/A	N/A	10	N/A	N/A	8	inadequate resources hindered the achievement of the planned targets
	Air pollution and Health	Air pollution and health standards developed and implemented	No. of Community Health Volunteers trained on Household Air Pollution using module 14	94	1200	2500	65	1500	2668	At the beginning the TOTs were targeted for training and only 2 TOTs were trained from 32 counties. In the subsequent years we surpassed the target as trainings were organized in every county
	Tobacco Control Board	Tobacco Control Policy developed	Tobacco control policy document	N/A	N/A	1	1	1	2	The process of reviewing the Tobacco Control Policy commenced in April 2022 however it has not been finalized. The Board also developed two strategic documents that is the Resource Mobilization Strategy and the Stakeholder Engagement Strategy.
		Instruments to operationalize tobacco control fund developed	Number of instruments to operationalize the fund developed	4	4	3	4	2	1	Tobacco Control Fund disbursement guidelines were finalized. The Fund Regulations are still before relevant committees of Parliament for consultation.
SP 1.6 Disease Surveillance and Response	Division of Disease Surveillance and Response	Reduction of mortality and morbidity due to public health emergencies	Acute flaccid paralysis case detection rate	N/A	2.3	2.5	N/A	4.06	2.8	Good achievement, as Detection rate is expected to be at 2/100,000 of <15 yrs,
			Number of counties with functional Community Events Based Surveillance (CEBS)	N/A	5	8	N/A	8	7	sub optimal performance due to inadequate funds as a result of donor dependency
			Number of hospitals with Functional Events Based Reporting System	N/A	2	62	N/A	62	84	The number increased 22 as counties embraced EBS and rallied financial support to scale up
			Sub County weekly epidemic reporting Rates	N/A	80	72	N/A	72	96	Optimal performance way above outline of recommended 80%.Lots of financial and technical support from partners, weekly bulletin as a form of feedback
	Division of Health Emergencies and Disaster Management		Number of counties with functional command and control centres linked to ambulance dispatch	N/A	N/A	1	N/A	N/A	0	Lack of funds to set up command and control centres
			Number of centres for management of CBRN Incidents established	N/A	N/A	15	N/A	N/A	0	Lack of funds to establish centres
	Public Health Emergency Operations Centre		Proportion of Public Health Emergencies responded to.	N/A	52	62	N/A	62	60	"There was no variance The division was able to coordinate and respond to all emergencies"
	Field Epidemiology & Laboratory Training		Number of FELTP students who have graduated	N/A	20	20	N/A	20	20	The target number of graduants achieved as targeted

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Planned Targets			Achieved Targets			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
	Program (FELTP)									
	Division of Vector Borne & Neglected Tropical Diseases	People treated for Lymphatic filariasis (LF), Trachoma, bilharzia, and intestinal worms	Number of people treated for Lymphatic filariasis (Millions)	N/A	2.5	1.6	N/A	4.07	0	Lack of donated drugs for treatment
Number of people treated for trachoma (Millions)			N/A	1.5	1.4	N/A	2.05	2.4	The division was able to achieve above 90% of the target activity	
Number of people treated for Bilharzia. (Millions)			N/A	N/A	3.5	N/A	3.5	6	The division surpassed its target	
Number of people treated for intestinal worms. (Millions)			N/A	4	7	N/A	7	12	The division surpassed its target	
	Division of Zoonotic Diseases	Surveillance of Zoonotic diseases	Number of people diagnosed with Rabies	N/A	N/A	10	N/A	N/A	5	Rabies in humans is largely diagnosed at postmortem. There is a large pool of untrained personnel to obtain appropriate sample
			Number of counties supported to investigate and respond to priority zoonotic diseases	N/A	3	4	N/A	3	5	Counties were supported through MoH, FELTP and partners
	Division of Global Health Security	National Public Health Institute /Centre for Diseases Control (NPHI/CDC) established	Number of regulations developed on NPHI/CDC operationalized	N/A	N/A	1		0	1	Optimal performance as a result of multi sectoral collaboration
	Department of Laboratory Services	Testing capacity of laboratory network for referral services expanded	Proportion of national and county reference laboratories able to conduct molecular testing for emerging and re-emerging diseases	N/A	31%	31%	N/A	31%	32%	Scale-up of molecular testing platforms in level IV and V laboratories
Number of medical laboratories with capacity to detect and report on Antimicrobial Resistance			N/A	17	17	N/A	17	17	Sensitization and activation of targeted laboratories in AMR surveillance	
Molecular testing capacity for High risk HPV Established		Number of High-risk HPV tests performed	N/A	3,000	4200	N/A	4,822	24,310	Effective sensitization by the National Cancer Control Program	
		Proportion of laboratories with capacity to conduct molecular testing of High risk HPV	N/A	N/A	9.10%	N/A	9.10%	10.60%	Effective sensitization by the National Cancer Control Program	
COVID-19 tests performed		Number of COVID-19 tests performed	N/A	1,900,000	1,200,000	N/A	1,375,986	174,308	De-escalation of COVID-19 as a global health emergency requiring only targeted testing	
Surveillance of contaminants in foods and Water carried out		Proportion of mycotoxin tests on foods complying with food safety standards	N/A	N/A	86%	N/A	N/A	86.40%	Public Health Officers (PHO) initiative for sampling of food, water and feeds for compliance to standards	
		Proportion of tests (Flouride, Nitrates and sulfates) on water complying with standards	N/A	N/A	80%	N/A	N/A	92.60%	Public Health Officers (PHO) initiative for sampling of food, water and feeds for compliance to standards	
Food fortification monitoring conducted		Proportion of tests on maize and wheat flour complying with food fortification standards	N/A	N/A	38%	N/A	N/A	72.30%	Increased surveillance and sensitization of the flour milling industry	
	Kenya National Public Health Institute	Kenya National Public Health Institute operationalized	Human Resource Instruments Developed	N/A	N/A	1	N/A	N/A	0.5	Draft HR instrument
Field response Missions conducted			Proportion of public health emergencies responded to	N/A	N/A	100%	N/A	N/A	100%	No Variance
			Number of regional emergency operations centers established	N/A	N/A	11	N/A	N/A	18	Target surpassed to financing from CDC
			Number of surge health care workers trained on emergency response	N/A	N/A	100	N/A	N/A	159	Target surpassed to financing from CDC

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Planned Targets			Achieved Targets			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
Programme 2: Research, Training and Development										
Programme Outcome: Health workers and professionals trained										
SP.2.1 Capacity Building & Training (Pre-service and In-service Training)	Kenya Medical Training College	Health workers and professionals trained	Proportion of health professionals(cohort) certified	96%	97%	98%	95%	96%	95%	Discontinuation of students due to lack of fees, natural attrition, inability to attain academic requirements for progression.
			Number of students enrolled	12,692	16,800	18,250	17,241	21,700	25,889	Target surpassed due to increase in infrastructural development, introduction of new programs.
			No. of evidence-based policies developed	12	8	9	10	8	20	Target achieved and surpassed. More funding was allocated and desire for individual career progression under research.
			Number of curriculums reviewed	11	11	6	1	10	10	Target surpassed due to emerging issues in the market that necessitated fast tracking of more review of curriculum like new technologies and new trends
			Number of CHEWs trained	90	57	200	66	57	30	Training for CHEWs is demand driven.
			Number of CHAS trained	400	600	1,000	938	700	3,519	Target surpassed as more counties, donors and the national government came on board for sponsorship and also high demand for the course and expansion of our campuses.
			Number of CHAS's students attached to the primary health facilities	6,042	4,000	10,000	293	8,000	3,519	The target not achieved due to lack of infrastructure, teaching/medical equipment's and lecturers.
SP 2.2: Research and Innovation on Health	Division of Patient and Healthcare Worker Safety	Anti-Microbial Resistance (AMR) surveillance system strengthened	Number of facilities with laboratory capacity to detect and report on Antimicrobial Resistance	12	17	22	11	17	18	Mbagathi Hospital Has been added to the previous 17 facilities. Inadequate microbiology capacity in health care facilities has been hindering progress
		Infection Prevention and Control (IPC) Mainstreamed in Training Institutions	Number of Training Institutions with IPC Mainstreamed	30	15	25	0	1	1	The training curriculum was developed and approved in 1 institution only (Kenyatta University). Lengthy approval processes for the curriculum has hindered mainstreaming. Final approval with Commission for Higher Education is Pending
	Division of Norms and Standards	Health Norms and Standards/Guidelines developed	Number of Norms and Standards developed	N/A	1	1	N/A	1	1	Target achieved
	Division of Legislation/Regulation	Coordination of Health Act, 2017 operationalized	Number of Bills /Regulations developed to operationalize the Health Act, 2017	4	3	3	2	2	3	Target achieved
	Division of Quality Assurance	Technical assistance on quality improvement provided electronic Kenya Quality Model for Health(eKQMH)	Number of Counties implementing eKQMH	15	30	41	8	47	47	Target surpassed due to availability of extra funds through resource mobilization from the Global fund.
		Quality of Care Certification Framework implemented	Number of Health facilities assessed and certified using Quality of Care Certification Framework	20	15	20	6	50	109	Target surpassed due to extra funding from Global Fund

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Targets			Achieved Targets			Remarks	
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23		
Programme 3: General Administration and Human Resources Management											
Programme Outcome: Strengthen Governance and Leadership in the State Department											
SP 3.1: Health Standards, Quality Assurance & Standards	Kenya Health Professions Oversight Authority	Compliance to set norms and standards of training and health care services	Proportion of health facilities compliant to norms and standards of healthcare delivery	N/A	13	20	N/A	7	22	The target was surpassed due to concerted efforts between National and County Governments	
			Proportion of training institutions compliant to norms and standards of training	N/A	33	50	N/A	23	0	Activity was not carried out due to government cost cutting measures	
			Proportion of internship training hospitals compliant to set norms and standards of training	N/A	25	50	N/A	20	0	Activity was not carried out due to government cost cutting measures	
			Proportion of health facilities graded based on implementation of quality of care indicators	N/A	20	20	N/A	0	0	Activity was not carried out due to government cost cutting measures	
		Competent Health Professionals	Proportion of health professionals in the duplicate register with valid practice licence	N/A	N/A	50	N/A	N/A	0	Activity was not carried out due to government cost cutting measures	
			Number of unregulated health professionals registered	N/A	N/A	500	N/A	N/A	998	This target was surpassed as many professionals responded	
		Patient Complaints and Disputes from Regulatory Bodies and Aggrieved Parties resolved	Proportion of complaints and disputes received and handled	100	100	100	100	100	100	This target was achieved	
	Kenya Health Human Resource Advisory Council (KHHRAC)	Career Progression Guidelines finalized	Career Progression Guidelines finalized	1	1	1	0	0	0.8	Document finalization is not done since it is awaiting review and approval by the Public Service Commission	
		Human Resource Policies and Procedures Manual finalized	Human Resource Policies and Procedures Manual	1	1	1	0	0	0.8	Document finalization is not done since it is awaiting review and approval by the Public Service Commission	
		Salary Structure completed	KHHRAC Salary Structure	1	1	1	0	0%	80%	Document finalization is not done since it is awaiting review and approval by the Public Service Commission	
		Uniform norms and standards of a master register for all health professionals developed	Uniform norms and standards of a master register for all health professionals developed	N/A	1	N/A	N/A	N/A	0%	Norms & Standards finalization not done due to inadequate funds	
		Mapping of medical specialists in the Country conducted	Report on medical specialists in the Country mapped	1	1	1	1	0.5	0.5	Mapping for medical specialists in the country was done .Draft report available but not validated	
		National Health Workforce Accounts (NHWA) in the Country implemented	Number of counties trained to implement the NHWA	18	43	4	47	47	47	47	At least 2 representatives from all 47 counties were trained with the support of partners
			Number of faith based and private health facilities implementing NHWA	N/A	N/A	10	N/A	N/A	20	20	Data sharing agreement with individual organizations not finalized. Negotiations on-going
Undertake trainings in the counties on Workload Indicators of Staffing Need (WISN).	Number of Counties trained on Workload Indicators of Staffing Need (WISN)	N/A	N/A	3	N/A	N/A	47	47	At least 2 representatives from all 47 counties were trained with the support of partners		
Operationalization of the Council	Number of Council members and staff capacity built	N/A	N/A	24	N/A	N/A	16	16	12 Council members were inducted and for staff not carried due to low staff numbers and delayed release of exchequer.		
	Competent Health Professionals	Number of Medical and Dental Officer Interns placed	1,342	1,500	900	1,329	1,600	912	Medical/Dental internship training is a mandatory requirement to qualify for registration and licensing in Kenya.		

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Targets			Achieved Targets			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
Kenya Medical Practitioners and Dentist Council			Number of practitioners to be registered and licensed	12,586	15,700	16,000	12,586	15,839	16,455	Fully digitization of the licensing renewal process and enhancement of awareness.
			Number of new health institution and health facilities registered and licensed	6,227	7,600	8,000	5,277	7,050	7,086	Underachievement was due to lack of personnel, logistic challenges and dependent on other government agencies for joint inspections.
		Compliance to set standards of training and healthcare services	Proportion of Medical, dental internship and specialist training Centres inspected.	47	75	80%	40	86	100%	Overachievement was due to organization commitment to inspect all Internship and Collegiate Training Centres.
			Number of compliance inspections carried out	2,650	2,800	3,100	2,720	3,141	3,560	Overachievement was due to frequent routine inspections.
	Nursing Council of Kenya	Competent health professionals	Proportion of determined malpractice cases	N/A	N/A	75%	N/A	N/A	80%	"Overachievement was due to increase in Disciplinary and Ethics Committee hearings' to determine the lodged cases.
			Proportion of nurses and midwives with valid practising licence	N/A	100	55	N/A	50	46.5	Inadequate retention compliance audits due to budget constraints
			Number of students indexed	N/A	3500	6400	N/A	5852	19249	The overachievement was occasioned by enhanced compliance audit and clearing the backlog caused by Covid
			Number of eligible candidates examined	7,000	8,000	10,000	7,205	12,418	10,937	Target was slightly surpassed because some students were resitting some papers.
			Number of nurses and midwives newly registered	6,000	8,857	9,000	4,533	6,238	6,341	Some of the nurses are unable to meet the registration requirements
			Number of guidelines reviewed/Developed	N/A	4	4	N/A	2	3	Over the period the targets were not achieved due to the delay in the approval process
Compliance to set standards of training institutions and health facilities	Proportion of training institutions that are compliant to set norms and standards	N/A	100	100	N/A	80	88.3	Most of non-compliance are HR related		
	Number of health facilities compliance inspections carried out	8	2	19	4	2	19	The council participated in all joint inspections upon invitation		
	Career growth and development	Number of nurses and midwives exported to work in UK Under the UK -Kenya BLA	N/A	200	450	N/A	17	128	The target was not met due to delay in development of the recruitment guidelines and limited job orders	

Programme	Delivery Unit	Key Output	Key Performance Indicators	Planned Targets			Achieved Targets			Remarks
				2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	
Programme 4: Health Policy, Standards and Professional Management										
Programme Outcome: Strengthened Health Policy, Standards and Regulations										
4.1: Health Standards, Quality Assurance & Standards	National Quality Control Laboratory	Access to quality drugs and medical devices	Proportion of medical drugs tested for quality, safety of the citizens.	100%	100%	100%	74.1%	69.4%	93%	We were not able to meet the target for drug testing because most of our HPLC machines were not calibrated due to lack of funds hence couldn't be used for testing
		Access to quality medical devices safety for citizens	Proportion of medical devices tested for quality , safety of citizens	100%	100%	100%	80%	10%	100%	For medical testing we surpassed the target. This is because our equipment was services and calibrated for use
SP4. 2: Health Policy, Planning & Financing	Department of Health Policy	Policies developed	Number of policies developed	N/A	N/A	1	N/A	N/A	1	Targets achieved

2.2 ANALYSIS OF EXPENDITURE TRENDS FOR THE FY 2020/21-2022/23

The approved budget for the Sector was KSh. 120,833 million, KSh. 129,781 million and KSh. 116,397 million in FY 2020/21, FY 2021/22 and FY 2022/23 respectively. The actual expenditures were KSh. 105,470 million, KSh. 109,400 million and KSh. 98,658 million translating to absorption rates of 87.5%, 84.3% and 84.8% in FY 2020/21, FY 2021/22 and FY 2022/23 respectively.

2.2.1 ANALYSIS OF RECURRENT EXPENDITURE (KSH. MILLION)

The approved recurrent budget for the Sector was KSh. 67,719 million, KSh. 65,972 million and KSh. 72,074 million in FY 2020/21, FY 2021/22 and FY 2022/23 respectively. The actual expenditures were KSh. 63,861 million, KSh. 65,944 million and KSh. 67,601 million translating to recurrent absorption rates of 94 percent, 100 percent and 94 percent in FY 2020/21, FY 2021/22 and FY 2022/23 respectively.

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

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Health Sector						
Gross	67,719	65,972	72,074	63,861	65,944	67,601
AIA	16,233	18,448	21,644	14,421	18,370	18,716
NET	51,486	47,524	50,430	49,440	47,574	48,885
Compensation to Employees	13,239	13,718	14,354	13,243	13,717	14,137
Transfers	52,653	49,841	55,161	48,839	49,836	50,911
Other Recurrent	1,827	2,413	2,559	1,779	2,391	2,557
Utilities	109	0	114	108	0	86
Rent	3	0	1	3	0	0
Insurance	2	0	0	1	0	0
Subsidies	0	0	0	0	0	0
Gratuity	0	0	0	0	0	0
Contracted guards & Cleaners Services	56	0	70	55	0	62
Others (Specify)	1,657	2,413	2,374	1,612	2,391	2,379

Table 2.2a: Analysis of Recurrent Expenditure (KSh. Million) – State Department for Medical Services

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross	67,719	65,972	69,199	63,861	65,944	65,620
AIA	16,233	18,448	20,466	14,421	18,370	17,550

NET	51,486	47,524	48,733	49,440	47,574	48,070
Compensation to Employees	13,239	13,718	14,354	13,243	13,717	14,137
Transfers	52,653	49,841	52,520	48,839	49,836	49,111
Other Recurrent	1,827	2,413	2,325	1,779	2,391	2,372
<i>Insurance Costs</i>	2		-	1		-
<i>Utilities</i>	109		104	108		78
<i>Rent</i>	3		1	3		-
<i>Contracted Guards & Cleaners Services</i>	56		70	55		62
<i>Others</i>	1,657	2,413	2,150	1,612	2,391	2,232
Contracted guards & Cleaners Services			0			0
Others (Specify)			224			147

Table 2.2b: Analysis of Recurrent Expenditure (KSh. Million) – State Department of Public Health and Professional Standards

Economic Classification	Approved Budget Allocation			Actual Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross			2,875			1,981
AIA			1,178			1166
NET			1,697			815
Compensation to Employees			-			-
Transfers			2,641			1,800
Other recurrent of which			234			185
Utilities			10			8
Rent			0			0
Insurance			0			0
Subsidies			0			0
Gratuity			0			0
Contracted guards & Cleaners Services			0			0
Others (Specify)			224			147

2.2.2 ANALYSIS OF DEVELOPMENT EXPENDITURE (KSH. MILLION)

The approved development budget for the Sector was KSh. 52,864 million, KSh. 63,809 million and KSh. 44,323 million in FY 2020/21, FY 2021/22 and FY 2022/23 respectively. The actual expenditures were KSh. 41,609 million, KSh. 43,456 million and KSh. 31,057 million translating to development absorption rate was 79 percent, 68 percent and 70 percent in FY 2020/21, FY 2021/22 and FY 2022/23 respectively.

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

Description	Approved Budget			Actual Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross	52,864	63,809	44,323	41,609	43,456	31,057
GOK	32,007	35,479	27,898	28,902	29,406	22,567
Loans	11,005	19,524	8,180	7,585	10,442	5,041
Grants	9,852	8,805	8,245	5,122	3,608	3,449
Local AIA	-	-	-	-	-	-

Table 2.3a: Analysis of Development Expenditure (KSh. Million) – State Department of Medical Services

Description	Approved Budget			Actual Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross	52,864	63,809	41,986	41,609	43,456	31,057
GOK	32,007	35,479	25,561	28,902	29,406	22,567
Loans	11,005	19,524	8,180	7,585	10,442	5,041
Grants	9,852	8,805	8,245	5,122	3,608	3,449
Local AIA	-	-	-	-	-	-

Table 2.3b: Analysis of Development Expenditure (KSh. Million) – State Department of Public Health and Professional Standards

Description	Approved Budget Allocation			Actual Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross	-	-	2,337	-	-	-
GOK	-	-	2,337	-	-	-
Loans	-	-	-	-	-	-
Grants	-	-	-	-	-	-
Local AIA	-	-	-	-	-	-

2.2.3 ANALYSIS OF PROGRAMME EXPENDITURE

During the period under review the Sector implemented eight (8) programmes and 25 Sub-programmes whose allocation and actual expenditure is detailed in Tables 2.4.

Table 2.4a: Analysis of Programme FY 2020/21 – 2022/23 (KSh. Million) – State Department of Medical Services

Programme	Approved Budget			Actual Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Programme 1 – Preventive & Promotive Health Services including RMNCAH						
SP1.2 - Non-communicable disease prevention & control	367	535	670	333	394	529
SP1.3 - RMNCAH	8,047	7,648	7,155	4,445	3,232	3,040
SP1.4 - Radiation Protection	142	235	191	142	235	108
SP1.5 -Communicable Disease Control	6,367	6,391	7,140	5,581	3,774	5,019
SP1.8- Disease Surveillance and Response	13,516	15,139	4,684	5,485	7,773	2,989
SP1.5 Environmental Health	66	128	500	146	75	463
Total Expenditure Programme 1	28,505	30,076	20,340	16,132	15,483	12,148
Programme 2 - National Referral and specialized Services						
SP2.1 - National Referral Services	33,095	37,098	41,799	31,883	35,887	41,370
SP 2.2 Mental Health	-	-	125	-	-	111
SP 2.3 Forensics and Diagnostics	-	-	2,067	-	-	1,483

Programme	Approved Budget			Actual Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
SP2.4 - Free Primary Healthcare	8	-	-	8	-	-
SP 2.5 Specialized Medical Equipment	6,205	7,205	3,795	6,195	7,205	3,712
SP2.6 – National Blood Transfusion Service	1,705	1,988	129	1,035	985	125
SP2.7 - Health Products and Technologies	3,692	3,990	2,907	3,817	3,934	1,325
Total Expenditure Programme 2	44,705	50,281	50,822	42,938	48,011	48,126
Programme 3 - Health Research and Development						
SP3.1 - Capacity Building & Training	7,130	7,860	6,701	5,850	7,760	4,894
SP3.2 – Research & Innovations	2,643	3,493	3,315	2,701	3,461	3,013
Total Expenditure Programme 3	9,773	11,353	10,016	8,551	11,221	7,907
Programme 4 - General Administration, Planning & Support Services						
SP 4.1 - Health Policy, Planning & Financing	1,866	1,527	1,958	1,193	963	1,425
SP 4.2 – Health Standards, Quality Assurance & Standards	-	-	1,116	-	-	644
SP4.3 – National Quality Control Laboratories	-	-	118	-	-	117
SP 4.4 Human Resource Management	6,117	6,574	6,893	6,088	6,571	6,928
Total Expenditure Programme 4	7,983	8,101	10,085	7,281	7,534	9,114
Programme 5 - Health Policy, Standards and Regulations						
SP5.1 -Health Policy, Planning & Financing	14,445	17,059	12,268	17,127	15,940	11,787
SP5.2 -Health Standards and Regulations	957	406	436	843	401	366
SP5.3 -Social Protection in Health	14,216	12,504	7,218	12,598	10,810	7,229
Total Expenditure Programme 5	29,618	29,969	19,922	30,568	27,151	19,382
Total Vote 1082	120,584	129,780	111,185	105,470	109,400	96,677

Table 2.4b: Analysis of Programme FY 2020/21 – 2022/23 (KSh. Million) – State Department of Public Health and Professional Standards

Programme	Approved Budget			Actual Expenditure		
Programme 1: Preventive & Promotive Health Services						
SP1.1 Non-communicable Disease Prevention & Control	-	-	1.8			0.6

Programme	Approved Budget			Actual Expenditure		
SP2.1 Reproductive Maternal Neo-natal Child & Adolescent Health- RMNCAH	-	-	975.0			26.0
SP3.1 Radiation Safety and Nuclear Security			64.0			36.0
SP4.1 Communicable Disease Control			1,350.0			52.0
SP5.1: Disease Surveillance and Response			100.0			-
SP6.1: Environmental Health			32.0			11.0
Total Programme 1			2,522.8	-	-	125.6
Programme 2: Health Research and Development						
SP 2.1: Capacity Building and Training			2,154.0			1,622.0
SP 2.2: Research and Innovation on Health			25.0			25.0
Total Programme 2			2,179.0			1,647.0
Programme 3: General Administration and Human Resource Management						
SP3.1 Health Standards, Quality Assurance & Standards			365			135
SP3.2 Human Resource Management and Development			65			41
SP3. 3: Health Administration			50			20
Total Programme 3			480			196
Programme 4: Health Policy, Standards and Regulations						
SP4.1 Health Policy, Standards and Regulations			21.0			2.0
SP4. 2: Health Policy, Planning & Financing			10.0			11.0
Total Programme 4			31.0	-		13.0
Total Vote 1083			5,212.8	-	-	1,981.6

2.2.4 ANALYSIS BY CATEGORY OF EXPENDITURE ECONOMIC CLASSIFICATION

This section shows the breakdown of approved and actual expenditures in FY 2020/21 to FY 2022/23 disaggregated by economic classifications. Analysis of expenditures by Economic classification indicates transfers to government agencies consumed the largest share of funds. The Transfer to Government Agencies accounted for 76 percent of budget allocation in FY 2022/23 followed by Compensation to Employees at 12 percent. Detailed analysis is provided in Table 2.5.

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

Expenditure Classification	Approved Budget			Actual Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
State Department of Medical Services						

Expenditure Classification	Approved Budget			Actual Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Programme 1: Preventive and Promotive Health Services including RMNCAH	28,505	30,077	20,340	16,132	15,483	12,148
Current Expenditure	5,149	3,077	2,001	5,115	3,069	1,854
Compensation to Employees	3,872	1,667	712	3,872	1,667	690
Use of Goods and Services	236	231	242	227	227	232
Grants and other Transfers	1,041	1,179	1,047	1,016	1,175	932
Other Recurrent	-	-	-	-	-	-
Capital Expenditure	23,356	27,000	18,339	11,017	12,414	10,294
Compensation to Employees		17	-	-	15	-
Use of Goods and Services	4,639	4,611	1,690	984	1,141	1,180
Capital Govt Agencies	18,256	22,131	15,615	9,582	11,018	8,452
Other Development (Non-financial)	461	240	1,034	451	240	662
Programme 2: National Referral and specialized Services	44,705	50,281	50,822	42,938	48,011	48,126
Current Expenditure	34,792	37,524	41,471	34,020	37,620	41,011
Compensation to Employees	1,122	1,152	1,117	1,122	1,152	1,049
Use of Goods and Services	600	640	826	605	637	693
Subsidies						
Current Govt Agencies	32,922	35,631	39,186	32,146	35,737	39,012
Social Benefits	100		100	100		100
Other Recurrent- Non-financial	48	102	242	47	94	157
Capital Expenditure	9,913	12,757	9,351	8,918	10,391	7,115
Compensation to Employees						
Use of Goods and Services	7,068	8,355	4,618	7,059	7,872	4,367
Subsidies						
Capital Govt Agencies	1,348	1,943	2,751	1,602	1,486	1,792
Other Development (Non-financial)	1,497	2,459	1,982	257	1,032	956
Programme 3: Health Research and Development	9,773	11,353	10,016	8,551	11,221	7,907
Current Expenditure	9,140	10,066	8,688	7,863	10,061	6,679
Compensation to Employees	58			58		
Use of Goods and Services						
Subsidies						
Current Govt Agencies	9,082	10,066	8,688	7,805	10,061	6,679
Other Recurrent-						
Capital Expenditure	633	1,287	1,328	688	1,160	1,228
Compensation to Employees						
Use of Goods and Services						
Subsidies						
Capital Govt Agencies	360	1,136	1,096	436	1,009	1,026
Other Development	273	151	232	252	151	202
Programme 4: General Administration, Planning & Support Services	7,983	8,102	10,086	7,281	7,535	9,114
Current Expenditure	6,738	7,042	8,824	6,766	7,044	8,262
Compensation to Employees	5,900	5,382	6,923	5,900	5,382	6,863
Use of Goods and Services	744	1,018	1,004	714	1,020	811
Subsidies						
Current Govt Agencies	94	636	886	152	636	579
Other Recurrent-		5	11		5	9
Capital Expenditure	1,245	1,060	1,262	515	491	852

Expenditure Classification	Approved Budget			Actual Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Compensation to Employees						
Use of Goods and Services						
Subsidies						
Capital Govt Agencies	1,245	1,060	1,082	515	491	802
Other Development			180			50
Programme 5: Health Policy, Standards and Regulations	29,618	29,967	19,921	30,568	27,150	19,382
Current Expenditure	11,901	8,262	8,211	10,097	8,149	7,814
Compensation to Employees	2,287	5,516	5,602	2,291	5,516	5,535
Use of Goods and Services	173	397	186	161	388	168
Subsidies	-	-	-	-	-	-
Current Govt Agencies	9,414	2,330	2,103	7,621	2,226	1,909
Other Recurrent-	26	19	320	25	19	202
Capital Expenditure	17,717	21,705	11,710	20,471	19,001	11,568
Compensation to Employees						
Use of Goods and Services	697	1,420	306	795	1,366	299
Subsidies						
Capital Govt Agencies	16,972	19,305	11,398	19,612	16,671	11,263
Non-financial Assets	48	980	6	64	964	6
Total Vote	120,584	129,780	111,185	105,470	109,400	96,677
State Department for Public Health and Professional Standards						
Programme1 Preventive & Promotive Health Services						
Current Expenditure						
Compensation to employees			-			-
Use of goods and services			44.0			36.0
Grants and other transfers			309.0			69.0
Other recurrent			21.0			21.0
Capital Expenditure						
Acquisition of Non –Financial Assets						
Capital Grants to Government Agencies			2,148.0			-
Other Development						-
TOTAL PROGRAMME 1:			2,522.0	-	-	126.0
Programme 2: Health Research and Development						
Current Expenditure						
Compensation to employees			-			-
Use of goods and services						
Grants and other transfers			1,990.0			1,391.0
Other recurrent						-
Capital Expenditure						
Acquisition of Non –Financial Assets						-
Capital Grants to Government Agencies			189.0			-
Other Development						-
TOTAL PROGRAMME 2			2,179.0	-	-	1,391.0
Programme 3: General Administration,						
Current Expenditure						
Compensation to employees			-			-
Use of goods and services			132.0			102.0
Grants and other transfers			329.0			329.0

Expenditure Classification	Approved Budget			Actual Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Other recurrent			19.0			13.0
Capital Expenditure						
Acquisition of Non –Financial Assets			-			-
Capital Grants to Government Agencies			-			-
Other Development			-			-
TOTAL PROGRAMME 3			480.0	-	-	444.0
Programme 4:Health Policy, Standards and Regulations						
Current Expenditure						
Compensation to employees			-			-
Use of goods and services			14.0			11.0
Grants and other transfers			12.0			4.0
Other recurrent			5.0			5.0
Capital Expenditure						
Acquisition of Non –Financial Assets						
Capital Grants to Government Agencies						
Other Development						-
TOTAL PROGRAMME 4			31.0	-	-	20.0
Total Vote			5,212.0	-	-	1,981.0

2.2.5 ANALYSIS OF SAGAS RECURRENT BUDGET VS ACTUAL EXPENDITURE

Table 2.6: Analysis of SAGAs Recurrent Budget Vs Actual Expenditure (KSh. Millions)
SAGAS UNDERSTATE DEPARTMENT OF MEDICAL SERVICES

1. Kenyatta National Hospital (KNH)

Economic Classification	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/2022	2022/2023
Gross	14,474	15,202	18,092	16,784	18,327	18,385
AIA	5,093	5,382	7,651	7,403	8,507	7,944
NET	9,381	9,820	10,441	9,381	9,820	10,441
Compensation to Employees	10,223	11,484	12,415	12,333	13,042	12,766
Other Recurrent	4,251	3,718	5,677	6,747	6,556	7,882
<i>Insurance</i>	8	11	97	7	3	105
<i>Utilities</i>	679	438	395	611	642	574
<i>Rent</i>	0	0	0	0	0	0
<i>Contracted Professionals (Guards, Cleaners etc)</i>	98	121	131	70	103	155
<i>Others</i>	3,466	3,148	5,054	6,059	5,808	7,048

<i>Surplus/Deficit</i>	0	0	0	(2,296)	(1,271)	(2,263)
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The deficit of KSh 2.3Billion is attributed to high provision for bad debt due to inability of patients seeking medical services especially indigents patients to pay for services rendered.

2. Mwai Kibaki Hospital- Othaya (Kenya National Hospital)

Economic Classification	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross	760	800	1,012	967	1,117	1,265
AIA	0	40	217	207	357	470
NET - Exchequer	760	760	795	760	760	795
Compensation to Employees	510	579	611	500	550	863
Other Recurrent	250	221	401	467	565	499
Insurance	0	0	0	0	8	0
Utilities	17	26	35	17	34	37
Rent	0	0	0	0	0	0
Contracted Professionals (Guards, Cleaners etc.)	10	18	17	10	22	21
Others	223	177	349	440	501	441
Surplus/Deficit	0	0	0	0	2	(97)

The deficit of KSh 97 Million is attributed to high provision for bad debt due to inability of patients seeking medical services especially indigents patients to pay for services rendered.

3. Mama Margaret Uhuru Hospital (Kenya National Hospital)

Economic Classification	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross		-	350			401
AIA - Internally Generated Revenue			-			51
NET - Exchequer		-	350			350
Compensation to Employees			264			345
Other Recurrent		-	124			102
Of Which:						
<i>Insurance</i>			45			45
<i>Utilities</i>			20			15
<i>Rent</i>						
<i>Contracted Professionals (Guards, Cleaners)</i>			16			17

Economic Classification	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
<i>Others</i>			43			25
Deficit/Surplus						(46)

The deficit of KSh 46Million is attributed to high provision for bad debt due to inability of patients seeking medical services especially indigents patients to pay for services rendered.

4. Moi Teaching and Referral Hospital (MTRH)

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
GROSS	11,307	11,205	12,053	11,471	11,529	11,803
AIA	3,259	3,434	3,605	3,423	3,758	3,755
Net Exchequer	8,048	7,771	8,448	8,048	7,771	8,048
Compensation of Employees	8,266	8,104	8,018	8,287	8,570	8,792
Other Recurrent	3,041	3,101	4,035	3,184	2,959	3,011
Of Which:						
<i>Utilities</i>	122	149	167	122	152	166
<i>Rent</i>	1.2	3.0	1.6	1.2	1.0	1.6
<i>Insurance</i>	308	326	361	308	314	361
<i>Subsidies</i>	0	0	0	0	0	0
<i>Gratuity</i>	12	43		12	43	0
<i>Contracted Guards & Cleaners services</i>	-	-	-	-	-	-
<i>Others</i>	2,598	2,580	3,505	2,741	2,449	2,482

The KSh.774 Million in PE shortfall in FY 2022/23 is a result of inadequate provision for Personnel Emoluments. In the supplementary allocations towards the end of FY2022/23, KSh 400 Million was allocated but no disbursement was done.

5. Kenyatta University Teaching Referral and Research Hospital (KUTRRH)

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
GROSS	2,901	4,293	5,429	3,532	4,462	5,511
AIA - Internally Generated Revenue	750	1,700	2,836	1,381	1,869	2,918
Net Exchequer	2,151	2,593	2,593	2,151	2,593	2,593
Compensation of Employees	1,383	2,141	3,020	1,536	2,177	3,215
Other Recurrent	1,518	2,152	2,409	1,996	2,285	2,296
Of Which:						
<i>Utilities</i>	148	154	154	126	156	216
<i>Rent</i>	-	-	-	-	-	-

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
<i>Insurance</i>	174	216	216	35	204	250
<i>Subsidies</i>	-	-	-	-	-	-
<i>Gratuity</i>	-	-	-	-	-	-
<i>Contracted Professional</i>	185	258	258	91	224	265
<i>Others</i>	1,011	1,524	1,524	1,744	1,701	1,565

The Hospitals' FY2022/23 approved AIA budget was KSh 2.836Billion however, the hospital was able to collect KSh 2.918Billion for FY2022/23. This was mainly attributed to increased patients' number, operationalized specialized clinics and other clinical areas such as the Integrated Molecular Imaging Center. The compensation of employees grew from the budgeted KSh 3.020B to KSh 3.215B in the FY 2022/2023. This was due to recruitment of new staff to operationalize the hospital. The utilities grew by 40% this was due increased operational cost.

6. Gatundu Level V Hospital

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/2 1	2021/2 2	2022/2 3	2020/2 1	2021/2 2	2022/2 3
GROSS	493	574	574	253	324	500
AIA - Internally Generated Revenue	240	250	250	-	-	-
Net Exchequer	253	324	324	253	324	500
Compensation of Employees	68	93	130	35	92	102
Other Recurrent	425	481	444	218	232	398
Of Which						
<i>Utilities</i>	-	1	1	0	0.44	0.44
<i>Rent</i>	-	-	-	-	-	-
<i>Insurance</i>	-	-	-	-	-	-
<i>Subsidies</i>	-	-	-	-	-	-
<i>Gratuity</i>	-	-	-	-	-	-
<i>Contracted Professional</i>	-			-	2	2
<i>Others</i>	425	480	480	218	230	396

AIA collection at the Hospital is still a function of the County Government. However, the implementation of the MOU is still on-going and the issue of AIA collection is being addressed to allow for the AIA to reflect against the Hospitals budget. In regard to PE Absorption, the on-boarding of staff from Gatundu Level V Hospital to KUTRRH is Work in Progress and this will increase the PE budget absorption once the exercise is complete.

7. Kenya Medical Research Institute (KEMRI)

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23

Gross	2,493	2,787	2,966	2,671	2,823	3,022
AIA - Internally Generated Revenue	130	184	184	300	220	240
NET - Exchequer	2,363	2,603	2,782	2,371	2,603	2,782
Compensation to Employees	1,920	2,342	2,342	1,999	2,431	2,780
Other Recurrent	573	445	624	672	392	242
Of Which:						
<i>Utilities</i>	105	110	110	92	112	120
<i>Rent & Rates</i>	2	2	2	2	2	2
<i>Insurance</i>	12	16	16	10	17	18
<i>Subsidies</i>	0	0	0	0	0	0
<i>Gratuity</i>	0	0	0	0	0	0
<i>Contracted Professional (Guards & Cleaners)</i>	64	64	64	63	55	59
<i>Others</i>	390	252.5	431.5	505	206	43

In the FY 2020/21, FY 2021/22 and FY 2022/23, the actual expenditure in PE was attributed to the implementation of SRC job evaluation phase II for recruitment of 65 employees to help in UHC and Covid-19 management.

Deficit in FY 2021/22 and 2022/23 is attributed to increased PE due to Court order dated 14 October Case no 37 of 2010 which ordered reinstatement of 34 employees.

In the FY 2022/23, there was an increase in AIA by KSh 58M from the approved budgeted amount of KSh 184M. The growth was attributed to sale of commercial products (t-bicide and sanitizers). This trajectory is however not sustainable considering there are currently many players manufacturing the same products.

8. Kenya Medical Supplies Authority (KEMSA)

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross	3,285	3,027	3,931	3,282	3,083	4,791
AIA - Internally Generated Revenue	3,160	2,927	3,811	3,157	2,983	4,671
NET	125	100	120	125	100	120
Compensation to Employees	1,268	1,256	1,276	1,264	1,224	1,209
Other Recurrent	2,017	1,770	2,656	2,018	1,860	3,582
Of Which						
<i>Utilities</i>	18	15	25	19	14	25
<i>Rent</i>	217	88	15	217	86	15
<i>Insurance</i>	159	150	179	159	150	179
<i>Subsidies</i>						
<i>Gratuity</i>						

<i>Contracted Professional Services</i>	146	199	163	146	199	163
Others	1,477	1,319	2,274	1,477	1,411	3,200
*KEMSA Actual AIA and expenditure for FY 2022/23 was slightly above budget due impairment loss and forex exchange loss suffered by the Authority						

KEMSA total expenditure for FY2022/23 was KSh 4.79 Billion marking a substantial 55% increase from the previous financial year (FY 2021/22) performance of KSh 3.08 billion. In comparison to the budget, this represented a 122% performance. This increase can be attributed to tax penalties imposed on the Authority and losses incurred due to a weakening shilling in foreign exchange. The mandatory costs were funded through the Authority's collection of outstanding debts.

Compensation for employees has shown a declining trend, reducing from KSh 1.264 billion (FY 2020/21) to KSh 1.224 billion (FY 2021/22) and further to KSh 1.208 billion (FY 2022/23). This continued decrease in compensation of employees is attributed to the ongoing human resource reorganization within KEMSA. There has been no increase in GOK funding for KEMSA personnel, with allocations remaining at KSh 125 million (FY 2020/21), KSh 100 million (FY 2021/22), and KSh 120 million (FY 2022/23). This lack of GoK support on personnel emoluments has placed significant constraints on the Authority's liquidity, as the disbursed funds do not adequately cover the Authority's Personal Emoluments.

National Commodities Storage Centre (KEMSA Supply Chain center) construction updates; The project was originally planned to be completed in 130 weeks, commencing in April 2018. However, the project's completion has been delayed due to the unavailability of funds. The allocation of KSh. 310 FY 22/23 million was not received and KSh. 250 million FY 2020/21 were also not received.

9. National Health Insurance Fund (NHIF)

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross	94,516	94,590	93,072	62,159	78,159	80,964
AIA	94,516	94,590	93,072	62,159	78,159	80,964
NET	-	-	-	-	-	-
Compensation to Employees	5,083	5,083	6,044	5,211	5,037	5,289
Transfers	-	-	-	-	-	-
*Member Benefits (Cost of Sales)	79,663	79,680	79,160	52,671	68,655	74,225
Other recurrent	2,730	2,730	4,105	1,392	1,967	2,358
Of which:						
<i>Utilities</i>	58	58	216	52	98	216

<i>Rent & Rates</i>	-	-	-	-	-	-
<i>Insurance</i>	405	405	417	301	353	347
<i>Subsidies</i>	-	-	-	-	-	-
<i>Gratuity</i>	-	-	-	-	-	-
<i>Contracted Professional (Guards & Cleaners)</i>	611	611	1,089	160	373	593
<i>Others</i>	1,011	1,011	1,739	351	597	590
<i>Depreciation</i>	645	645	645	529	546	613
Surplus (Deficit)	7,041	7,097	3,762	2,885	2,499	(908)

In FY2022/23, the Fund had projected to collect revenue amounting to KSh 93 billion however it missed the target by 12% and collected KSh 82.1 billion. The slight negative variance was attributable to the low retention rate, especially in the informal sector of the national scheme due to adverse selection of the members under this sector and the difficult economic times experienced in recent years. The NHIF 2018-2022 strategic plan targeted a member retention rate of 88% for the formal sector and 74% for the informal sector. However, the actual performance of 77% and 22% for formal and informal sectors respectively in FY 2022/23 affected the revenue collected.

Further, In FY 2022/23 the total member benefits paid amounted to 74.2 billion compared to a budget of KSh 79.1 billion representing a performance of 94%. Compared to premiums and contributions for the year, the benefit pay-out ratio stood at 90% higher than the projected pay-out ratio of 85%. Benefits paid out have continued to grow over the last three years amounting to KSh 52.6 billion in FY 2020/21, KSh 68.6 billion in FY 2021/22 and KSh 74.2 billion in FY 2022/23.

Personnel emoluments amounted to KSh 5.2 billion compared to a budget of KSh 6 billion while other recurrent expenditure amounted to KSh 3.5 billion vis-à-vis a budget of KSh. 4.1 billion. The deficit of KSh 908.6 million in FY2022/23 was attributed to the low income collected during the period.

N/B: *The annual financial statements for FY 2022/23 are unaudited.*

10. National Aids Control Council (NACC)

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross	942	714	877	968	747	691
AIA	-	-	-	-	-	-
Net	942	714	877	968	747	691
Compensation to employees	517	517	496	502	501	438
Other recurrent	426	198	381	466	246	253
Of Which	-	-	-	-	-	-
<i>Utilities</i>	4	4	63	4	10	47
<i>Rent</i>	72	71	73	70	78	72

<i>Insurance</i>	9	2	45	7	4	5
<i>Subsidies</i>	-	-		-	-	-
<i>Gratuity</i>	-	-	74	-	-	74
<i>Contracted Professionals (Guards and Cleaners)</i>	16	6	25	14	13	25
<i>Others</i>	326	116	101	371	141	29

In FY 2022/23, The NACC did not receive the full allocation for the FY2022/23 as provided in the approved estimates resulting to the variance between the approved budget for FY 2022/23 and the actual for FY 2022/23. An amount of KSh 186M was not disbursed. This affected the effectiveness of the NACC planned activities and committed objectives resulting to Pending Bills.

The majority of the NACC programmes are recurrent in nature as they involve facilitating communities and stakeholders to undertake prevention interventions, capacity building of communities and advocacies. For this reason, the NACC recurrent budget is not only for PE and utilities but also for programme operations therefore more resources should be allocated for the recurrent expenditures.

11. The National Cancer Institute-Kenya

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross	80	120	140	75	120	140
AIA	-	-	-	-	-	-
NET	80	120	140	74.8	120	140
Compensation to Employees	-	-	45	-	-	15
Other Recurrent	80	120	95	75	120	125
Of Which						
<i>Utilities</i>	-	-	20	-	-	22
<i>Rent</i>	-	-	15	-	-	21
<i>Insurance</i>	-	-	-	-	-	-
<i>Subsidies</i>	-	-	-	-	-	-
<i>Gratuity</i>	-	-	-	-	-	-
<i>Contracted Professionals (Guards, Cleaners etc.)</i>	-	-	12	-	-	11
<i>Others</i>	80	120	48	75	120	71

In FY 2022/23, the National Cancer Institute of Kenya was allocated Kshs 140 million as Recurrent grant representing a 15% increase in allocation compared to KSh.120 million allocated in 2021/22. NCI-Kenya successfully utilized allocated GOK funds to cater for its various administrative and programmatic activities, with 100% absorption rates reported in FY 2021/22. However, there was non-release of KSh 18Million which led to accrual of pending bills.

12. Blood Transfusion and Transplant Authority

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23

Gross	0	0	241	0	0	241
AIA	0	0		0	0	
NET	0	0	241	0	0	241
Compensation to Employees	0	0	197	0	0	197
Transfers	0	0		0	0	
Other Recurrent	0	0	45	0	0	44
Of which						
<i>Utilities</i>	0	0	3	0	0	3
<i>Rent</i>	0	0	0	0	0	0
<i>Insurance</i>	0	0	0	0	0	0
<i>Subsidies</i>	0	0	0	0	0	0
<i>Gratuity</i>	0	0	0	0	0	0
<i>Contracted Guards & Cleaners Services</i>	0	0	2	0	0	2
<i>Other specify</i>	0	0	40	0	0	40

In the FY2022/23, the Kenya Tissue and Transplant authority was allocated Kshs241Milion as recurrent grants. The KTTA successfully utilized allocated GoK funds to cater for its various services and programmatic activities, with 100% absorption rate reported in the same year.

13. Biovax Institute

ECONOMIC CLASSIFICATION	APPROVED BUDGET			ACTUAL EXPENDITURE		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross	0	100	100	0	91	58
AIA	-	-	-	-	-	12
NET	0	100	100	0	91	58
Compensation to Employees	-	-	12	-	-	12
Other Recurrent	0	100	88	0	19	54
Of Which:						
<i>Utilities</i>	-	-	-	-	-	-
<i>Rent & Rates</i>	-	19	19	-	-	-
<i>Insurance</i>	-	-	-	-	-	-
<i>Subsidies</i>	-	-	-	-	-	-
<i>Gratuity</i>	-	-	-	-	-	-
<i>Contracted Professional (Guards & Cleaners)</i>	-	-	-	-	-	-
<i>Others</i>	-	81	69	-	19	54
Surplus	-	-	-	-	72	4

The low absorption in the Recurrent Budget 2021/22 was as a result of delays in the approval of the Institutes HR tools that resulted in the postponement of the recruitment of staff. The SCAC approvals have since been obtained and the recruitment is in its final process.

SAGAS UNDERSTATE DEPARTMENT OF PUBLIC HEALTH AND PROFESSIONAL STANDARDS

14. KENYA MEDICAL PRACTITIONERS & DENTISTS COUNCIL

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross	720.10	840.20	810.45	700.80	836.60	792.90
AIA	533.90	340.20	350.45	513.95	336.60	332.90
Net	186.25	500.00	460.00	186.25	500.00	460.00
Compensation to Employees	127.00	165.00	205.00	126.50	163.00	195.00
Transfers	0	0	0	0	0	0
Other Recurrent	593.10	675.20	605.45	574.30	673.60	597.90
Of Which						
Utilities	5.50	2.15	3.50	4.30	2.10	3.10
Rent	0	0	5.00	0	0	3.90
Insurance	15.00	17.00	21.00	14.15	16.70	18.70
Subsidies	0	0	0	0	0	0
Gratuity	30.00	47.35	25.00	26.50	47.18	23.35
Contracted Professional Services (Guards & Cleaners)	1.90	2.60	2.35	1.85	2.50	2.30
Others	540.70	606.10	548.60	527.50	605.12	546.55

15. Kenya Medical Training College

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Gross	6,589	7,179	7,859	5,813	8,345	7,862
AIA	3,640	3,640	3,640	2,864	4,806	4,348
Net	2,949	3,539	4,219	2,949	3,539	3,514
Compensation to Employees	4,155	4,279	4,315	4,093	4,118	4,303
Transfers	0	0	0	0	0	0
Other Recurrent	2,434	2,900	3,544	1,720	4,227	3,559
Of Which						
Utilities	222	164	160	113	154	156
Rent	4	4	4	2	3	4
Insurance	632	700	650	542	403	605
Subsidies	0	0	0	0	0	0
Gratuity	40	65	120	10	33	114
Contracted Professional Services (Guards & Cleaners)	300	350	350	288	307	345

Others	1,236	1,617	2,260	775	3,360	2,335
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16. Kenya Board of Mental Health

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/2 2	2022/2 3	2020/2 1	2021/2 2	2022/2 3
Gross	0	0	1.7	0	0	0
AIA	0	0	0	0	0	0
Net-Exchequer	0	0	1.7	0	0	0
Compensation to Employees	0	0	0	0	0	0
Transfers		0	0	0	0	0
Other Recurrent Of Which		0	0	0	0	0
Utilities	0	0	0	0	0	0
Rent	0	0		0		0
Insurance	0	0	0	0	0	0
Subsidies	0	0	0	0	0	0
Gratuity	0	0	0	0	0	0
Contracted Professional Services (Guards & Cleaners)	0	0	0	0	0	0
Others	0	0	0	0	0	0

17. Nursing Council of Kenya

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/2 2	2022/2 3	2020/2 1	2021/2 2	2022/2 3
Gross	355	424	440	284	438	541
AIA	355	346	390	284	360	496
Net-Exchequer	0	78	50	0	78	45
Compensation to Employees	104	108	103	90	110	103
Transfers	0	0	0	0	0	0
Other Recurrent	251	316	337	194	328	438
Of Which						
Utilities	12.1	16.7	27	11.5	16.8	26.9
Rent	0	0	0	0	0	0
Insurance	11.3	12.8	19.2	10.6	11.3	19
Subsidies	0	0	0	0	0	0
Gratuity	9.6	11.9	13.6	10.5	12.4	13.1
Contracted Professional Services (Guards & Cleaners)	2.1	2.5	3	2.1	2.3	3.8
Others	215.9	272.1	274.2	159.3	285.2	375.2

18. Kenya Nuclear Regulatory Authority (KENRA)

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/2	2022/2	2020/2	2021/2	2022/2
		2	3	1	2	3
Gross	119	241	245	113	254	285
AIA	22	100	100	16	119	140
Net-Exchequer	97	141	145	97	135	145
Compensation to Employees	0	22	22	0	18	30
Transfers	0	0	0	0	0	0
Other Recurrent	119	219	223	113	236	255
Of Which						
Insurance	0	2	3	0	1	2
Utilities	7	6	7	8	5	6
Rent		21	22		16	16
Contracted Professional Services (Guards & Cleaners)	5	6	22	4	5	10
Others	107	184	169	101	209	221

19. National Quality Control Laboratories

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/2	2022/2	2020/2	2021/2	2022/2
		2	3	1	2	3
Gross	0	0	8	0	0	6
AIA	0	0	6	0	0	6
Net-Exchequer	0	0	2	0	0	0
Compensation to Employees			0	0	0	0
Transfers	0	0	0	0	0	0
Other Recurrent	0				0	0
Of Which	0	0	0	0	0	0
Utilities	0	0	0	0	0	0
Rent	0	0	0	0	0	0
Insurance	0	0	0	0	0	0
Subsidies	0	0		0	0	0
Gratuity	0	0	0	0	0	0
Contracted Professional Services (Guards & Cleaners)	0	0	0	0	0	0
Others	0	0	0	0	0	0

20. Kenya Human Resource Advisory Council

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/2	2022/2	2020/2	2021/2	2022/2
		2	3	1	2	3
Gross	0	0	11	0	0	9
AIA	0	0	0	0	0	0
Net-Exchequer		0	11	0	0	9
Compensation to Employees	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Other Recurrent Of Which	0	0	0.5	0	0	0
Utilities	0	0	0.25	0	0	0
Rent		0	0	0	0	0
Insurance	0		0	0	0	0
Subsidies	0	0	0	0	0	0
Gratuity	0	0	0	0	0	
Contracted Professional Services (Guards & Cleaners)	0	0		0	0	0
Others			0.25	0	0	0

21. Kenya Health Professions Oversight Authority

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/2	2022/2	2020/2	2021/2	2022/2
		2	3	1	2	3
Gross	0	0	24	0	0	9
AIA	0	0	12	0	0	0
Net-Exchequer	0	0	12	0	0	0
Compensation to Employees	0	0		0	0	0
Transfers	0	0	0	0	0	0
Other Recurrent Of Which	0	0		0	0	0
Utilities	0	0	0	0	0	0
Rent	0	0	0	0	0	0
Insurance		0	0	0	0	0
Subsidies						
Gratuity						
Contracted Professional Services (Guards & Cleaners)						
Others						

22. Kenya Biovax Institute (KBVI)

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/2	2022/2	2020/2	2021/2	2022/2
		2	3	1	2	3
Gross	0	0	25	0	0	25
AIA	0	0	0	0	0	0
Net-Exchequer	0	0	25	0	0	25
Compensation to Employees	0	0	0	0	0	0
Transfers	0	0	25	0	0	25
Other Recurrent of Which	0	0	0	0	0	0
Insurance	0	0	0	0	0	0
Utilities	0	0	0	0	0	0
Rent	0	0	0	0	0	0
Contracted Professional Services (Guards & Cleaners)	0	0	0	0	0	0
Others			25	0	0	25

23. National Aids Control Council (NACC)

ECONOMIC CLASSIFICATION	Approved Budget			Approved Expenditure		
	2020/21	2021/2	2022/2	2020/2	2021/2	2022/2
		2	3	1	2	3
Gross	0	0	219	0	0	219
AIA	0	0	0	0	0	0
Net-Exchequer	0	0	219	0	0	219
Compensation to Employees	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Other Recurrent Of Which	0	0	219	0	0	219
Insurance	0	0	0	0	0	0
Utilities	0	0	0	0	0	0
Rent	0	0	0	0	0	0
Contracted Professional Services (Guards & Cleaners)	0	0	0	0	0	0
Others	0	0	219	0	0	219

24. Tobacco Control Board

Vote: 1083		Approved Budget			Approved Expenditure		
Economic classification	2020/21	2021/2	2022/2	2020/2	2021/2	2022/2	
		2	3	1	2	3	
Gross	62	56	56	62	55	41	
AIA	0	0	0	0	0	0	
NET exchequer	62	56	56	62	55	41	

Vote: 1083	Approved Budget			Approved Expenditure		
Economic classification	2020/21	2021/2 2	2022/2 3	2020/2 1	2021/2 2	2022/2 3
Compensation to Employees	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Other Recurrent of which	62	56	56	62	55	41
Utilities	0	0	0	0	0	0
Rent	0	0	0	0	0	0
Insurance	0	0	0	0	0	0
Subsidies	0	0	0	0	0	0
Gratuity	0	0	0	0	0	0
Contracted Guards & Cleaners Services	0	0	0	0	0	0
Total of the SAGAs	62	56	56	62	55	41

2.3 ANALYSIS OF PERFORMANCE OF CAPITAL PROJECTS FY 2020/21-2022/23

Table 2.7 9(a): Analysis of Performance of Capital Projects FY 2020/21 - 2022/23 (KSh. Million) – State Department for Medical Services

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million				Kshs Million				Kshs Million				Kshs Million						
1	1081101700 KNH Burns and Pediatrics Centre	5,459.00	3,482.00	1,977.00	3/3/2018	8/20/2025	250		1,044	19	250	928	1,334.24	24	540	502	1,829.24	3,629.76	34	The contractor resumed works on site on 13 th December, 2022. Currently the super structure is at 62% of the builders works. KNH has engaged key stakeholders (MOH & NT) to ensure timely submission of withdrawal forms to development partners for prompt disbursement to the contractor.
2	1081101800 National Commodities Warehousing Center (KEMSA)	3,977.93	3,004.83	973.10	26/01/2018	30/9/2023	-	-	3,067	77	333.1		3,667.10	92	310	0	3,841.10	136.83	97	The project completion has been delayed due to unavailability of funds as per the budget estimates. GoK Allocation of Ksh. 310 Milion which was NOT disbursed and lack of sufficient internally generated funds to support the construction during the year.

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million				Kshs Million				Kshs Million				Kshs Million						
3	1081102500 East Africa's Centre of Excellence for Skills & Tertiary Education	3,674.00	334.00	3,340.00	2/18/16	2/18/2024	50		1,314	36	200	960	1,866.40	51	118	1082	2,075.40	1,598.60	56	East Africa Centre of excellence managed to pay Interim Payment Certificates 18 and 19 for works done towards completion of the complex. The project is at 84% completion rate.
4	1081103200 Dietics Services Improvement (Nutrition)	6,174.00	6,174.00		7/11/2011	7/11/2026	-	-	-	0	80		26.70	0	60	0	17.00	6,157.00	0	The project was moved to the State Department of Public Health and Professional Standards
5	1081103500 Health System Management	17,600.00	-	17,600.00	7/2/2015	7/2/2025	-	-	8,423	48	0	2600	8,423.00	48	0	0	8,423.00	9,177.00	48	There was no allocation for FY 22/23
6	1081103700 Clinical Waste Disposal System Project(Phase II)	1,316.04	120.00	1,196.04	7/1/2021	6/30/2024	-	-	-	0	0	200	200.00	15	0	600	217.00	1,099.04	16	The project was moved to the State Department of Public Health and Professional Standards
7	1081104000 Clinical Laboratory and Radiology Services Improvement	1,052.00		1,052.00	1/7/2016	6/30/2023	-	-	534	51	0	500	552.80	53	0	500	552.80	499.20	53	The project was moved to the State Department of Public Health and Professional Standards

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completion Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completion on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completion on stage as at 30th June 2023 (%)	
		Kshs Million				Kshs Million				Kshs Million				Kshs Million						
8	1081104100 Expansion of Ileho Health Centre (KIDDP).	43.10		43.10	7/7/2015	7/7/2021	-	-	43	100	0	0	-	0	0	0	-	43.10	0	The project was completed
9	1081104400 Managed Equipment Service-Hire of Medical Equipment for 98 Hospital	79,502.00	79,502.00		7/10/2013	7/10/2026	6,205		46,468	58	7205	0	52,672.60	66	3375	0	56,047.60	23,454.40	70	The project came to an end. There is a 1 year extension as negotiations are ongoing to transit to National Equipment Program Services (NEPS)
10	1081104500 Free Maternity Program (Strategic Intervention)	70,088.00	70,088.00		7/10/2013	7/10/2026	4,098		34,439	49	4098		38,537.25	55	4098		42,635.25	27,452.75	61	Funds disbursed to NHIF to facilitate Linda mama Programme for the following benefits: Inpatient, Caesarian Section, Normal delivery, ante-natal and postnatal care. A total of 927,102 deliveries recorded in FY 22/23.

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million					Kshs Million					Kshs Million								
11	1081104800 Modernize Wards & Staff house- Mathari Teaching & Referral Hospital	1,650.00	1,650.00		7/30/2013	6/30/2025	-	-	145	9	300		236.40	14	110		317.90	1,332.10	19	The project is complete.
12	1081104900 Construct a Wall, renovation & Procure Equipment at National Spinal Injury Hospital	791.30	791.30		7/30/2014	6/30/2026	-	-	29	4	100		72.50	9	53		125.50	665.80	16	Construction of the wall and renovation of the inpatient wards were completed. An ambulance was procured. However, some other activities were not done due to limited funding.
13	1081105100 Procurement of Equipment at the National Blood Transfusion Services	8,396.30	8,396.30		2/7/2015	2/7/2025	600		1,158	14	600		1,540.90	18	619		2,140.90	6,255.40	25	The program continues to provide access to safe blood and blood components across the country in the year 2022/23. The program had a financial gap of 1.4B.
14	1081105200 Procurement of Anti TB Drugs Not covered under Global fund Tb programme	10,678.00	10,678.00		8/13/2014	8/13/2025	200		878	8	200		878.00	8	154		1,032.00	9,646.00	10	The project was moved to the State Department of Public Health and Professional Standards

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million					Kshs Million				Kshs Million				Kshs Million					
15	1081105300 Procurement of Family Planning & Reproductive Health Commodities	12,215.00	12,215.00		8/13/2014	8/13/2026	559		1,052	9	863		1,488.00	12	428		1,916.00	10,299.00	16	No procurement was done in the last FY 2022/2023. However, there were donations from USAID and UNFPA. There is lag in FP Commodities Delivery.
16	1081105500 (Vaccines and Immunizations)	61,487.00	61,487.00		7/2/2016	7/2/2025	8,913		6,391	10	1300		7,690.80	13	1708	1808	7,690.80	53,796.20	13	This programme procured routine Childhood Vaccines to improve immunization Coverage.
17	1081105502 Acquisition of Covid - 19 Vaccines	16,963.00	16,963.00		1/1/2021	7/6/2025	1,645	-	1,645	0	362.7		2,007.70	12	303		2,310.70	14,652.30	14	Funds were used to procure COVID 19 vaccines.
18	1081105503 COVID - 19 Vaccine Acquisition & Development- KEPSA	1,100.00	1,100.00		1/1/2022	6/30/2022	-	-	-	0	1100		-	0	0		-	1,100.00	0	Being funds from the private sector to support against COVID 19 in the country. Funds were not utilized due to the fact that the vaccine supply had improved and therefore the Ministry did not procure
19	1081105700 Construction of buildings- Tuition blocks at KMTC	1,800.00	1,800.00		21/9/2017	30/06/2025	64		569	32	127.5		696.50	39	324		994.50	805.50	55	The project was moved to the State Department of Public Health and Professional Standards

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million					Kshs Million				Kshs Million				Kshs Million					
20	1081105800 Construction and equipping of laboratory and class rooms KMTC	2,325.10	2,325.10		4/3/2018	9/18/2024	419		1,365	59	553.8		1,819.00	78	483		2,282.00	43.10	98	The project was moved to the State Department of Public Health and Professional Standards
21	1081106100 Establishing of Regional Cancer Centres	8,000.00	8,000.00		1/7/2016	6/30/2026	280		860	11	350.00		994.40	12	383.00		1,377.40	6,622.60	17	Garissa ,Mombasa and Nakuru were operationalized ,awaiting establishment of Kakamega and Meru in the FY 2023/24
22	1081106400 Completion and Equipping Day-care Centre – KNH	378.00	278.00	100.00	15/2/16	12/8/2020	126		378	100	-		0	-				378.00	0	The project was completed and operationalized
23	1081107000 Cancer & Chronic Disease Management Centre – MTRH	1,843.00	1,393.00	450.00	1/7/2013	6/7/2026	144	144	1,088	59	104.00		1,192.00	65	113.00		1,267.50	575.50	69	To procure two Radiotherapy Machines (2 Linear Accelerators with 3D Conformational Treatment Unit, CT Simulator, Treatment Plan and all other accessories)

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completion Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completion on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completion on stage as at 30th June 2023 (%)	
		Kshs Million				Kshs Million					Kshs Million				Kshs Million					
24	1081107100 Construction and Equipping Children Hospital-MTRH	1,080.00	830.00	250.00	1/1/2014	6/30/2026	14		316	29	120.00		436.30	40	93.00		498.30	581.70	46	The fund allocated equipped the children hospital with medical equipment for the Pediatric Burns Unit, ICU, HDU and Theatre
25	1081107200 Equipping Maternity Unit(Mother & Baby Unit)	350.00	350.00		1/10/2019	6/30/2025	-	-	20	6	30.00		50.00	14	45.75		80.50	269.50	23	The funds were used to equip the maternity unit with equipment for the delivery rooms, maternity theatre, Maternity ICU & HDU and Equipment for the neonatal unit (Nursery).
26	1081107300 Expansion and Equipping of ICU-MTRH	484.00	484.00		7/1/2015	6/6/2025	49		198	41	16.00		214.00	44	52.25		249.00	235.00	51	The fund was used to equip the unit with ICU & HDU beds complete with cardiac monitors, defibrillators, suction machines and syringe pumps

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million					Kshs Million				Kshs Million				Kshs Million					
27	1081107500 Situation Room for Real Time Data & Information on HIV & AIDS - NACC	891.00	891.00		17/09/2016	6/30/2026	43		197	22	75.60		272.88	31	58.50		302.88	588.12	34	The disbursed funds were released towards the end of the financial year (a week to the end to the financial year) and hence planned activities could not be carried out and rolled over to the next year.
28	1081107900 Construction and upgrading of KEMRI Laboratories (Nairobi, Kwale, Busia)	635.00	635.00		7/1/2016	7/1/2025	28		153	24	55.10		180.37	28	57.00		232.37	402.63	37	Funds went to upgrading research laboratories. Forty-seven (47) labs require upgrading to international standards in order to provide reliable quality data and enhance biosecurity levels.
29	1081109400 Rollout of Universal Health Coverage	100,000.00	100,000.00		7/10/2018	7/10/2026	4,290		19,166	19	7,765.00		26,879.72	27	6,412.75		33,292.47	66,707.54	33	Funds geared for universal healthcare indexing, and improving accessibility and affordability of healthcare in the country

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million				Kshs Million					Kshs Million				Kshs Million					
30	1081109500 Construction of a Cancer Centre at Kisii Level 5 Hospital	2,280.00	280.00	2,000.00	8/10/2016	8/10/2024	10		51	2	50.00	530.00	110.87	5	100.00	195.00	288.67	1,991.33	13	Challenges in getting a letter of no objection for one of the partners in Saudia Arabia,thus we were unable to progress.
31	1081110200 Support to Universal Health Care in the Devolved system in Kenya	3,192.00		3,192.00	1/2/2017	6/30/2021	-	952	3,193	100	-	-		0	-	-		3,192.00	0	The project was completed
32	1081110300 Transforming Health Systems for Universal care Project	25,290.00	-	25,290.00	9/15/2016	6/30/2023	-	-	20,686	82	-	4,459.00	24,340.00	96	-	500.00	24,491.80	798.20	97	Funds to support all counties in the health systems strengthening, procurement of family planning commodities and capacity building. The project is coming to a close on 30th September 2023

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million				Kshs Million				Kshs Million				Kshs Million						
33	1081110700 Strengthening of Cancer Management at KNH	2,000.00	2,000.00		23/8/2018	6/9/2025	46		231	12	140.00		371.24	19	100.00		471.24	1,528.76	24	Phase one of the project is completed and was handed-over to KNH on 3rd August, 2023. Phase two of the project has commenced using the allocated funds in FY 2023/24. It is expected to be complete within the FY 2023/24. The Hospital requires additional funding to complete construction works and acquisition of equipment for full operationalization.
34	1081110800 Research and Development - KEMRI	6,400.00	6,400.00		7/1/2014	7/1/2025	151		1,057	17	151.00		1,208.10	19	292.00		1,410.80	4,989.20	22	Funds werechanneled towards conducting research to address National Health priority areas including COVID-19, Non-communicable diseases, drug discovery and vaccine development, neglected diseases and emerging and re-emerging diseases
35	1081111300 Special Global Fund HIV Grant KEN-H-TNT-	13,120.00		13,120.00	1/1/2018	6/30/2022			12,920	98	-	25.70	12,945.70	99	-	-	12,945.70	174.30	99	The programmutilized the funds towards procurement of ARVS and programmatic

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks	
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)		
		Kshs Million				Kshs Million				Kshs Million				Kshs Million							
	(GLOBAL FUND)																		activities towards prevention ,care and treatment.		
36	1081111400 Special Global Fund Malaria Grant KEN-M-TNT- (GLOBAL FUND)	3,600.00		3,600.00	1/1/2018	6/6/2022	800		3,400	94			175.00	3,400.00	94			3,400.00	200.00	94	The project was moved to the State Department of Public Health and Professional Standards
37	1081111700 Special Upgrading Maternal & New Born Care Units W. Pokot, Marakwet & Makueni	920.00		920.00												920.00		896.00	24.00	97	It's a one-off project funded during Supplementary II FY 2022/23
38	1081111500 Special Global Fund TB Grant KEN-T-TNT- (GLOBAL FUND)	5,052.00		5,052.00	1/1/2018	6/30/2022	-	-	5,032	100			2.00	5,032.00	100			5,032.00	20.00	100	The project was moved to the State Department of Public Health and Professional Standards
39	1081111900 PHG-Case Study on Integrated Delivery of Selected NCD-MTRH	250.00		250.00	10/1/2019	6/30/2022	-	-	192	77			57.90	250.00	100			250.00	-	100	The project is completed

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million					Kshs Million				Kshs Million				Kshs Million					
40	1081117600 Beyond Zero Campaign-NACC	566.00	566.00		1/6/2016	30/06/2023	24		130	23	49.90		179.70	32	39.00		218.70	347.30	39	The disbursed funds were released towards the end of the financial year (a week to the end to the financial year) and hence planned activities could not be carried over and rolled over to the next year.
41	1081117800 Health Sector Support to Universal Health Coverage	8,000.00	8,000.00		7/1/2019	6/6/2023	3,000		2,986	37	4,000.00		5,263.24	66	-	-	5,263.24	2,736.76	66	PFR budgetary support from JICA for roll-out and scale up of Universal Health Coverage.
42	1081117900 Reconstruction of drugs Rehabilitation centre at Coast General Hospital	20.00	20.00		01/07/2019	30/06/2021	18		20	100	-	-	-	0	-	-	-	20.00	0	The project was completed
43	10811180000 Construction of a hospital in Kiyawara-Kieni East	30.00	30.00		01/07/2019	30/06/2021	11		30	100	-	-	-	0	-	-	-	30.00	0	This project is stalled due to site dispute in Kieni constituency. The matter is being handled by the Public Works
44	1081118100 Intergrated Molecular Imaging Centre	2,332.00	2,332.00		1/7/2020	1/6/2024	2,032		2,032	87	-	-	2,032.00	0	250.00	-	2,282.00	50.00	98	Funds were utilized to construct and equip the Integrated Molecular Imaging Center to offer specialized

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks	
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)		
		Kshs Million				Kshs Million					Kshs Million				Kshs Million						
																					diagnostic and treatment services to Cancer Patients, however the hospital did not receive capital grant F/Y 2022-2023 as at the of 30th June 2023
45	1081118200 Kenya COVID-19 Emergency Response Project	15,240.00	3,000.00	12,240.00	2/1/2020	6/30/2024	-	-	1,399	9	400.00	5,632.00	2,983.00	20	-	2,577.00	4,764.35	10,475.65	31	Funds to Prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness having absorbed only 26.3% of the funds	
46	1081118203 COVID 19 Vaccines Programme	13,400.00		13,400.00	1/7/2021	6/30/2023	-	-	-	0	-	3,800.00	3,189.00	24	-	76.00	3,241.89	10,158.11	24	The funds were used for Procurement of COVID-19 vaccines and consumables	
47	1081118600 Infrastructural Support to Kigumo Hospital	400.00	400.00		1/7/2020	6/30/2023	50		50	13	100.00		121.60	30	103.00		200.20	199.80	50	The project is ongoing and its at 80% completion	

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million					Kshs Million				Kshs Million				Kshs Million					
48	1081118300 renovation & Improvement for Gatundu Level 5 Hospital	770.00	770.00		1/7/2020	6/30/2023	100		100	13	276.00		376.00	49	25.00		401.00	369.00	52	Renovation and Improvement of facilities was completed. Construction of the second tower comprising an Accident & Emergency Center, Outpatient Clinics, Pharmacy, Radiology,Plaster Room, Laboratory and wards is in progress.The hospital did not receive the capital grant for the F/Y 2022-2023 as at 30th June 2023
49	1081118900 Equipping of Bildad Kaggia Level 4 Hospital Muranga	20.00	20.00		1/1/2021	1/6/2021	20		-	0				0				20.00	0	The project is yet to start due to land disputes in the proposed site
50	1081119000 Customized Ambulances For COVID - 19 Response	40.00	40.00		1/7/2020	30/6/23		40	-	0		40.00	-	0		40.00	28.20	11.80	71	Funds were to procure ten Customized Ambulances for COVID-19 Response.
51	1081119100 Supply of Medical Equipment and Associated Sevices	4,118.00		4,118.00	1/1/2021	30/6/2024	-	-	1,330	32		2,398.00	3,033.26	74		1,000.00	3,920.26	197.74	95	Funds towards rehabilitation of the maternal and baby care units at MTRH and to support COVID-19 Emergency Response having consumed 95% of the allocated funds.

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million				Kshs Million				Kshs Million				Kshs Million						
52	1081119200 GESDeK COVID 19 Response Project	3,860.00		3,860.00	1/1/20 21	30/6/2024	-	-	817	21	-	975.00	1,093.20	28	-	1,414.00	1,722.70	2,137.30	45	Funds geared towards control and prevention of COVID-19 in the country having consumed 28.3% of the funds
53	1081120100 Monitoring and Evaluation of KIDDP Projects	10.00	10.00		1/1/20 21	30/6/2021			10	97	-	-		0	-	-		10.00	0	The project was completed
54	1081119301 Special Global Fund HIV Grant NFM3- NAS COP	28,441.00	25,906.00	2,535.00	1/7/20 21	6/30/2024	-	-	-	0	1,200.00	510.00	716.70	3	2,315.25	1,015.00	2,916.54	25,524.46	10	The GoK component was not disbursed partially due to exchequer issues. The foreign finance was used to procure commodities.
55	1081119400 Special Global Fund Malaria Grant NFM3 - DOMC	12,021.00	6,400.00	5,621.00	1/7/20 21	6/30/2025	-	-	-	0	800.00	837.00	1,386.00	12	675.00	1,025.00	2,778.00	9,243.00	23	The project was moved to the State Department of Public Health and Professional Standards
56	1081119500 Special Global Fund TB Grant NFM3	2,998.00	2,998.00		1/7/20 21	6/30/2025	-	-	-	0	-	1,060.00	847.00	28	-	874.41	1,247.48	1,750.52	42	The project was moved to the State Department of Public Health and Professional Standards

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million					Kshs Million				Kshs Million				Kshs Million					
57	1081119600 Procurement of Cyberknife Radiotherapy Equipment for KUTRRH	685.00	685.00		1/7/2021	6/30/2024	-	-	-	0	350.00		350.00	51	300.00		650.00	35.00	95	The funds were for the procurement and installation of Cyberknife. The equipment was installed In february 2023 .The hospital did not receive the capital grant F/Y 2022-2023 as at 30th June 2023
58	1081119800 9TH GoK/ UNFPA County Programmes	3,500.00		3,500.00	1/7/2021	6/30/2024	-	1,100	1,100	31	-	1,096.00	1,100.00	31	-	800.00	1,100.00	2,400.00	31	UNFPA procured the commodities and delivery done to the facilities.
59	1081119900 Primary Health Care in the Devolved Context	1,735.00		1,735.00	7/1/2021	6/30/2024	-	-	-	0	-	434.00	326.00	19	495.00	1,102.55	1,233.12	501.88	71	Funds to cater for level II and III public hospitals and National Level activities
60	10811200 Supply of Medical Equipment for Covid - 19	1,000.00		1,000.00	1/1/2022	6/30/2022	-	-	-	0	-	1,000.00	1,000.00	100	-	-	1,000.00	-	100	Funds to support COVID 19 interventions that were transferred to Crown Agents
61	1081120200 Infrastructure Support to Diff Hospital in Wajir	50.00	20.00		1/7/2021	30/6/2022	-	-	-	0	50.00		-	0	19.00		19.00	31.00	38	The project did not start off due to donor commitment challenges

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completi on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million					Kshs Million				Kshs Million				Kshs Million					
62	1081120300 Human Vaccine Production (KBVI)	6,400.00	6,400.00		1/1/2021	6/30/2025	-	-	-	0	400.00	-	400.00	6	-	-	400.00	6,000.00	6	Funds earmarked for refurbishment and oprationalization of the BIOVAX warehouse in Embakasi. Non-disbursement of funds for FY22/23 impacted on the refurbishment and enabling works.
63	1081120400 Nueropsychiatric National Teaching & Referral Hospital	10,000.00	10,000.00		1/1/2021	6/30/2025	-	-	-	0	400.00	-	400.00	4	79.15	-	400.00	9,600.00	4	Construction of a new mental health hospital to offer specialized psychiatry services and training for mental health
64	1081205000- Construction of New Level III Hospitals	3,100.00	3,100.00		1/1/2021	6/30/2025	-	-	-	0	500.00	-	500.00	16		-	500.00	2,600.00	16	Funds to undertake the Presidential Directive of constructing 50 new level III hospitals in line with third financial stimulus programme targeting strategic interventions
65	1081120600 Infrastructure Support to Narok Hospital	200.00	200.00		1/1/2022	6/30/2022	-	-		0	200.00		200.00	100			200.00	-	100	Funds to improve infrastructural support at Narok Hospital

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Completion Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completion on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completion on stage as at 30th June 2023 (%)	
		Kshs Million				Kshs Million				Kshs Million				Kshs Million						
66	1081120700-Refurbishment/Renovation of Infrastructure -KNH	8,059.00	8,059.00		1/1/2022	6/30/2026	-	-		0	150.00		150.00	2			150.00	7,909.00	2	Renovation of Level eight of the tower block ongoing at 80%. However, project is experiencing challenges in funds disbursement. The allocation for the Hospital in the FY 2023/24 is being used to rehabilitate level 7 and acquire equipment for level 7&8 as well as replace all old and obsolete equipment and machinery. In addition, it will be used to replace old and delapidated ICT infrastructure.
67	1081120800-Expansion of Comprehensive Cancer Centre - KUTRRH	300.00	300.00		1/1/2022	6/30/2022	100		100	33	100.00		100.00	33	100.00		100.00	200.00	33	The oncology extension building will have additional beds, doctors and nurses offices and patient consultation rooms to meet the demand for oncology services in the hospital. Construction of the center is ongoing. The hospital did not receive the capital grant as at 30th June 2023

No	Project Code & Project Title	Total Est. Cost of Project or Contract Value (a)	Est Cost of the Project (Financing)		Timeline		FY 2020/21				FY 2021/22				FY 2022/23					Remarks
			GOK	Foreign Financed	Start Date	Exp Complete on Date	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2021	Completi on stage as at 30th June 2021 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2022	Completion stage as at 30th June 2022 (%)	Approved GoK Budget	Approved Foreign Financed Budget	Actual Cumulative Exp up to 30th June 2023	Outstanding Balance as at 30th June 2023	Completi on stage as at 30th June 2023 (%)	
		Kshs Million					Kshs Million					Kshs Million								
68	1081120900- Construction and equipping of children Hospital at KUTRRH	220.00	220.00	-	7/1/2022	6/30/2023	-	-	-	0	-	-	-	0	120.00		100.00	120.00	45	The project is in the initial stage.The hospital did not receive the capital grant as at 30th June 2023
69	1081121100- Infrastructure Support to Khwisero Level 4 Hospital - Khwisero	50.00	50.00	-	7/1/2022	6/30/2023									50.00		50.00	-	100	It's a one-off project funded during Supplementary II FY 2022/23
70	1081121200- Framework for return of Assets from Crime & Corruption - Kenya (FRACCK)	420.40	-	420.40	7/1/2022	6/30/2023	-		-	0	-		-	0	420.40		-	420.40	0	It's a one-off project funded during Supplementary II FY 2022/24
71	1081121300- Technical Assistance to finance support for health sector to combat Covid 19	50.00	-	50.00	7/1/2022	6/30/2023	-		-	0	-		-	0	-	50.00	-	50.00	0	It's a one-off project funded during Supplementary II FY 2022/25
72	1081121400- Health Infrastructure services	500.00	500.00		7/1/2022	6/30/2023							-	0	500.00		150.20	349.80	30	It's a one-off project funded during Supplementary II FY 2022/26

Table 2.7 (b): Analysis of performance of Capital projects FY 2021-2023 – State Department for Public Health and Professional Standards

Project code & title	Financing			Timeline		Actual cumulative expenditure as at 30th June 2023		Outstanding project cost as at 30th June 2023		% project completion (physical) as of 30th June 2023	Approved GoK budget 2023/24		Requirement for FY 2024/25		Allocation for FY 2024/25		Allocation for FY 2025/26		Allocation for FY 2026/27		Remarks
	Est cost of project	Gok	Foreign	Start date	Expected completion date	Gok	Foreign	Gok	Foreign		Gok	Foreign	Gok	Foreign	Gok	Foreign	Gok	Foreign	Gok	Foreign	
Dietetics services improvement	6,174	6,174				-	-				20	-	1,998		200	-	210	-	221	-	
Clinical waste disposal system	1,696	500	1,196			-	-				-	-	440	700	60	700	63	700	66	700	
Clinical laboratory and radiology services improvement	1,052		1,052			-	-				-	-		500	-	500	-	500	-	500	
Procurement of anti tb drugs not covered under global fund TB programme	10,678	10,678				-	-				51.5	-	1,049		300	-	315	-	331	-	
Construction of buildings-tuition blocks at KMTC	1,800	1,800				-	-				33	-	670		132	-	139	-	146	-	
Construction and equipping of laboratory and class rooms KMTC	2,799	2,799				-	-				126	-	470		454	-	477	-	501	-	
Special global fund malaria grant NFM3 - DOMC	12,021	6,400	5,621			-	-				225	732	4,693	1,258	2,600	1,258	2,730	1,258	2,867	1,258	
Special global fund tb grant nfm3	2,998		2,998			-	-				-	727		693	1,200	693	1,260	693	1,323	693	
Infrastructure upgrade	321	251	70			-	-				-	-	44	-	44	-	46	-	49	-	

Project code & tittle	Financing			Timeline		Actual cumulative expenditure as at 30th June 2023		Outstanding project cost as at 30th June 2023		% project completion (physical) as of 30th June 2023	Approved GoK budget 2023/24		Requirement for FY 2024/25		Allocation for FY 2024/25		Allocation for FY 2025/26		Allocation for FY 2026/27		Remarks	
	Est cost of project	Gok	Foreign	Start date	Expected completion date	Go k	Foreign	Go k	Foreign		Go k	Foreign	Gok	Foreign	Gok	Foreign	Gok	Foreign	Gok	Foreign		
at Kenya institute of primate research																						

2.4 ANALYSIS OF PENDING BILLS FOR THE FY 2020/21 - 2022/23 (KSHS MILLION)

The Tables below present a summary of pending bills by nature and type during the period under review. In the FY 2022/23, the health sector had total pending bills amounting to KSh.70,461 Million comprising KSh. 7,966 Million due to lack of exchequer and KSh.62,495 million due to lack of budgetary provision.

Table 2.8. Summary of Pending Bills by Nature and Entity (KSh Million)

S/No	ENTITY	Due to Lack of Exchequer			Due to Lack of Provision		
		2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
1	Dept of Medical Services	45	5,009	952	32,985	40,890	39,613
2	Dept of Public Health			2,473			
3	NCI-K	-	-	22	-	-	-
4	MTRH	442	438	1,456	513	1,077	1,262
5	KEMSA	-	-	-	2,920	3,441	5,434
6	KEMRI	312	339	456	1,721	2,087	2,087
7	NHIF	-	-	-	278	278	278
8	NACC	-	-	186			
9	KNH-Mwai Kibaki Hospital Othaya	-	-	97	-	-	-
10	KNH-Mama Margaret	-	-	346	-	-	-
11	KNH	766	1,112	1,084	9,797	8,800	11,493
12	KMTC	482	100	894	4,143	2,240	2,328
	TOTAL	2,047	6,998	7,966	52,357	58,813	62,495

Table 2.8. Summary of Pending Bills by nature (KSh Million)

Type/nature	Due to lack of Exchequer			Due to lack of Provision		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
1. Recurrent						
Compensation of Employees	1,242	854	1,984	2,678	15	16
Use of Goods and Services	11	1	1,426	17,789	5,330	6,543
Social Benefits	-	-	-	24,116	11,585	14,034
Other expenses	-	-	-	3,291	41,595	1,970
2. Development						
Acquisition of Non-financial assets	794	6,143	2,172	269	269	269
Use of goods and services	-	-	-	-	-	-
Other Specifics	-	-	2,384	4,214	50	39,663
Total Pending Bills	2,047	6,998	7,966	52,357	58,844	62,495

**Table 2.8. Summary of Pending Bills by Nature (KSh Million) for Sub sector
1. State Department of Medical Services**

Type/nature	Due to lack of Exchequer			Due to lack of Provision		
	2020/ 21	2021/ 22	2022/ 23	2020/ 21	2021/22	2022/23
1. Recurrent						
Compensation of Employees	-	-	-	2,678	-	-
Use of Goods and Services e.g Rent, Utilities, Insurance, Contracted Services	11	1	367.4	12,690	-	-
Social Benefits	-	-	-	11,233	-	-
Other expenses	-	-	-	2,241	40,890	-
2. Development						
Acquisition of Non-financial assets	34	5,008	584.20	-	-	-
Use of goods and services	-	-	-	-	-	-
Other expenses (Court Awards)	-	-	-	4,143	-	39,613
Total Pending Bills	45	5,009	952	32,985	40,890	39,613

1. State Department of Public Health

TYPE/ NATURE	Due to lack of Exchequer			Due to Lack of Provision		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
1. Recurrent						
Compensation to employees			-			
Use of goods and services			89.0			
Social Benefits			-			
Others			-			
2. Development						
Acquisition of Non –Financial assets			-			
Use of goods and services						
Others			2384			
Total Pending Bills			2473			

2. National Health Insurance Fund (NHIF)

Type/nature	Due to lack of Exchequer			Due to lack of Provision		
	2020/2 1	2021/2 2	2022/ 23	2020/2 1	2021/2 2	2022/2 3
1. Recurrent						
Compensation of Employee	-	-	-	-	-	-
Use of goods	-	-	-	-	-	-
Social benefits-pension	-	-	-	-	-	-
Other expenses (Advertising & Publicity)	-	-	-	9	9	9
2. Development						
Acquisition of Non-financial assets (ICT Infrastructure)	-	-	-	269	269	269
Use of goods and services	-	-	-	-	-	-
Other Specifics	-	-	-	-	-	-
TOTAL PENDING BILLS	-	-	-	278	278	278

The pending bill for Advertising and Publicity is under investigation while that of ICT infrastructure is awaiting a court's decision on eligibility for payment.

3. Kenya Medical Supplies Authority (KEMSA)

Type/nature	Due to lack of Exchequer			Due to lack of Provision		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
1. Recurrent						
Compensation of Employees	-	-	-	-	15	16
Use of goods and services	-	-	-	2,920	3,427	4,153
Social benefits	-	-	-	-	-	-
Other expenses	-	-	-	-	-	1,265
2. Development						
Acquisition of Non-financial assets	-	-	-	-	-	-
Use of goods and services	-	-	-	-	-	-
Other Specifics	-	-	-	-	-	-
Total Pending bills	-	-	-	2,920	3,441	5,434

The pending bills under the category of goods and services are the outcome of unpaid invoices of KSh. 4,153 billion, which have been delayed due to outstanding debts owed to the Authority by counties, development partners, and the Ministry of Health.

The pending bill under employee compensation pertains to the accrued half salary of KSh. 16 million for staff who are currently on suspension.

In addition, on 11th April, 2022, KEMSA received KRA assessment/ Demand Notice from KRA for Corporation Tax and Value Added Tax (VAT) of KSh. 3,010,854,284 as Total debts. Following this huge tax liability, the organization engaged a tax consultant to work with KRA on tax the tax workings. After several considerations a revised tax obligation was arrived at KSh. 1,265,576,505 which was to be paid in instalments of 22 months.

4. Kenya Medical Research Institute (KEMRI)

Type/nature	Due to lack of Exchequer			Due to lack of Provision		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
1.Recurrent	292	292	317	1,650	2,037	2,037
Compensation of Employee	292	292	317			
use of goods	-	-	-	-	-	-
Social benefits-pension	-	-	-	1,650	2,037	2,037
Other expenses	-	-	-	-	-	-
2.Development						
Acquisition of non-financial assets (Development grant)	20	47	139	-	-	-
Use of goods and services	-	-	-	-	-	-
Others specify (CDC vendors and debts)	-	-	-	71	50	50
Total Pending Bills	312	339	456	1,721	2,087	2,087

The Pending Bill under the Recurrent budget was due to non-remittance of capitation to KEMRI in the FY2017/18 (KSh 139M), FY2018/19 (Kshs153M) and KSh 25M in the FY 2022/23.

The pending Bill is also compounded by KEMRI Retirement Benefits Scheme (DB) which was established in 1983 and has an actuarial valuation deficit of KSh 2.037 Million as at 30th June

2021. The Institute has not been able to settle outstanding benefits amounting to KSh 587.7 Million. As a result, retirees have taken the Institute to court demanding payment of their benefits. This may have an adverse effect in the financial position of the Authority.

Under development budget, the pending bill refers to development grant of KSh 20 Million not remitted to KEMRI in the FY2017/18, KSh 27 Million in the FY2021/22 and KSh 92 Million in the FY2022/23. The Institute committed to pay vendor debts and the interest that accrued over the years following the collapse of the CDC/Kisumu CoAg in 2015.

5. Kenyatta National Hospital (KNH)

Type/Nature	Due to Lack of Liquidity			Due to Lack of Provision		
	2020/2 1	2021/2 2	2022/2 3	2020/2 1	2021/2 2	2022/202 3
1. Recurrent						
Compensation of Employees	124	124	124	-	-	-
Use of goods and services	-	-	-	753	826	1,128
Social Benefits -(NSSF and Pension Deficit)	-	-	-	8,963	7,278	9,669
Other expenses (Tax Liability)	-	-	-	81	696	696
2. Development						
Acquisition of Non-financial assets	642	988	960	-	-	-
Use of goods and services	-	-	-	-	-	-
Other Specifics	-	-	-	-	-	-
Total Pending Bills	766	1,112	1,084	9,797	8,800	11,493

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

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

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

6. Mama Margaret Kenyatta Hospital (MMKH-KNH)

Type/Nature	Due to Lack of Liquidity			Due to Lack of Budgetary Provision		
	2020/2 1	2021/2 2	2022/2 3	2020/2 1	2021/2 2	2022/202 3
1. Recurrent						
Compensation of employees	-	-	-	-	-	-
Use of goods and services	-	-	46	-	-	-
Social Benefits -NSSF	-	-	-	-	-	-
Other expenses	-	-	-	-	-	-

2. Development						
Acquisition of Non-financial assets	-	-	300	-	-	-
Use of goods and services	-	-	-	-	-	-
Other Specifics	-	-	-	-	-	-
Total Pending Bills	-	-	346	-	-	-

Following the transfer of the Mama Margaret Kenyatta Hospital to KNH, claims which were incurred prior to handover are awaiting settlement. These include: Compensation for compulsory acquisition of land at KSh 53.3M following a court decree; KSh 47M for consultancy services; The final account payment for construction works estimated at KSh 99M; and Equipment supply estimated at KSh 200M.

7. Mwai Kibaki Hospital - Othaya

Type/Nature	Due to Lack of Liquidity			Due to Lack of Provision		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
1. Recurrent						
Compensation of Employees	-	-	-	-	-	-
Use of Goods and Services	-	-	97	-	-	-
Social Benefits (NSSF and Pension Deficits)	-	-	-	-	-	-
Other expenses (Tax Liability)	-	-	-	-	-	-
2. Development						
Acquisition of Non-financial assets	-	-	-	-	-	-
Use of goods and services	-	-	-	-	-	-
Other Specifics	-	-	-	-	-	-
Total Pending Bills	-	-	97	-	-	-

The Pending Bills of KSh 97Million is as a result of unsettled invoices due to non-collectability of debt owed to the hospital by indigent patients.

8. National Aids Control Council (NACC)

Type/nature	Due to lack of Exchequer			Due to lack of Provision		
	2020/2 1	2021/2 2	2022/2 3	2020/2 1	2021/2 2	2022/2 3
1. Recurrent						
Compensation of Employees	-	-	87	-	-	-
Use of Goods and Services	-	-	99	-	-	-
Social Benefits	-	-	-	-	-	-
Other expenses	-	-	-	-	-	-
2. Development						
Acquisition of Non-financial assets (ICT Infrastructure)	-	-	-	-	-	-
Use of goods and services	-	-	-	-	-	-
Other Specifics	-	-	-	-	-	-
Total Pending Bills	0	0	186	0	0	0

The NACC did not receive its FY2022/23 4th Quarter Recurrent Budget allocation resulting to the variance between the approved budget for FY 2022/23 and the actual for FY 2022/23. An amount of KSh 186M was not disbursed. This rendered the NACC incapable of conducting all the planned activities and non-fulfilment of some committed objectives resulting to Pending Bills.

9. Moi Teaching & Referral Hospital (MT&RH)

Type/nature	Due to lack of Exchequer			Due to lack of Provision		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
1. Recurrent						
Compensation of Employees	442	438	1,456	0	0	0
Use of Goods and Services	-	-	-	513	1,077	1,262
Social Benefits	-	-	-	-	-	-
Other expenses	-	-	-	-	-	-
2. Development	-	-	-	-	-	-
Acquisition of Non-financial assets (ICT Infrastructure)	-	-	-	-	-	-
Use of goods and services	-	-	-	-	-	-
Other Specifics	-	-	-	-	-	-
Total Pending Bills	442	438	1,456	513	1,077	1,262

The pending bill of KSh 1,262 Million for FY2021/22 relates to payment of Suppliers for goods and services as at 30th June 2022. This was as a result of the use of the Hospitals' A-I-A to supplement its wage bill as a first charge because of inadequate provision for PE and Indigent patients who are unable to pay their bills for services offered by the hospital resulting to waivers of Kshs.400 Million annually.

10. National Cancer Institute

Type/Nature	Due to Lack of Exchequer			Due to lack of Provision		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
1. Recurrent						
Compensation to Employees	-	-	-	-	-	-
Use of Goods and Services	-	-	22	-	-	-
Social Benefits	-	-	-	-	-	-
Other Expenses	0	0	0	0	0	0
2. Development						
Acquisition of Non-financial Assets	-	-	-	-	-	-
Use of Goods and Services	-	-	-	-	-	-
Others Specify	-	-	-	-	-	-
Total Pending Bills	-	-	22	-	-	-

The Pending bill of KSh 22Million relates to payments owed to service providers especially for provision of conference services and provision of cancer sensitization media coverage. These expenses had been budgeted for under the Institute's Annual Procurement Plan but due to non-remittance of exchequer the Institute was unable to process the payments.

11. Kenya Medical Teaching College

Type/nature	Due to lack of Exchequer			Due to Lack of Provision		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Recurrent						
Compensation of employees	384	-	-			
Use of good and services			705	913	-	
Social Benefits NSSF				730	730	746
Social benefits Pension deficit				1,540	1,540	1,582
Provision for CBA from 1 st July 2014 (@240M P.A.)				960	-	-
Development						
Acquisition of non-financial assets	98	100	189			
Use of goods and services						
Others – Specify						
Total Pending Bills	482	100	894	4,143	2,240	2,328

2.5 ANALYSIS OF COURT AWARDS

During the period under review the state had a court award of KSh. 40.5 billions as show in the table below.

Table 2.9 (a): Summary of Court Awards – State Department of Medical Services

	DETAILS OF THE AWARD	DATE OF AWARD	AMOUNT (KSHS)	PAYMENT TO DATE
A	KENYA MEDICAL RESEARCH INSTITUTE			
1	ELRC Cause No. 37(N) of 2010. Agnes Muthoni & 34 Others vs KEMRI	18th October 2021	KSh. 214,833,044 (Being Arrears payable from 2009 to @ 2022)	KSh. 27,863,665 (Salary Paid from 1 st December 2021 to 30 th June 2022)
2	Civil Appeal No. E046 of 2022. KEMRI vs James Maringa Mwangi	28 th October 2021	KSh. 12,384,382.50	KSh. 2,636,109.28 (Salary Paid from 1 st January 2023 to 31 st August 2023 and KSh. 3,295,136.60 Projections from September 2023 to June 2024
	TOTAL KEMRI		227,217,426.50	30,499,774.28
B	STATE DEPARTMENT FOR MEDICAL SERVICES			
1.	DR. SAMUEL KABERERE NJENGA –VS- AG& PS File No. 450/2011	2011	1,427,538.00	None
2.	VULCAN LTD VS. AG File No.NRBI HCCC 1361/2000	2000	1,000,000,000	None
3.	ABEDNEGO OCHOLA V AG File No.KSM H/C , MISC CIV APP NO’ 86/2013	2013	612,032	None
4.	FARAM E.A. LTD VS THE AG & 2 OTHERS File No.HCC AT NAIROBI NO. 245 OF 2013	2013	190,813,115	None
5.	SIMON KAMAU NJOROGE VS. PRINCIPAL SECRETARY File No.411/2014	2014	169,999	None
6.	ELDORET CHILDRENS CASE EUNIFER JEROTICH VS. DAVID KIBIWOTT File No.44/2004	2004	144,000	None
7.	DR.LAWRENCE NJOGU CHEGE VS THE ATTORNEY GENERAL File No.372/2016	2016	219,748	None
8.	SUSAN WAMAITHA KAMAU VS PRINCIPAL SECRETARY MINISTRY OF HEALTH File No.NRBI HC JR NO. 173 OF 2016	2016	63,702.40	None

	DETAILS OF THE AWARD	DATE OF AWARD	AMOUNT (KSHS)	PAYMENT TO DATE
9.	CAROLINE WAMAITHA(SUING THROUGH NEXT OF FRIENDS) ESTHER NJOKI WANJIRU V MURIGI CHEGE, MOH MARAGWA DISTRICT HOSPITAL & AG File No. PMC AT KANDARA CIVIL CASE NO 188 OF 2015	2015	1,363,118	None
10.	EQUIP AGENCIES LTD VS. AG File No. MILIMANI HCCC 55 /2017 FORMERLY (1459/1999)	1999	15,250,000,000	None
11.	MAGGY AGULO CONSTRUCTION CO. LIMITED VS. MINISTRY OF PUBLIC HEALTH AND 4 OTHERS File No. HIGH COURT KAKAMEGA CIVIL SUIT NO. 01 OF 2017	2017	42,447,990	None
12.	IN THE MATTERS OF ARBITRATION BETWEEN MELLECH ENGINEERING & COOSTUCTION LTD AND HENRY M. JACKSON FOUNDATION & ANOTHER	2017	1,032,500.000	None
13.	UNITED MEDICAL SUPPLIES VS THE AG File No. HIGH COURT SUIT AT NAIROBI NO. 2332 OF 1995	1995	17,839,728,834	None
14.	PETER BUTALIU SABWAMI VS ARCHDIOCESE OF NAIROBI KENYA ,DR. LILIAN WANGU & DR MUCHAI GACHOGO File No. HCC NO 399 OF 2010	2010	5,045,879	None
15.	UASIN GISHU MEMORIAL HOSPITAL VS MOI TEACHING File No. CIVIL APPEAL AT NRB NO 184 OF 2012 & REFERAL HOSPITAL BOARD, MOH AND THE AG	2012	1,738,630,267	None
16.	ELIZABETH AWINO ONYANGO VS CABINET SECRETARY, MIN OF HEALTH & 2 OTHERS File No. MISC CIV SUIT NO 391 OF 2013	2013	244,839	None
17.	KEVIN MUZINDI WAMBUGU VS THE HON. ATTORNEY GENERAL File No. NAIROBI CMCC NO. 11160 OF 2004	2004	244,730.00 As at 21st December 2012	None
18.	ROCKEY AFRICAN LIMITED File No. HCCC 1361 OF 2000	2000	1,869,390,102	None

	DETAILS OF THE AWARD	DATE OF AWARD	AMOUNT (KSHS)	PAYMENT TO DATE
19.	EMMANUEL MUNENE –VS- THE ATTORNEY GENERAL & HYLINE MEMBA File No. CMCC NO. 1558 OF 2013	2013	12,204,618	None
20.	EUROTECH INTERNATIONAL – V- THE ATTORNEY GENERAL File No. HCCC NO. 1460 of 1999	1999	2,250,000,000	None
21.	ROSE MUMBI MUTURI VS. DIRECTOR NATIONAL YOUTH SERVICE, ATTORNEY GENERAL & ANOTHER File No. THIKA CMCC NO. 820 OF 2012	2012	615,788	None
22.	YUNITA AKUNGU VS TEDDY OKUKU OPIYO & HON. ATTORNEY GENERAL File No. MBITA PMCC NO. 14 OF 2015	2015	832,188	None
23.	ANTHONY SAA MWATEBWE VS FRANKLIN MWAMBENI & THE HON. ATTORNEY GENERAL File No. KILIFI SPMCC 349 OF 2018	2018	5,178,924	None
24.	EUGENE REEKSTING VS THE HON. ATTORNEY GENERAL File No. NAIVASHA HCCC NO.8 OF 2019(FORMERLY NAKURU HCCC NO. 25 OF 2013)	2013	3,893,309	None
25.	EMMANUEL ODUMO VS THE HON. ATTORNEY File No. BUSIA CMCC NO. 9 OF 2018 GENERAL	2018	427,314	None
26.	KENYA NATIONAL UNION OF NURSES VS THE PERMANENT SECRETARY MINISTRY OF HEALTH & 2 OTHERS File No. NAIROBI ELRC CAUSE NO. 1116 OF 2012	2012	385,164.00	None
27.	REPUBLIC VS PRINCIPAL SECRETARY MINISTRY OF HEALTH & THE HONOURABLE ATTORNEY GENERAL Ex parte GEOFFREY GATWAI MWANGI	2017	127,995	None
28.	File No. NAIROBI HIGH COURT JUDICIAL REVIEW MISC. APPLICATION 202 OF 2017			None
29.	EMMANUEL MUNENE(A minor suing through mother and next friend CHRISTINE NTHOKI MUANGE) VS THE HON. ATTORNEY GENERAL & 2 OTHERS File No. MOMBASA CMCC 1558 OF 2013	2013	17,046,364	None

	DETAILS OF THE AWARD	DATE OF AWARD	AMOUNT (KSHS)	PAYMENT TO DATE
30.	FARAM E.A LIMITED VS HON. ATTORNEY GENERAL AND ANOTHER	2018	33,555,476	None
31.	File No. NAIROBI HIGH COURT COMMERCIAL CASE NO.103 OF 2018			None
32.	BENARD WASONGA VS AG File No. SRMCC No. 250/08	2008	153,072	None
33.	MICHAEL N. SIMIYU V A.G File No. Nairobi 3/16	2016	462,500	None
34.	ELIZABETH GATHONI MITEY File No. Nairobi 98/15	2015	727,750	None
35.	JAPHET MURIUKI V AG File No. MERU CMCC No. 232A/011	2011	738,210	None
36.	KIMEU MUSYOKI File No.13/16	2016	926,856	None
37.	SIMON MUTHUMA NGANGA File No.421/18	2018	1,255,189	None
38.	ELISHA OKINYO OGOLA VS AG File No.17/11	2011	1,976,770	None
39.	SEKUNDU MURIIRA IBAYA VS DR. NGATIA & 3 OTHERS File No. MERU CMCC 190/2016	2016	7,158,000	None
40.	ELRC CAUSE NO. 37(N) OF 2010. AGNES MUTHONI & 34 OTHERS VS KEMRI	18th October 2021	214,833,044	None
41.	CIVIL SUIT NO 2473 OF 1998 BETWEEN GERRISHON KAMAU KIRIMA V/S ATTORNEY GENERAL OF THE REPUBLIC OF KENYA	25th September 2007	53,363,161	None
42	TOTAL COURT AWARDS		40,547,440,085	None

Table 2.9 (b): Summary of Court Awards – State Department of Public Health

During the period under review the state department of public health and professional standards had a court award of 54 Millions as show in the table below.

NO	Details of Court Awards	Date of Award	AMOUNT (SHS) Million	Payment to date
Case No 504 of 2018	Payment of nutritionist and dietician's internship allowances for the year 2017	29 th July 2022	176	0

CHAPTER THREE: MEDIUM TERM PRIORITIES AND FINANCIAL PLAN FOR THE MTEF PERIOD

3.1. PRIORITIZATION OF PROGRAMMES AND SUB-PROGRAMMES

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

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

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

Sector financing will be strengthened, and the sector will collaborate with the county government to ensure retention of funds collected at health facility level for improvement of the facility operations. Most importantly, the Sector, County governments, and the National Treasury will also engage in considering ring-fencing of funds for Health Products and Technologies (HPT). Primary

Care Networks will be established and operationalized in the counties to offer effective services to the community through proper referrals and engagement of multidisciplinary teams right from the community level.

Overall, these programmes aim at achieving improved accessibility, affordability of quality health services, reduction of health inequalities and optimal utilization of health services and promotion of health. The following are the programmes and respective sub-programmes to be implemented during the period, FY 2024/25-2026/27.

3.1.1. Programmes and their Objectives

The Health Sector will implement the following 8 programmes and sub programmes, 4 in each State Department, in the Financial Years FY 2024/25-2026/27 which are in line with the priorities mentioned above:

Programmes and their Strategic Objectives

Table 3.1 (a): Programmes and their Strategic Objectives

S/NO	PROGRAMME	PROGRAMME OBJECTIVES
State Department for Medical Services		
1.	Programme 1: National Referral and Specialized Services	To increase access and range of quality specialized healthcare services
2.	Programme 2: Curative and Reproductive Maternal Neonatal Child & Adolescent Health (RMNCAH) Services	To increase access to quality curative and reproductive healthcare services
3.	Programme 3: Health Innovations and Research	To increase capacity and provide evidence for policy formulation and practice
4.	Programme 4: General Administration and Support Services.	To offer Governance and enabling services for service delivery
State Department for Public Health and Professional Standards		
5.	Programme 1: Preventive & promotive health services	To reduce disease burden due to preventable causes
6.	Programme 2: Health resource development & innovation	To enhance health human resources for quality health care
7.	Programme 3: Health policy standards & regulations	To strengthen quality health standards & regulations

8.	Programme 4: General administration	To strengthen governance & administration of health services
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Programmes and Sub-programmes

Table 3.1(b): Programmes and Sub-programmes

Programme	Sub Programmes
State Department for Medical Services	
National Referral & Specialized services	<ul style="list-style-type: none"> i. SP1.1 National Referral & Specialized Health Services ii. SP1.2 Health Infrastructure and Equipment iii. SP1.3 Health Products and Technologies iv. SP1.4 National Blood Transfusion Services
Curative and Reproductive Maternal Neonatal Child & Adolescent Health (RMNCAH)	<ul style="list-style-type: none"> v. SP 2.1 Communicable Disease Control vi. SP2.2 Non-Communicable disease prevention and control vii. SP2.3 Reproductive Maternal Neonatal Child & Adolescent Health (RMNCAH) viii. SP 2.4 Immunization Management
Health Research and Innovations	<ul style="list-style-type: none"> ix. SP3.1 Health Innovations x. SP3.2 Medical Research
General Administration	<ul style="list-style-type: none"> xi. SP4.1 General Administration & Human Resource Management & Development xii. SP4.2 Finance and Planning xiii. SP4.3 Social Protection in Health
State Department for Public Health and Professional Standards	
P1. Preventive and promotive health service	<ul style="list-style-type: none"> i. SP 1.1 Communicable diseases control ii. SP1.2 Disease surveillance and response iii. SP1.3 Public Health Services iv. SP1.4 Radiation safety and nuclear security v. SP1.5 Primary Health Care

Programme	Sub Programmes
P2. Health resource development & innovation	<ul style="list-style-type: none"> vi. SP2.1 Capacity building and training (Preservice and Inservice training) vii. SP2.2 Research and Innovation on health viii. SP2.3 Health Profession Services
P3. Health Policy Standards and Regulation	<ul style="list-style-type: none"> ix. SP3.1 Health Standard Quality Assurance x. SP3.2 Healthy Policy planning and Financing
P4. General Administration Planning and support services	<ul style="list-style-type: none"> xi. SP4.1 General administration Human resource management and development xii. SP4.2 Finance and Planning

3.1.2 Summary of Programmes, Key Outputs, Performance Indicators and targets for FY 2024/25 - 2026/27

Table 3.1: Programmes/Sub programmes, Outcome, Outputs and KPIs

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
STATE DEPARTMENT FOR MEDICAL SERVICES									
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	395	627	658	691	726	762
			Number of other cardiothoracic surgeries conducted	1127	1238	1240	1250	1301	1366
			Number of Kidney Transplants conducted.	20	19	20	25	30	32
			Number of minimally invasive surgeries done	5,956	6,113	6,144	6,451	6773	7112
			Number of patients undergoing specialized Burns treatment (OBD)	589	524	570	587	604	634
			Number of oncology sessions on	44,068	37,772	40,372	40,574	41,776	42,815

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			(Chemotherapy and radiotherapy)						
		Health Research disseminated	Number of briefs developed and disseminated to inform national policy	2	2	3	4	4	4
		Average waiting time for specialized diagnostic and treatment services reduced	Average Length of Stay (ALOS) for trauma patients (days)	36	38	37	35	33	32
			Average waiting time for kidney transplant (days)	90	85	80	70	63	60
			Average waiting time (days) for radiotherapy	19	22	17.3	17	16.8	16.5
			Average waiting time (days) for chemotherapy	16	14.5	13.5	12	10.5	10
		Multidisciplinary Outreaches Conducted	Number of Multi-disciplinary Outreaches in Counties	67	391	393	395	397	417
	Mwai Kibaki Hospital	Specialized health care services	Number of minimally invasive surgeries done	1541	1907	1922	2003	2103	2208
				Number of NCD screening sessions	104	122	130	163	196

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Number of specialized clinics available in the facility	21	19	23	24	26	27
			Average length of stay for trauma patient (days)	14	15	14.8	14.3	14	13.5
			Number of oncology sessions on (Chemotherapy and radiotherapy)	943	1411	1455	1482	1556	1634
		Health Research disseminated	Number of briefs disseminated to inform national policy	N/A	N/A	1	2	3	4
		Multidisciplinary Outreaches Conducted	Number of Multi-disciplinary Outreaches with Counties	25	15	17	19	20	22
	Mama Margaret Uhuru Hospital	Specialized healthcare services	Number of new specialized clinics established	3	13	14	15	16	17
		Health research disseminated	Number of minimally invasive surgeries done	N/A	N/A	104	110	121	127
		Multidisciplinary Outreaches Conducted	Number of oncology sessions on	N/A	N/A	52	57	63	67

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			(Chemotherapy and radiotherapy)						
			Number of briefs to inform national policy	N/A	N/A	1	2	3	5
			Number of Multi-disciplinary Outreaches in Counties	12	6	14	16	18	20
	Moi Teaching and Referral Hospital	Reduced Average Waiting Time for Treatment and Specialized Diagnostic Services	Average Length of Stay for Orthopedic Surgery (Trauma Patients) Days	11.7	11.5	11.4	11.3	11.2	11
			Average Length of Stay for Pediatric Burns Patients(days)	31.3	30.6	30.5	30.3	30.1	30
			Average waiting time (days) for Radiotherapy	90	47	45	43	42	41
		Specialized Healthcare Services	Number of Kidney Transplants undertaken	18	18	18	19	20	21
			Number of Minimally Invasive Surgeries	2,700	3,202	3400	3500	3600	3700

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27	
			Number of Chemotherapy sessions done	16,600	17,622	17,750	17,850	17,950	18,000	
			Number of Open-Heart Surgeries conducted	44	52	60	70	80	90	
			Number of External Beam Radiotherapy Sessions.	10200	10808	10100	10150	10200	11000	
			Number of Brachytherapy Sessions	135	153	160	170	180	190	
			Number of Corneal Transplants conducted	11	13	14	15	16	17	
		Health Research disseminated	Number of Research Papers Published	24	27	30	30	30	30	
			Number of Briefs to inform National Policy	3	4	4	5	6	6	
		Multidisciplinary Outreaches Conducted	Number of Multi-disciplinary Outreaches in Counties	25	57	60	60	60	60	
		Kenyatta University Teaching, Referral	Specialized Health care Services	Number of Open Heart Surgeries conducted	24	35	30	40	45	50

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
	and Research Hospital		Number of Kidney Transplants conducted	10	0	15	15	20	25
			Number of minimally invasive surgeries conducted	850	1234	1000	1300	1350	1400
			Number of patients on Hemodialysis	8,500	9,635	10,200	11,000	11,500	12,000
			Number of patients receiving chemotherapy & radiotherapy treatment	25,500	28,752	30,500	32,000	33,500	34,500
			Number of specialized Gynaecology procedures conducted	1000	1112	1200	1400	1600	1700
		Reduced Average Waiting Time for Treatment and Specialized Diagnostic Services	Average waiting time (days) for radiotherapy	16	56	50	45	40	30
		Average waiting time (days) for Chemotherapy	7	5	6	6	5	4	

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27	
			ALOS for orthopedic patients' (days)	15	11	14	10	9	8	
			ALOS (days) for surgery patients (days)	7	6	7	6	6	5	
		Studies & Research conducted	Number of research conducted & completed	5	3	6	5	7	10	
		Cancer Diagnosis & Treatment Services Provided	Number of PET Scan examinations conducted	4000	3685	4500	5000	5500	6000	
			Number of SPECT CT-Scan examinations conducted	500	1570	1000	1800	2000	2200	
			Number of Stereotactic Radiosurgery conducted	400	0	600	800	1200	1500	
			Number of Brachytherapy sessions conducted	800	854	900	1000	1200	1500	
		Mathari National Teaching and Referral Hospital	Policies, Standards and Regulations developed to	Number of Policies, Standards and Regulations developed	1	2	3	3	3	3

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27	
		operationalize MNTRH								
		Human Resource instruments finalized	Proportion of organizational Human resources instruments finalized	N/A	N/A	60	40	0	0	
		Specialized mental health services	Re-admission Rate (proportion of patients readmitted in a year)	N/A	N/A	42	32	22	12	
			Average Length of Stay for civil psychiatric inpatients (Days)	50	44	44	42	40	38	
			Number of weekly community mental health outreaches conducted		48	100	100	100	100	
			Number of forensic outpatients receiving psychiatric services		N/A	N/A	N/A	780	740	700
			Number of forensic inpatients		N/A	N/A	N/A	200	190	180

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			receiving psychiatric services						
			Percentage reduction in outpatient revisits	N/A	N/A	61	51	41	31
		Abandoned Patients Re-integrated into the community	Proportion of abandoned patients re-integrated into the community	N/A	N/A	90	95	100	100
	Spinal Injury Hospital	Specialized spine services	Out-patient spine services utilization rate	1.5	1.2	1.5	2	1.4	1.1
ALOS for spine patients (days)			83.2	83	83.2	83	83	83	
Average waiting time for spine services(days)			270	265	210	180	150	150	
Proportion of patients re-integrated into community			50	31	60	80	100	100	
	Forensic and Pathology services	Forensic services for administration of justice	Proportion of Clinical and forensic autopsies performed	30	100	100	100	100	100
			Proportion of Expert opinions given	100	100	100	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Proportion of exhumations performed for medical forensics	25	100	100	100	100	100
			Proportion of Criminal related death scenes viewed.	30	100	100	100	100	100
		Histology and Pathology services	Percentage of Histo-cytopathology examination for cancer diagnosis carried out	45	60	70	80	100	100
			Proportion of scientific interpretations of pathology results for clinical decisions	45	100	100	100	100	100
	Orthopedics and Trauma Unit	Health Legislation on Orthopedic Trauma Technologist and Technician Bill	Percentage of completion of Orthopedics &Trauma bill	40	10	60	80	100	N/A
	Clinical Services	Operationalization of Afya House Staff clinic (dispensary)	The number of clients screened	N/A	400	400	400	400	400

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
	Radiology & Medical Diagnostic Services	Operationalization of Radiographers act	Percentage of implementation of the Radiographers Act	30	0	40	60	80	100
		Service Access increased	Service Access Index	N/A	N/A	88	90	92	100
	Rehabilitative Services	Counties supported to implement the Disability Medical Assessment and Categorization Guidelines	Proportion of counties supported to implement Disability Medical Categorization	10	0	20	30	42	47
		Operationalize National Assistive Technology (AT) Centre of Excellence	Number of AT policies developed	2	1	1	1	N/A	N/A
	Oral health services	Dental amalgam phase down	Number of amalgam phase down tools developed	4	0	4	4	1	1
	Nursing services	Critical care services	Number of nurses sponsored for critical care services training	200	150	250	300	350	350

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
	Ophthalmic Services	Expanding specialized eye care services	Number of New Diabetic eye care centers established in 10 facilities	3	1	6	9	10	10
			Number of Centers offering Refractive Low Vision Services	5	5	10	15	10	10
		Eye health infrastructure upgraded	Number of eye Health Facilities Rehabilitated	2	2	4	4	5	10
SP 1.2. Health Infrastructure and Equipment	Health Infrastructure Management	MES Equipment installed and offering essential and critical health care services	Percentage of Public hospitals equipped with MES equipment achieving an uptime of 95%	100	100	100	100	100	100
		Kisii level 5 cancer center constructed	Percentage of completion rate	50	10	65	85	100	100
		East African Centres of excellence for skills & Tertiary Education established	Completion rate on construction works	75	84	75	85	100	N/A
		Kigumo Hospital upgraded to level 4 status	Completion rate of the upgrading works	60	80	78	82	100	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Regional cancer centres in Kakamega and Meru established	Completion rate of establishing the cancer centres	50	0	60	80	100	N/A
		MOH equalization funds projects	Number of MOH equalization funds projects completed	84	33	39	11	11	N/A
		Norms and Standards for health infrastructure and equipment operationalized	Proportion of health facilities with health norms and standards	85	85	87	89	91	93
			Proportion of health facilities complying with medical norms and standards	80	85	87	89	91	93
SP 1.3 National Blood Transfusion Services	National Blood Transfusion Services	Blood transfusion services	Number of Whole blood units collected	400,000	412,868	450,000	450,000	500,000	500,000
			Proportion of blood and blood components collected and screened for HIV, HBV, HCV and Syphilis.	N/A	N/A	100	100	100	100
			Proportion of whole blood units collected and converted to safe	70	67	70	70	70	70

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			blood components for transfusion						
			Number of Satellite Blood Transfusion Centres with Capacity to prepare blood components	N/A	N/A	30	35	40	47
			Number of transfusing facilities with Hemovigilance surveillance reporting capacity	N/A	N/A	350	450	500	600
			Proportion of blood donors notified on their status of Transfusion Transmissible Infections (TTIs) serological results	N/A	N/A	60	70	80	85
			Number of Satellite Blood Transfusion Centres and transfusing facilities using the Damu-KE	N/A	N/A	150	200	250	300

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			platform for Accountability and Traceability of blood and blood products						
		Human Cells, Tissue and Organ Transplant Services	Percentage of the guidelines and standards completed and disseminated	N/A	N/A	70	30	N/A	N/A
			Number of registered human cells, Tissue and organ transplant centres mapped and register	N/A	N/A	10	5	5	5
			Percentage of Completion rate Digital Tissue Banking Management Information System (BTBaMS))	N/A	N/A	50	40	20	10
SP 1.4 Health Products & Technologies	Division of Health Products and Technologies	Health products and technologies policies and guidelines developed (2 policies- National Pharmaceutical	Percentage completion of development of the National Health Products and Technologies Policy	N/A	NA	22	100	100	0

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Policy and The HPT Donations Policy)	Proportion of donations made through the HPT donations portal	N/A	N/A	35	50	80	85
			Proportion of Counties with HPT guidelines disseminated	N/A	N/A	70	80	100	NA
		Technical assistance and capacity building to counties	Proportion of functional County Health Products and Technologies Units	N/A	N/A	100	75	75	75
			Number of staff capacity built on HPT supply chain management	200	217	200	200	200	200
		Local manufacturing for HPT fast-tracked	Percentage of completion on development of Local manufacturing roadmap	N/A	N/A	60	80	100	N/A
		Scaling up capacity by health facilities to produce oxygen	Number of health facilities with oxygen machines delivered and commissioned (PSA Plants and with Liquid oxygen tanks)	20	15	10	5	5	5

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
	Pharmacy Services	Quality Health Products and Technologies services	Number of essential HPT lists reviewed	3	5	2	N/A	N/A	3
			Proportion of essential HPT lists Disseminated to counties	N/A	N/A	70	75	80	100
			Number of functional County Medicines Therapeutics Committees	N/A	4	5	11	21	42
			Number of annual Joint supportive supervision and data quality audits done for HPT	N/A	1	1	1	1	1
		Increased availability of Health Products and Technology	Percentage of health facilities with essential tracer medicines	N/A	N/A	50	50	60	70
			Percentage of health facilities with essential tracer diagnostics	N/A	N/A	50	50	60	70
			Percentage of health facilities with essential tracer medical supplies	N/A	N/A	50	50	60	70

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
	Division of traditional and alternative medicine	Policy guidelines and regulatory framework for traditional and alternative medicine (TAM)services established	Percent completion of the Traditional & Alternative Medicine Policy guideline	60	80	90	100	NA	NA
			Percent completion of the Traditional and alternative medicine Bill	40	70	80	100	NA	NA
	Kenya Medical Supplies Authority	Health Products & technologies availed	Percentage of order fill rate for HPTs	90	51	90	90	90	90
			Order turnaround time(days) PHFs	10	16.9	10	7	7	7
			Order turnaround time(days) Hospitals	7	14.4	7	5	5	5
			Percentage of last mile deliveries made to health facilities	100	100	100	100	100	100
		National Commodities Storage(supply chain) center established	Percentage completion rate (Initial Contract)	100	84	90	100	N/A	N/A
			Percentage completion rate (remeasured Contract)	100	75	90	100	N/A	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Equipping, Warehouse Layout, Automation & Operationalization of the New Warehouse	Percentage of completion of operationalization	46.4	0	12	46	65	100
		Expansion and Operationalization of Kisumu Regional Distribution Centre	Percentage of completion of completion Kisumu Regional Distribution Centre	N/A	N/A	100	100	N/A	N/A
		Expansion and Operationalization of Mombasa Regional Distribution Centre	Percentage of completion of completion of Mombasa Regional Distribution Centre	N/A	N/A	100	100	N/A	N/A
		Establishment of Meru/Isiolo Regional Distribution Centre	Percentage of completion of completion Meru/Isiolo Regional Distribution Centre	N/A	N/A	50	50	50	50
		Fencing and Operationalization of Eldoret Depot	Percentage of completion of completion of Eldoret Regional Distribution Centre	N/A	N/A	30	40	60	60
Programme 2: Curative and RMNCAH									

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
Programme Outcome: Increased access to quality curative and reproductive health care services									
SP 2.1 Communicable disease control	NSDCC	Reduce new HIV infections by 75%	Total annual new HIV infections	N/A	34,540	22,779	16,566	10,354	10,354
		Reduce AIDS-related mortality by 50%	Annual AIDS deaths	N/A	22,373	14,698	12,598	10,499	10,499
		Reduce HIV related stigma and discrimination to less than 25%	Percentage HIV related stigma and discrimination	N/A	23%	<25%	<25%	<25%	<25%
		Increase domestic financing for the HIV response and other syndemic diseases to 50%	Percentage of total funding for the HIV response and syndemic diseases coming from domestic sources.	N/A	34%	34%	40%	45%	50%
		Effective sectoral workplace programmes for the prevention and response to syndemic diseases in place	Proportion of MDAs reporting on Work place programmes	N/A	N/A	25%	50%	75%	100%
			Estimated percentage of children newly infected with HIV from mother-to-child transmission	N/A	8.60%	<5%	<5%	<5%	<5%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			among women living with HIV delivering in the past 12 months (MTCT Rate)						
			Number of new HIV infections among adolescents and young people (15-24 years)	N/A	10,020	7,873	5,726	3,578	3,399
		Country and global reporting obligations for HIV and other syndemics honored.	Proportion of counties visualizing through the National digitized platform and using real-time data for decision making for HIV and other syndemic diseases response (situation room)	N/A	20%	40%	60%	80%	100%
		Effective multisectoral coordination and accountability	Proportion multisectoral partners reporting on prevention and	N/A	20%	40%	60%	80%	100%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		platforms in place.	response to HIV and other syndemic diseases.						
		Increased uptake of research for HIV and other syndemic diseases research findings to inform policy and practice	Research, surveys, policy briefs and forums conducted on HIV and other syndemic diseases.	N/A		1	1	1	
	NASCOP	HIV, STI and Hepatitis Prevention and management in the Health Sector	Number of people Currently on ART	1,287,890	1,330,565	1,319,871	1,353,450	1,387,029	1,420,608
			Proportion of HIV positive pregnant women who are currently on ART	98	90	95	97	98	100
			Coverage of Antiretroviral therapy (Adults)	77	97	98	99	99	99
			Antiretroviral therapy coverage (Children)	93	80	85	90	95	95
			Viral suppression among PLHIVS	N/A	N/A	92	94	95	97
			EID coverage	60	70	80	90	90	90

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Mother to Child transmission Rate	9	8	7	6	5	5
			Number of people tested for HBV	N/A	N/A	50,000	100,000	250,000	500,000
SP 2.2 Non-Communicable diseases prevention and control	National Cancer Control Programme	Cancer Prevention and Control Services	Number of women of reproductive age screened for cervical cancer	500,000	345,576	700,000	750,000	800,000	850,000
			Proportion of women who undergo screening as a proportion of the eligible population (40-74 years)	0	1%	10%	10%	20%	30%
			Proportion of health facilities providing cancer screening and early diagnosis services	N/A	N/A	30%	40%	50%	60%
			Number of primary healthcare workers trained on cancer screening and early detection	3,000	6,805	3000	4000	5000	6000

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Regional cancer centers established and functional	Number of cancer patients receiving radiotherapy services	9686	N/A	12,634	14,740	16,846	18,952
			Proportion of the essential cancer medicines available at cancer centers	20%	16%	30%	40%	50%	60%
			Number of cancer centres established	4	2	5	5	6	6
	National Cancer Institute Kenya	Cancer research conducted	Number of researches conducted	N/A	N/A	3	10	25	50
			Number of policies, guidelines, protocols and standards developed	3	0	2	4	5	10
		Public education in cancer prevention and control	Number of people reached with cancer Prevention & Control messages in (Millions)	15	19	30	35	40	45
		Partnerships and coordination in	Proportion of counties with county specific	10	10	55	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		cancer prevention and control	cancer control frameworks						
			Number of MOUs signed	N/A	N/A	10	15	20	25
			Number of Multisectoral Forums Conducted	N/A	N/A	10	15	20	25
			Number of MDAs trained to implement workplace cancer prevention and control programs	22	22	44	88	116	250
		Capacity enhancement in cancer prevention and control	Number of pre and in-service training programmes integrated	N/A	N/A	5	10	15	25
		Quality assurance in cancer care services	Number of cancer treatment facilities that have met the minimum standards of care	5	5	6	25	50	100
			Number of Cancer Care Centers certified	30	78	80	100	150	200
			Number of Cancer	N/A	N/A	30	50	60	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Diagnostic Centers certified						
		Cancer information platforms established in National and County levels	Number of cancer registry hubs established	8	8	10	50	60	100
		National Cancer Institute of Kenya operationalized with optimal staffing	Number of officers recruited	32	0	75	75	50	50
	Division of Mental Health	Effective management of mental health within the Counties	Number of counties supported to develop mental health action plans	2	2	4	4	2	2
			Number of counties supported to develop mental health promotion and prevention programme.	2	2	8	16	24	32
	Kenya Board of Mental Health Non-Communicable	Improved quality of mental health care in the country	Number of mental health units inspected against WHO	4	4	4	7	11	16

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
	Diseases (NCD)Prevention and Control Unit	Diabetes and hypertension curative services	Quality Rights standards						
			Number of diabetes patients receiving treatment	226,310	179,028	250,000	300,000	320,000	340,000
			Number of hypertensive patients receiving treatment	1,100,000	513805	350,000	500,000	700,000	800,000
	Violence and Injuries Prevention and Control Division	Trauma registry established	Percentage completion of Trauma registry	100%	0%	75%	100%	100%	100%
	Geriatrics Medicine	Geriatrics services	Proportion of counties with HCPs trained on integrated care of older persons.	5%	0%	10%	15%	30%	45%
			Percentage completion of Parkinson's Disease registry	50%	0%	75%	100%	100%	100%
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%	74	53	55	56	57%
		Maternal Neonatal and	Proportion of pregnant women	57%	51.9%	65	69	74	79%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Child Health Services	attending at least 4 ANC visits						
			Proportion of women receiving post-natal care within 2-3 days of delivery	50%	37.9%	58	62	66	70%
			Proportion of mothers delivered by Skilled Birth Attendant	80	76	88	90	92	94
			Facility based maternal mortality rate per 100,000 deliveries	100	86	97	94	91	88
			Facility based neonatal deaths per 1000 live births	11	10	8	7	6	4
			Under five mortality rate per 1,000 live births	52	41	40	35	30	25
			Proportion of children under age 5 developmental milestones on track in health, learning, and	70%	78%	82%	85%	87%	80%

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			psychosocial wellbeing.						
			Number of Pre-school and school going children de-wormed in Millions	6	4.50	6	6	6	6
		Effective treatment for malnourished children under 5 years of age, pregnant and lactating women	Treatment cure rate of acutely malnourished children 6-59 months	N/A	N/A	84%	85%	85%	85%
			Treatment cure rate of acutely malnourished pregnant and lactating women	N/A	N/A	90%	92%	95%	95%
		Nutrition policies, legislations, strategic plans and guidelines developed and disseminated	Number of Policies, guidelines, strategic plans and legislations developed and disseminated	N/A	N/A	3	2	2	2
SP 2.4 Immunization Management	Division of National Vaccine and immunization Program	Vaccines and Immunization Services	Proportion of fully immunized children under 1 year (Proxy Penta 3)	86	84.7	89	90	90	92
			Proportion of Health Facilities	94	85	90	92	92	94

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			with Functional Cold Chain Equipment						
			Proportion of fully immunized adults with Covid19 vaccine	100	38.4	100	100	100	100
Programme 3: Health Research and Innovations									
Programme Outcome: Increased capacity and provide evidence for policy formulation and practice									
SP:3.1 Health Innovations	Digital Health Agency	Operationalization of the Digital Health Agency	Proportion of shared services on boarded onto the Agency.	N/A	N/A	10	25	50	75
		National health registries established	Total number of national health registries	N/A	N/A	3	6	N/A	N/A
		Integrated and comprehensive end to end POCs at all levels	Proportion of Level 2,3, 4,5, public health facilities implementing the digital health	20	20	50	60	80	100
		National Health Information Exchange established	Proportion of health encounters fully captured within the National SHR	N/A	N/A	10	30	60	90
		Comprehensive Integrated Health Information Management	Proportion of public health facilities with adequate power	N/A	N/A	20	50	70	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		System established	and connectivity to support the facility level POC						
		Primary HealthCare Networks (315 PCNs) digitalized	Number of Primary HealthCare Networks (PCNS) digitalized	N/A	N/A	6	18	105	105
	Kenya Biovax Institute	Human vaccine Fill and Finish facility established	Percentage completion rate of human vaccine fill-and-finish facility	50	16.5	50	60	70	90
		Vaccine production capacity established	No. of products manufactured	N/A	N/A	N/A	N/A	N/A	1
		Vaccine Research & Development centre established	Percentage completion rate of Research & Development centre	N/A	N/A	5	10	15	20
		Technology transfer of HPTs acquired	Number of technology transfers agreements	1	0	1	1	1	1
		Personnel trained in administrative and specialized HPTs manufacturing	Number of personnel trained in administrative and specialized	20	20	30	50	60	70

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			HPTs manufacturing						
		Staff recruited	Number of staff recruited	23	1	30	20	20	20
		Quality Management Systems established	Percentage completion rate of quality management systems established	50	25	60	75	85	95
		Partnerships & Collaborations established	Number of partnerships and collaborations	4	1	3	3	3	3
SP 3.2 Medical Research	Kenya Medical Research Institute	Research protocols approved	Number of New research protocols approved	178	191	196	200	205	210
			Number of ongoing Research Projects	500	516	522	527	535	540
		Research Findings Disseminated	Number of research Papers published	350	525	522	525	528	530
			Number of research Abstracts presented	191	209	210	215	218	220
			Number of Scientific & Health Conferences held	4	2	3	3	3	3

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Number of Evidence briefs developed	15	12	13	14	15	16
			Number of Students enrolled MSc & PhDs	88	90	100	100	100	100
		Research and innovation	Number of Diagnostic kits produced	293,000	162,213	180,487	189,511	198,986	208,936
			Number of Specialized laboratory tests conducted	568,242	971,376	971,376	1,019,944	1,070,942	1,124,489
		Partnerships & Collaborations established	Number of partnerships and collaborations	80	78	85	86	87	88
		Programme 4: General Administration							
Programme Outcome: Effective Governance and administration services strengthened									
SP 4.1 : General Administration & Human Resource Management & Development	General Administration Services	Coordination of support services	Number of workplace policies developed and implemented	5	5	5	5	5	5
			Proportion of complaints addressed within 21 days from lodge	N/A	N/A	100	100	100	100
			Client satisfaction index	N/A	N/A	80	80	90	95

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Coordination of Donations	Guideline for donations management developed and implemented	1	1	1	1	1	1
	ICT Services	ICT networking and equipment provided	Ratio of staff to functional computers/laptops	3:01	3:01	2:01	1:01	1:01	1:01
			Proportion of institutions with functional LAN and WAN	N/A	N/A	50	75	100	100
	Human Resource Management & Development division	Capacity building of health care workers	Number of health care workers recruited	0	0	146	470	100	120
			Number of health care workers placed on internship.	9500	4165	0	0	0	0
		Operational efficiency in state corporations	Percentage of in-post employees trained	10%	0%	15%	N/A	N/A	N/A
			Number of employees trained	N/A	N/A	N/A	1100	1375	2062

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Percentage of state corporations Organization structures reviewed.	N/A	N/A	15%	74%	100%	N/A
	Technical Services	Kenya Health Sector directors caucus operationalized	Proportion recommendations implemented	N/A	N/A	100	100	100	100
		Regional and International health governance forums facilitated	Proportion of Resolution implemented	N/A	N/A	100	100	100	100
		Health statistics published	Number of publications on Medically Certified Cause of Death (MCCoD) statistics	N/A	N/A	2	2	2	2
			Publish annual health statistics	N/A	N/A	1	1	1	1
SP 4.2 Finance and Planning	Finance division	Coordination of budget preparation and reporting	Percentage of allocated funds utilized as per plan	100	96	100	100	100	100
			Number of quarterly budget reports submitted	4	4	4	4	4	4

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Collection of public health sector financial resources increased	Total AIA collected(KSH.B)	16	17.3	18	19	20	21
	Central Planning & Projects Monitoring Unit	Coordination of national development	Number of policy briefs prepared	4	1	10	6	6	6
			Number of capital projects monitored for progress	2	0	4	4	4	4
			Number of Counties trained on planning, budgeting and M & E	N/A	N/A	47	47	47	47
			Number of SAGAs and regulatory bodies sensitized on planning, budgeting and M & E	N/A	N/A	15	15	15	15
		Universal Health Coverage Index	Universal Health Coverage Index	100	79	80	85	88	90
			UHC service coverage index	100	87	90	90	92	95
			UHC service access index	100	83	80	85	90	95
			UHC quality index	100	60	65	70	75	80

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Counties trained in data analytics	Number of Counties trained on data analytics	N/A	N/A	23	24	23	24
		Primary Health Care Progress measured	Number of counties supported to strengthen PHC measurement mechanisms(Vital signs profiles)	N/A	N/A	47	47	47	47
SP4.3 Social Protection in Health	Division of Health-Care Financing	Facility Improvement Fund (FIF) Guideline disseminated to County Health Management Teams	Number of Counties sensitized on FIF guideline.	47	23	24	12	11	N/A
		Standard county Facility Improvement Fund Bill developed	Standard Facility Improvement Fund bill developed and shared with Counties	1	1	50	25	25	N/A
		Capacity building of 100 health care providers in Health care financing and strategic purchasing for	Number of health care providers trained in strategic purchasing for health care services	100	0	100	50	50	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		health care services							
		Costing of Healthcare services for Level 1 - 6	Proportion Costing of Healthcare services done for Levels 1 - 6	N/A	N/A	50	25	25	N/A
		Kenya Household and Health Expenditure and Utilization Survey	Kenya Household and Health Expenditure and Utilization Survey conducted	N/A	N/A	1	1	N/A	N/A
		Essential Benefits Package (EBP) reviewed and operationalized	Operational Essential Benefit Package	N/A	N/A	1	1	N/A	N/A
		Social Health Insurance Fund operationalized	Operational Social Health Insurance Fund	N/A	N/A	1	1	N/A	N/A
		National FIF Bill development, enactment and dissemination of FIF regulations	National FIF Bill and regulations developed enacted and disseminated	N/A	N/A	1	1	N/A	N/A
	SHA	Indigents and Vulnerable Insurance Coverage increased	Number of indigents accessing government health insurance subsidies in Millions	1	1	1.5	2.5	3.9	5.2

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Number of indigents accessing healthcare through HISP	253,400	253,400	253,400	496,664	695,330	834,396
			Number of elderly & persons with severe disabilities accessing healthcare	58,800	58,800	58,800	82,320	115,248	172,872
			Number of elderly persons accessing Inua Jamii Subsidy program	484,086	0	484,086	531,086	531,086	584,195
			Number of mothers accessing healthcare services through the Linda mama program	1,231,200	1,186,004	1,231,200	1,299,903	1,414,292	1,470,864
STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS									
Programme 1: Preventive and Promotive Health Services									
Programme Outcome: Reduced disease burden due to preventable causes									
SP 1.1 Communicabl	TB Programme	TB clients identified	Number of TB cases notified (All forms)	99,226	82,302	99,878	99,318	98,037	94,902

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
e disease control			Number of MDR-TB cases notified	800	924	1,085	1,081	1,068	1,041
		TB clients treated	Proportion of successfully treated TB cases (all forms of TB)	90	85	88	90	92	94
			Proportion of Multi drug resistant TB successfully treated	70	79	81.5	82	82.5	83
		TB Prevention intervention enhanced	Number of people in contact with TB patients who began preventive therapy treatment	31,747	29,635	75,184	95,346	116,613	136,276
	National Malaria Programme	Prompt Malaria treatment enhanced	Number of Artemisinin Combination Therapy (ACTs) doses distributed to public health facilities (millions)	6.3	6.5	6.9	7.0	7.4	8.0
			Malaria incidence per thousand population	80	105	82	80	75	70
			Proportion of Confirmed	100	99	100	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Malaria Cases treated (%)						
		Malaria cases in public health facilities tested	Proportion of suspected cases tested (microscopy or Rapid Diagnosis kit)	100	89	100	100	100	100
		Malaria cases treated in accordance to the Kenya Malaria Treatment Guidelines	Proportion of Confirmed Malaria Cases treated	100	95	100	100	100	100
		Long Lasting insecticidal nets distributed through Maternal and Child Health (MCH) clinics	Number of Routine Long Lasting Insecticidal Nets distributed (millions)	2.3	1.8	2.2	2.3	2.4	2.5
SP 1.2 Disease Surveillance and Epidemic Response	Division of Disease Surveillance and Response	Reduction of mortality and morbidity due to public health emergencies	Non Polio Acute Flaccid Paralysis Detection rate (NPAFP) per 100,000	2.5	2.8	3	3	3	3
			Number of counties with functional	6	6	8	5	5	5

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Community Events Based Surveillance (CEBS)						
			Number of hospitals with Functional Events Based Reporting System	62	84	20	20	25	30
	Division of Health Emergencies and Disaster Management		Number of counties with functional command and control centres linked to ambulance dispatch	1	0	1	1	1	1
			Number of centres for management of CBRN Incidents established	15	0	15	15	15	15
	Public Health Emergency Operations Centre	Public Health Emergency Operationalized	Number of County PHEOC staffs trained on Rapid Response	50	100	100	100	100	100
			Number of Counties with	18	9	5	5	5	5

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Functional PHEOCs						
			Proportion of Public Health Emergencies responded to.	100	100	100	100	100	100
	Field Epidemiology & Laboratory Training Program (FELTP)	Health Care workers trained	Number of Health care trained on FELTP	20	20	30	30	30	20
	Division of Vector Borne & Neglected Tropical Diseases	People treated for Lymphatic filariasis (LF), Trachoma, bilharzia, and intestinal worms	Number of people treated for trachoma (Millions)	1.4	2.4	1.2	0.5	0.3	0.1
Number of people treated for Bilharzia. (Millions)			3.5	6	6	6	6	6	
Number of people treated for intestinal worms. (Millions)			7	12	12	12	12	12	
	Division of Zoonotic Diseases	Surveillance of Zoonotic diseases	Number of people diagnosed with Rabies	10	5	5	5	5	5

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Number of counties supported to investigate and respond to priority zoonotic diseases	4	5	7	10	12	15
	Division of National Laboratory Services	Testing capacity of laboratory network for referral services expanded	Number of medical laboratories with capacity to detect and report on Antimicrobial Resistance	21	17	20	26	36	47
		Implementation of laboratory Quality Management System (QMS) improved	Number of accredited laboratories in the ASAL categorized cohort	N/A	0	4	7	10	11
			Number of certified laboratories in the Laboratory Continuous Quality Improvement (LCQI) program	N/A	0	30	60	90	110

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Number of External Quality Assurance (EQA) scopes in the Kenya National External Quality Assurance Scheme (KNEQAS)	N/A	9	10	10	11	11
		Healthcare waste management improved	Number of facilities with molecular testing platforms linked to a functional incinerator for healthcare waste management referral	N/A	0	65	80	95	110
SP 1.3: Public Health Services	Environmental Health	Sanitation and hygiene services	Proportion of Villages certified as open defecation free	31	30	37	49	55	60
			Proportion of population accessing safely managed sanitation facilities	25	30	30	35	40	45

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Waste management and climate change mitigation measures enhanced	Number of health facilities with installed and compliant waste treatment equipment	11	11	11	15	20	25
			Number of health facilities reporting on greenhouse gas emissions	N/A	16	16	20	40	55
		Occupational Health and Safety standards implemented	Number of healthcare facilities implementing occupational health and safety standards	15	5	5	10	15	20
			Number of the healthcare workers exposed to workplace occupational health hazards	5	0	5	3	2	1
			Center of excellence for monitoring air pollution fully	20	20	60	100	N/A	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			established and operationalized						
			MoH HAP control Strategy developed and launched	N/A	N/A	20	40	100	N/A
	Tobacco Control Board	Tobacco control and enforcement services enhanced	Number of Enforcement officers trained	400	200	400	600	800	1000
			Number of Counties with functional multisectoral Tobacco control Committees	N/A	N/A	0	15	35	47
			Number of Tobacco Control advisories developed and submitted to the Minister	5	2	4	5	6	7
	Vector and Vermin Control Division	Vector and vermin infestations control services enhanced	Number of POEs capacity build to undertake vector and vermin control services	10	8	8	13	18	23

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Number of food handlers medically examined at the POEs	N/A	N/A	4000	4000	4000	4000
	Division of Family Wellness, 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	86	86	86
Number of children 6-23 months receiving Micronutrient Powders (MNPS)			N/A	N/A	218,977	240,875	264,963	291459	
Number of healthcare workers trained on high impact nutrition interventions			7323	7141	6800	7450	7600	71150	
Effective treatment for malnourished children under 5 years of age,			80	83	83	84	85	85	

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		pregnant and lactating women	Treatment cure rate of acutely malnourished pregnant and lactating women	100	86	90	90	92	95
		Nutrition policies, legislations, strategic plans and guidelines developed	Number of guidelines, Strategic Plans and legislations developed	5	3	7	3	2	2
		Family wellness policies, strategic plan and guidelines developed	Number of policies, strategic plan and guidelines developed	N/A	N/A	N/A	3	N/A	N/A
		Operationalization of wellness centers in public institutions	Number of wellness centers in public institutions	N/A	N/A	N/A	10	20	20
	Kenya National Public Health Institute	Kenya National Public Health Institute operationalized	Human Resource Instruments Developed	0	0	0	3	N/A	N/A
			Strategic plan developed	0	0	0	1	N/A	N/A
	Port Health Services	Screened Travellers	Number of travellers screened for	7,361,622	5,694,927	6,000,000	6,500,000	6,800,000	7,000,000

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			notifiable diseases						
		Vaccinated travellers	Number of travellers issued with vaccination certificates as per travel requirements	249,600	23,440	30,000	35,000	40,000	45,000
		Trade facilitation	Number of tonnes of cargo cleared as per health requirements at POEs	1,460,000	2,214,892	2,500,000	2,800,000	3,000,000	3,300,000
		Sanitary conveyances	Number of conveyances inspected and issued with disinfection/disinfection certificates	265,000	423,989	500,000	700,000	700,000	700,000
		Digitization of government services	Number of POEs implementing digitized services	N/A	N/A	23	23	23	23
			Number of food handlers medically examined at the POEs	N/A	N/A	4000	4000	4000	4000

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
SP 1.4- Radiation Safety and Nuclear Security	Kenya Nuclear Regulatory Authority	Development of a national nuclear power programme infrastructure	Number of draft nuclear power programme regulations developed	0	0	3	10	10	10
			Number of nuclear security regulations developed	0	0	0	2	2	2
		Strengthening nuclear security and non-proliferation of nuclear materials	Cumulative percentage of enforcement officers qualified and able to respond to nuclear security events	10	10	20	60	80	100
			Cumulative percentage of nuclear safety and security detection at ports of entry	20	20	30	70	80	90
			Proportion of category I and II radiation facilities complying with physical	100	100	100	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			protection measures						
		Safety of radioactive devices and materials	Number of draft regulations on radiation devices and sources	0	0	0	2	2	2
			Percentage of radiation contamination tests performed on consumer products	50	50	50	100	100	100
			Percentage of compliant radiation facilities	70	70	80	100	100	100
			Percentage of development and implementation of the national radiation workers database	20	20	50	90	100	100
			Proportion of environmental radiological mapping and characterization of High	0	0	20	30	40	60

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Background Radiation Areas						
			Number of persons who have completed the International Atomic Energy Agency postgraduate educational certificate in radiation protection	0	0	25	25	25	25
		Radioactive waste management	Percentage of radioactive waste collected and conditioned at the central radioactive waste processing facility	10	10	30	60	80	100
		Safety of electromagnetic radiation	Number of electromagnetic radiation safety regulations developed	0	0	0	1	1	1
			Number of hospitals mapped	100	2	47	315	N/A	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
SP 1.5 Primary Health Care	Primary Health Services Division	Primary care networks operationalized	as hubs for the PHC Networks						
			Number of functional primary care networks (PCNs)	47	19	150	315	N/A	N/A
		Monitoring and Evaluation of Functionality of PCNs	Number of PCNs adhering to the set standards as per PCN guidelines	N/A	N/A	N/A	315	315	315
		Payment of stipend (Ksh.2,500) to CHPs	Number of CHPs paid	N/A	N/A	100,000	100,000	100,000	100,000
SP 1.6 Health Promotion and Education	Division of Health Promotion and Advocacy on Lifestyle	Health promotion policies/ strategies and guidelines on health advocacy (SBCC) developed	Number of policies/strategies and guidelines developed	N/A	N/A	3	5	5	5
		Health promotion M&E tools to the counties disseminated	Number of counties with health promotion M&E tools	N/A	N/A	10	15	12	10

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		National Health Promotion summit convened	Cumulative Summits ending with a national Presidential declaration on a target health behavior change	1	0	1	2	3	4
		Commemoration of World Health Days	World Health Days commemorated	N/A	N/A	30	35	40	50
		Social Listening and Infodemic Tracking developed and disseminated	Social Listening and Infodemic Tracking package	N/A	N/A	N/A	1	N/A	N/A
			Number of counties with tracking with social listening tools	N/A	N/A	N/A	10	30	47
	Division of Information, Education and Communication (IEC)	Health messages developed	Number of health education materials developed	1	1	20	20	20	20
		Printing press refurbished	Number of machines refurbished	N/A	N/A	2	2	3	4

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Call center operationalized	Percentage of call center operationalization	N/A	N/A	40	60	80	100
		Functional WhatsApp Chatbot	Percentage of WhatsApp Chatbot operationalization	N/A	N/A	40	60	80	100
		World Health days IEC materials developed	Number of world health days materials developed	N/A	N/A	30	35	40	50
	School Health Programme	School Health Promotion Sensitization Package developed	Number of School Health promoters trained	N/A	N/A	N/A	1,000	10,000	100,000
			Number of School Health promotion skills lab established	N/A	N/A	N/A	47	47	47
			Number of School health surveys carried out	N/A	N/A	N/A	1	5	47
Programme 2: Health resource development and innovation									
Programme Outcome: Enhanced health human resources for quality healthcare									

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
SP 2.1 Capacity Building and Training	Kenya Medical Training College	Health workers and professionals trained	Number of students enrolled	18,250	25,889	17,200	18,370	19,750	20,250
			Number of CHAS trained	1,000	3,519	700	4,500	5,500	6,500
			Proportion of health professionals(cohort) certified	98	95	99	98	98	98
			No. of evidence based policies developed	9	20	10	12	13	15
			Number of Curriculums reviewed	6	10	5	5	6	7
SP 2.2 Research and innovation on Health	Kenya Institute of Primate Research	New biomedical knowledge generated and health interventions for human diseases	No. of peer reviewed scientific publications	N/A	N/A	34	35	35	35
			No. of people trained on biomedical knowledge and skills	25	52	52	50	50	50
			No. of candidate drugs and vaccines tested	6	6	6	7	8	8
			No. of bacteriophages (phages) isolated for treatment of	N/A	N/A	N/A	2	2	2

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			multidrug resistant bacteria						
		Snakebite rescue & intervention services	No. of victims successfully rescued from snake bites	120	265	265	270	275	275
			No. of snake venom profiled for anti-venom development	N/A	N/A	N/A	4	4	4
			No. of anti-venom generated for preclinical testing	N/A	N/A	2	2	2	2
		Ecosystem health & Conservation of non-human primates for research	No. of community outreach education forums conducted on ecosystem health & primate conservation	2	5	5	7	10	10
			No. of colony bred non-human primates	25	46	40	40	40	40
		Disease Bio surveillance using one health approach for early warning and preventive health	No. of humans samples at wildlife, livestock interface tested	N/A	N/A	300	300	300	300
			No. of vector-borne samples at	N/A	N/A	1500	1500	1500	1500

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			high-risk interface tested						
SP 2.3 Health Professional services	Public Health Sector Coordination & IGR	MOUs developed	Number of MOUs developed	N/A	N/A	3	4	5	6
			Guidelines to operationalize MOUs	N/A	N/A	3	4	5	6
		Ratification and domestication of treaties	Number of treaties ratified and domesticated	N/A	N/A	N/A	1	2	3
		Coordination of international Health related meetings	Number of meetings coordinated	N/A	N/A	11	12	13	14
			Number of health sector intergovernmental forums held	4	2	4	4	4	4
			Proportion of resolutions from IGF implemented	10	5	10	10	10	10
		National Action Plan on Health Security 2024-2028 developed	National Action Plan on Health Security 2024-2028	N/A	N/A	N/A	1	N/A	N/A
		National Action Plan on Health	Reviewed National Action Plan on Health	N/A	N/A	N/A	N/A	N/A	1

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Security 2024-2028 reviewed	Security 2024-2028						
		State Party self-assessment conducted	Number of State Party self-assessments	N/A	N/A	N/A	1	1	1
	Division of Global Health Security	Healthcare workers trained on Global Health Security	Number of health workers trained	N/A	N/A	20	200	235	200
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	Compliance to set norms and standards of training and health care services	Percentage of health facilities inspected for compliance to norms and standards of healthcare delivery	20	22	30	36	42	50
			Percentage of Health profession training institutions assessed for compliance to norms and standards of	50	0	50	70	85	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			training						
			Number of unregulated health professionals registered	500	998	1500	2000	2600	3200
		Patient Complaints and Disputes from Regulatory Bodies and Aggrieved Parties resolved	Percentage of complaints and disputes received and handled	100	100	100	100	100	100
	Kenya Health Human Resource Advisory Council (KHHHRAC)	Enhance efficiency and quality of care	Percentage uniform norms and standards for master register for all health practitioners developed	N/A	N/A	N/A	40	60	80
Percentage master register for all health practitioners developed			N/A	N/A	55	60	80	100	
Availability/quality and use of		Number of HWs trained on iHRIS	100	100	100	150	150	150	

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		health workforce data	Number of HCWs trained on NHWA	100	100	100	150	150	150
			Number of HWs implementing iHRIS	100	100	100	150	150	150
			Number of HWs implementing NHWA	100	100	100	150	150	150
			Number of faith based and private health facilities implementing NHWA	0	0	30	60	80	100
		Efficient management of health workforce	Number of HWs trained on WISN	100	100	100	150	150	150
			Number of facilities where WISN has been carried out	N/A	N/A	0	350	400	450
			Number of facilities implementing WISN	N/A	N/A	0	350	400	450
			No of Framework for Management of Specialist	N/A	N/A	N/A	1	N/A	N/A

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Management of health care professionals	health care workers Developed						
			No of guidelines developed to implement Kenya health workforce migration policy	N/A	N/A	N/A	1	N/A	N/A
		KHHRAC Strategic Plan developed	KHHRAC Strategic Plan	N/A	N/A	N/A	1	N/A	N/A
	Kenya Medical Practitioners and Dentist Council	Competent Health Professionals	Number of Medical and dental Officer Interns placed	900	912	912	930	950	970
			Number of new Medical, Dental and Community Oral Health Officers practitioners registered.	1,300	1,325	1,325	1,350	1,400	1,450
			Number of Medical, Dental and Community Oral Health Officers	10,200	10,638	11,960	12,550	13,050	13,650

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27	
			practitioners with active annual practice licenses.							
			Number of health facilities with active annual operating licenses.	7,000	7,124	8,000	9,000	10,000	11,000	
		Compliance to set standards of training and healthcare services	Number of compliance inspections carried out	2,720	3,560	3,560	3,710	3,900	4,150	
			Proportion of Medical, dental internship and specialist training centers inspected.	40	100	100	100	100	100	
		Continuous Professional Development	Number of new accredited Continuous Professional Development (CPD) providers.	N/A	N/A	0	15	20	30	
		Nursing Council of Kenya	Competent health professionals	Number of nurses and midwives newly registered	4,533	6,341	6,238	6,400	6,600	6,800

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Number of eligible candidates examined	7,205	10,937	11,418	11,500	12,000	12,500
			Number of eligible candidates Indexed	6,400	19,249	10,000	11,000	11,500	12,000
			Percentage of nurses and midwives retained	50	48.6	49	55	60	65
		Compliance to set standards of training institutions and health facilities	Proportion of training institutions that are audited for compliance	100	88.3	80	100	100	100
			Proportion of health facilities audited for compliance	N/A	N/A	100	100	100	100
	Clinical Officers Council	Clinical Officers Trained, Registered and Licensed	Number of Clinical Officers trainees Indexed	3000	1799	2500	2500	2500	2500
			Number of Clinical Officers Registered	2500	2790	3000	3000	3000	3000

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Number of Clinical Officers Licensed	23949	16764	15000	15000	15000	15000
	Public Health Officers and Technicians Council - Kenya	Competent Health Professionals	Number of candidates Assessed	1000	780	780	800	900	1000
Number of interns placement			1000	720	720	750	800	850	
Number of practitioners licensed			7000	7109	8,000	9,000	10,000	11,000	
Compliance to set standards of training and healthcare services		Number of newly accredited internship centers	5	2	2	3	5	5	
		Number of H/F inspected for compliance	30	50	50	60	70	80	
		Number of training institutions inspected	10	5	5	10	10	10	
Professional Development and Growth		Number of newly CPD providers accredited	5	3	4	4	4	4	
Counselors and Psychologist Board		Counselors and Psychologist	Number of Counselors &	N/A	N/A	4000	4000	4000	4000

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Trained, Registered and Licensed	Psychologist trainees Indexed						
			Number of Counselors & Psychologist Registered	N/A	N/A	5000	1500	1500	1500
			Number of Counselors & Psychologist Licensed	N/A	N/A	5000	5000	5000	5000
		Compliance to set standards of training and clinical practice	Number of clinical facilities registered and licensed	N/A	N/A	20	30	40	50
			Number of training institutions inspected	N/A	N/A	35	35	40	40
		Professional Development and Growth	Number of institutions accredited to offer CPD	N/A	N/A	5	5	5	5
		Policies, rules and legislations, human resources instruments developed	Number of Available Rules & Regulation formulated	N/A	N/A	1	1	1	1
			Number of policies developed	N/A	N/A	1	1	1	1
			Number of Human resource	N/A	N/A	1	1	1	1

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			instruments developed						
	Occupational Therapy Council of Kenya	Occupational Therapy students indexed	Number of students indexed	N/A	N/A	N/A	150	250	300
		Compliance to set standards of training and clinical practice	Number of clinical facilities registered and licensed	N/A	N/A	5	10	15	15
			Number of training institutions inspected	N/A	N/A	1	3	5	5
		Occupational Therapists Registered and Licensed	Number of Occupational Therapists Registered and licensed	N/A	N/A	200	1000	1500	1500
		Standards of Practices for occupational Therapy	Number of Standards of Practices for occupational Therapy	N/A	N/A	N/A	1	N/A	N/A
		Policies, rules and legislations, human resources	Number of Available Rules & Regulation formulated	N/A	N/A	1	1	1	1

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		instruments developed	Number of policies developed	N/A	N/A	1	1	1	1
			Number of scopes of practice developed	0	0	1	2	3	4
			Number of Human resource instruments developed	N/A	N/A	1	N/A	N/A	N/A
		Continuous Professional Development	Number of new accredited Continuous Professional Development (CPD) providers.	N/A	N/A	2	5	10	10
	Physiotherapy Council of Kenya	Physiotherapy facilities inspected	Number of physiotherapy facilities inspected	100	80	150	200	250	300
			Scope of practice developed	Number of scopes of practice developed	0	0	3	5	7
	National Quality Control Laboratory	Access to Quality drugs and medical devices	Proportion of medical drugs tested for quality,	100	93	100	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			safety of the citizens						
		Proportion of medical devices tested for quality, safety of the citizens	Proportion of medical devices tested for quality, safety of the citizens.	100	100	100	100	100	100
		Laboratory constructed and equipped	% of the laboratory completed	30	0	30	80	100	N/A
		Research on health products and technologies and their effects on the environment	Number of research activities	50	75	100	120	120	120
		Methods of analysis for HPTs Developed/verified/validated	Number of method Developed/validated/verified	N/A	N/A	5	5	5	5
	Health Records and Information Managers Board	Accredited HRIM training institutions regulated	Number of training institutions accredited and regulated	N/A	N/A	20	30	50	70
			% of training institutions who have adopted the	N/A	N/A	50	100	100	100

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			standard curriculum						
		Roll of master register for HRIM professionals established	Number of HRIM professionals entered in the register	N/A	N/A	3000	4000	5000	6000
			% of HRIM professional registered, licensed and entered in the roll register	N/A	N/A	50	70	80	100
		Policies and regulatory framework for HRIM developed	Number of policy documents developed	N/A	N/A	3	5	6	7
			Number of institutions using the board's policies	N/A	N/A	20	30	50	70
	Pharmacy and Poisons Board	Marketing Authorization (Product Registration)	Numbers of new product registrations as well as audited and approved Manufacturing Sites	10000	8000	8000	10500	11000	11500
			Pharmacists and pharmaceutical technologists licenced	Number of Practitioners Registered and licensed per year.	1000	800	1000	1200	1500

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Market Surveillance and Regulatory Inspections	Number of Joint inspections done across the country	24	24	36	36	36	36
		Clinical Trials conducted	Number of new applications and studies done per year	50	42	50	55	60	65
		Trade Affairs conducted	Number of approved import and export permits.	32000	30000	33000	33000	34000	35000
	Kenya Medical Laboratory Technicians and Technologists Board	Medical Laboratory science students indexed	Number of students indexed	1,000	755	1,200	1,367	1,500	1855
		Eligible candidates examined for MLS licensure examinations	Number of candidates examined	1,600	1,287	1,700	1,012	800	1000
		Medical Laboratory Technologists registered	Number of Medical Lab Technologists registered	1,500	1,283	1,300	1,114	640	710

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Renewed licenses for Laboratory Technologists	Number of MLS licenses issued	13,000	12,348	15,000	13,913	16,400	17,000
		Medical Laboratory facilities registered	Number of labs registered	4,100	3,667	4,500	4,623	5,012	6,200
		Medical Laboratory facilities Licensed	Number of laboratory facilities licensed	4,100	2,614	3,500	3,407	4,100	5,850
		IVDs Vendor companies / manufacturers registered	Number of IVDs vendor companies / manufacturers registered	200	119	161	192	292	360
		IVDs Vendor companies / manufacturers registered	Number of IVDs registered	100	70	83	89	99	200
SP 3.2 Health Policy and Regulations	Division of Quality assurance, health worker and patient safety	Kenya Quality of Health Care Authority established	Kenya Quality of Health Care Authority in place	1	0	1	N/A	N/A	N/A
	Division of Health Standards	Health Norms and Standards/Guidelines developed	Number of Norms and Standards developed	1	0	1	1	1	1

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
			Number of Guidelines developed	1	2	1	1	1	1
	Division of Legislation/Regulation	Coordination of operationalization of the Health Act, 2017	Number of Bills /Regulations developed	2	3	2	2	2	2
	Division of Professional Standards	HRH policy, Strategy and Guidelines developed, disseminated, and monitored	HRH policy and Strategy developed	NA	NA	1	1	N/A	N/A
Health professionals' Migration policy developed			NA	NA	0	1	N/A	N/A	
Training and capacity building		Middle and senior management training at National defense College	N/A	2	2	2	2	2	
Programme 4: General Administration									
Programme Outcome: Effective governance and administration strengthened									
SP4.1: General Administration and Human Resource	General administration	Enhanced safety and security	Number of CCTV installed in Afya House and Afya Annex Campuses	100	NA	50	100	0	0

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
management and development			Number of biometric logs installed	500	20	400	80	NA	NA
		Sensitization of staff on HIV Prevention and NCDs; citizen service delivery charter/process; resolution of public complaints; Alcohol and drug abuse; disability, gender, road safety mainstreamed	Number of Strategies developed	NA	NA	8	5	3	NA
			Number of staff sensitized on each package	N/A	NA	500	800	1000	1000
ICT Services	Information Communication Technology (ICT) Systems deployed	Number of Information Communication Technology (ICT) Systems deployed	N/A	N/A	2	2	2	2	
		Workplace Digitalization and Automation Strategy 2023-2027 developed	Workplace Digitalization and Automation Strategy document developed	N/A	N/A	1	0	0	0

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
	Human Resource Management & Development division	HealthCare workers recruited	Number of health care workers recruited	9,308	8,706	1,159	1,275	1,466	1,759
		Health care workers trained in different specialties across the country	Number of Health workers trained	130	121	261	411	611	861
	Public Communication Services	Information sharing on projects, programs policies, events	Number of press releases, media briefing and engagement official statements, media briefings, social media/ website posts	N/A	N/A	N/A	20	40	60
			Number of articles published/photos/ videos	N/A	N/A	30	100	150	300
		Educational Materials	Number of profiles, t-shirts, brochures, fact sheets, infographics, posters, banners	N/A	N/A	N/A	5000	6000	7000

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Social media campaigns	Number of social media campaigns and social media reach	N/A	N/A	20	100	160	200
		Public Communication plan	Number of public communication plan	N/A	N/A	1	1	1	1
	Records Management Services	Integrated Records Management System implemented	Number of records Digitized Real time access & retrieval of records	N/A	N/A	40	60	100	150
		ISO Certification	Percentage ISO Certification	N/A	N/A	30	70	N/A	N/A
		Management Policy developed	Percentage completion Records Management Policy	N/A	N/A	45	65	N/A	N/A
		Record Management Unit established	Percentage level of establishment of Records Management Unit	N/A	N/A	30	70	N/A	N/A
	Supply Chain Management Unit	Updated List Of Registered Suppliers	Updated List Of Registered Suppliers	N/A	N/A	1	1	1	1

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Annual Procurement Plan	Annual Procurement Plan	N/A	N/A	1	1	1	1
		Asset inventory	Asset register	N/A	N/A	1	1	1	1
			Percentage of obsolete/surplus assets disposed	N/A	N/A	100	100	100	100
SP4.2: Financing and planning	Finance division	Absorption of financial resources allocated	Absorption Rate	100	89	100	100	100	100
		Quarterly budget performance reports submitted	Number of budget reports submitted	4	4	4	4	4	4
	Tax Exemption Unit	Tax exemption application process of DA1 and Master list digitized	Number of tax exemption application process digitized	1	0	2	2	2	2
		Tax exemption applications recommended	Number of tax exemption applications recommended	400	420	420	500	550	650
	Central Planning & Projects Monitoring Unit	Capital projects monitored	Number of capital projects monitoring progress reports	4	4	4	4	4	4

Programme	Delivery Unit	Key Outputs	Key Performance Indicators	Target 2022/23	Actual Achievement 2022/23	Target (Baseline) 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
		Counties health department officers trained on planning, budgeting, and M & E	Number of officers trained	N/A	N/A	300	330	360	390
		Surveys	Number of surveys conducted	N/A	N/A	2	2	2	2
		MOH Facts and Figures booklet developed	MOH Facts and Figures booklet	1	1	1	1	1	1
		Directorates, SAGAs/ regulatory bodies sensitized on planning, budgeting and M & E	Number of officers sensitized	N/A	N/A	300	330	360	390

3.1.3. Programmes by Order of Ranking

For allocation of resources, the eight programmes in Sector will be prioritized according to their impact towards the population health and well-being. The programmes as ordered per their rank are as follows:

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.

3.1.4. Resource Allocation Criteria

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

- a) Programmes that enhance value chain and linkage to BETA priorities;
- b) Cabinet Decisions;
- c) Linkage of Programme with priorities of the Medium Term Plan IV of the Kenya Vision 2030;
- d) Completion of on-going projects, stalled projects and payment of verified pending bills;
- e) Degree to which a programme addresses job creation and poverty reduction;
- f) Degree to which a programme addresses the core mandate of the Ministry of Health;
- g) Programmes that support mitigation and adaptation of climate change;
- h) Cost effectiveness, efficiency and sustainability of the programme;
- i) Requirements for furtherance and implementation of the Constitution; and
- j) Consideration for newly established Institutions.

3.2 ANALYSIS OF SECTOR AND SUB-SECTOR RESOURCE REQUIREMENT VERSUS ALLOCATION

The Sector's requirements are KSh. 371,850.80 million, KSh. 411,377.11 million and KSh. 456,780.56 million respectively compared to an allocation of KSh. 147,598.89 million, KSh. 156,407.66 million and KSh. 160,927.84 million in FYs 2024/25, 2025/26, 2026/27. This translates to shortfall of KSh. 224,251.92 million, KSh. 254,969.45 million and KSh. 295,852.72 million during the budget period.

3.2.1 SECTOR AND SUB-SECTOR RECURRENT REQUIREMENTS /ALLOCATIONS (AMOUNT KSH. MILLIONS)

The Sector's requirements are KSh. 131,405.80. million, KSh.148,928.51 million and KSh. 168,345.64 million respectively compared to an allocation of KSh. 87,324.19 million, KSh. 91,930.16 million and KSh.95,303.50 million in FYs 2024/25, 2025/26, 2026/27 respectively as presented in Table 3.3.

Table 3.1: Sector and Sub-sector Recurrent Requirements /Allocations (Amount KSh. Millions)

VOTE	ECONOMIC CLASSIFICATION	APPROVED ESTIMATES	REQUIREMENT			ALLOCATION		
		2023/24	2024/25	2025/25	2026/27	2024/25	2025/25	2026/27
HEALTH SECTOR								
	GROSS	80,627.50	131,405.80	148,928.51	168,345.64	87,324.19	91,930.16	95,303.50
	AIA	25,185.00	28,246.24	29,557.64	30,644.64	30,397.00	30,387.00	30,387.00
	NET	55,442.50	103,159.56	119,370.88	137,701.00	56,927.19	61,543.16	64,916.50
	Compensation to Employees	13,578.50	25,010.89	37,683.53	50,347.09	14,027.96	15,953.27	16,432.22
	Grants and Transfers	63,605.36	75,562.90	78,879.50	83,484.00	70,896.49	73,510.31	76,300.10
	Other Recurrent	3,443.20	16,390.73	17,490.97	19,193.80	2,399.74	2,466.58	2,571.18
	of Which					0.00	0.00	0.00
	<i>Utilities</i>	<i>178.00</i>	<i>248.66</i>	<i>291.00</i>	<i>326.00</i>	203.00	208.00	213.00
	<i>Rent</i>	<i>25.70</i>	<i>6.50</i>	<i>7.00</i>	<i>7.50</i>	5.70	5.70	5.70
	<i>Insurance</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	0.00	0.00	0.00
	<i>Subsidies</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	0.00	0.00	0.00
	<i>Gratuity</i>	<i>103.00</i>	<i>103.00</i>	<i>103.00</i>	<i>103.00</i>	103.00	103.00	103.00

VOTE	ECONOMIC CLASSIFICATION	APPROVED ESTIMATES	REQUIREMENT			ALLOCATION		
		2023/24	2024/25	2025/25	2026/27	2024/25	2025/25	2026/27
	<i>Contracted Guards and Cleaners services</i>	88.60	115.18	132.46	142.00	88.60	88.60	88.60
	<i>Others.</i>	3,047.90	15,917.39	16,957.51	18,615.30	2,004.46	2,096.30	2,162.48
1082	STATE DEPARTMENT FOR MEDICAL SERVICES							
	Gross	63,053.50	77,945.06	94,964.72	110,738.17	66,833.95	69,281.90	71,909.94
	AIA	19,536.00	20,317.44	21,130.14	21,764.04	22,377.00	22,367.00	22,367.00
	NET	43,517.50	57,627.62	73,834.58	88,974.12	44,456.95	46,914.90	49,542.94
	Compensation to employees	9,175.00	22,963.85	35,575.08	48,175.38	8,691.96	8,824.67	8,962.62
	Grants and Transfers	52,106.00	52,448.00	56,774.00	59,883.00	56,399.49	58,681.31	61,119.10
	Other Recurrent	1,772.50	2,533.21	2,615.64	2,679.79	1,742.50	1,775.92	1,828.22
	of which;							
	<i>Utilities</i>	153.00	218.66	256.00	286.00	153.00	153.00	153.00
	<i>Rent</i>	5.70	6.50	7.00	7.50	5.70	5.70	5.70
	<i>Insurance</i>	-	-	-	-	-	-	-
	<i>Subsidies</i>	-	-	-	-	-	-	-
	<i>Gratuity</i>	103.00	103.00	103.00	103.00	103.00	103.00	103.00
	<i>Contracted Guards & Cleaning Services</i>	88.60	115.18	132.46	142.00	88.60	88.60	88.60
	<i>others</i>	1,422.20	2,089.87	2,117.18	2,141.29	1,392.22	1,455.64	1,474.52
1083	STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS							
	GROSS	17,574.00	53,460.74	53,963.80	57,607.48	20,490.24	22,648.26	23,393.56

VOTE	ECONOMIC CLASSIFICATION	APPROVED ESTIMATES	REQUIREMENT			ALLOCATION		
		2023/24	2024/25	2025/25	2026/27	2024/25	2025/25	2026/27
	AIA	5,649.00	7,928.80	8,427.50	8,880.60	8,020.00	8,020.00	8,020.00
	NET	11,925.00	45,531.94	45,536.30	48,726.88	12,470.24	14,628.26	15,373.56
	Compensation to Employees	4,403.50	2,047.04	2,108.45	2,171.71	5,336.00	7,128.60	7,469.60
	Grants and Transfers	11,499.36	23,114.90	22,105.50	23,601.00	14,497.00	14,829.00	15,181.00
	Other Recurrent	1,670.70	13,857.52	14,875.33	16,514.02	657.24	690.66	742.96
	of Which							
	<i>Utilities</i>	25.00	30.00	35.00	40.00	50.00	55.00	60.00
	<i>Rent</i>	20.00						
	<i>Insurance</i>	-						
	<i>Subsidies</i>	-						
	<i>Gratuity</i>	-						
	<i>Contracted Guards and Cleaners services</i>	-						
	<i>Others .</i>	1,625.70	13,827.52	14,840.33	16,474.02	612.24	640.66	687.96

3.2.2 SECTOR AND SUB-SECTOR DEVELOPMENT REQUIREMENTS/ALLOCATIONS (AMOUNT KSH. MILLION)

Table 3.4: Sector and Sub-Sector Development Requirements /Allocations (Amount KSh. Millions)

DESCRIPTION	APPROVED BUDGET ALLOCATION 2023/24	REQUIREMENT			ALLOCATION		
		2024/25	2025/25	2026/27	2024/25	2025/25	2026/27
HEALTH SECTOR							
Gross	60,559.40	240,445.00	262,448.60	288,434.92	60,274.70	64,477.50	65,624.34
GOK	39,100.34	216,282.00	232,887.00	253,268.00	38,815.50	42,118.00	43,318.34
Loans	13,291.56	16,308.60	20,000.00	22,000.00	13,291.50	13,292.00	13,292.00
Grants	8,167.50	8,058.40	8,511.00	12,561.00	8,167.70	8,167.50	8,167.00
Local AIA	-	-	-	-	-	-	-
VOTE 1082: STATE DEPARTMENT FOR MEDICAL SERVICES							
Gross	53,539.06	231,490.00	252,010.60	277,312.92	55,113.20	59,777.50	61,175.00
GOK	35,980.00	209,023.00	225,000.00	245,000.00	36,242.00	39,553.00	40,669.00
Loans	12,091.56	15,898.60	20,000.00	22,000.00	13,291.50	13,292.00	13,292.00
Grants	5,467.50	6,568.40	7,010.00	11,312.00	5,579.70	6,032.50	6,367.00
Local AIA	-	-	-	-	-	-	-
VOTE 1083: STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS							
Gross	7,020.34	8,955.00	10,438.00	11,122.00	5,161.50	4,700.00	4,449.34
GOK	3,120.34	7,259.00	7,887.00	8,268.00	2,573.50	2,565.00	2,649.34
Loans	1,200.00	410.00	-	-	-	-	-
Grants	2,700.00	1,490.00	1,501.00	1,249.00	2,588.00	2,135.00	1,800.00
Local AIA	-	-	-	-	-	-	-

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

Programme	Approved Estimates			Projection (Requirements)								
	2023/24			2024/25			2025/26			2026/27		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
STATE DEPARTMENT FOR MEDICAL SERVICES												
Programme 1 – National Referral and Specialized Services												
SP1.1 - National Referral Services	39,544.02	4,447.90	43,991.92	44,069.95	54,672.66	98,742.61	46,102.02	62,901.58	109,003.60	47,135.05	81,430.00	128,565.05
SP 1.2 Specialized Medical Equipment	-	3,795.14	3,795.14	-	9,550.50	9,550.50	-	9,550.50	9,550.50	-	9,550.50	9,550.50
SP1.3 – National Blood Transfusion Service	129.10	-	129.10	722.33	1,500.00	2,222.33	747.42	2,000.00	2,747.42	752.51	2,500.00	3,252.51
SP1.4 - Health Products and Technologies	2,478.00	428.00	2,906.00	924.82	500.00	1,424.82	1,025.00	550.00	1,575.00	1,025.19	600.00	1,625.19
Total Expenditure Programme 1	42,151.12	8,671.04	50,822.16	45,717.10	66,223.16	111,940.26	47,874.44	75,002.08	122,876.52	48,912.75	94,080.50	142,993.25
Programme 2 - Curative & Reproductive Maternal New Born Child Adolescent Health (RMNCAH)												
SP2.1 - Communicable disease prevention & control	982.87	6,156.71	7,139.58	1,110.94	5,000.00	6,110.94	1,211.87	5,200.00	6,411.87	1,312.82	5,500.00	6,812.82
SP2.2 - Non Communicable Disease Control	728.54	442.81	1,171.35	467.45	2,110.00	2,577.45	789.75	2,143.00	2,932.75	1,003.06	2,166.09	3,169.15
SP2.3 - RMNCAH	287.39	7,058.50	7,345.89	35.30	2,900.00	2,935.30	36.30	2,950.00	2,986.30	37.53	3,000.00	3,037.53
SP2.4- Immunization	-	4,684.18	4,684.18	41.21	16,570.75	16,611.96	42.30	17,066.22	17,108.52	43.43	17,576.54	17,619.97

Programme	Approved Estimates			Projection (Requirements)								
	2023/24			2024/25			2025/26			2026/27		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Total Expenditure Programme 2	1,998.80	18,342.20	20,341.00	1,654.90	26,580.75	28,235.65	2,080.22	27,359.22	29,439.43	2,396.83	28,242.63	30,639.47
Programme 3 - Health Research and Development												
SP3.1 - Health Innovations	5,894.25	807.00	6,701.25	545.00	1,370.00	1,915.00	860.00	1,581.10	2,441.10	1,145.00	1,892.53	3,037.53
SP3.2 – Medical Research	2,966.00	349.00	3,315.00	3,830.00	620.00	4,450.00	4,319.00	635.60	4,954.60	4,830.00	651.67	5,481.67
Total Expenditure Programme 3	8,860.25	1,156.00	10,016.25	4,375.00	1,990.00	6,365.00	5,179.00	2,216.70	7,395.70	5,975.00	2,544.20	8,519.20
Programme 4 - General Administration												
SP 4.1 - General Administration & Human Resource Management & Development	31.50	12,235.31	12,266.81	16,908.81	-	16,908.81	29,532.29	-	29,532.29	42,145.02	-	42,145.02
SP4.2 - Finance and Planning	435.55	-	435.55	183.81	-	183.81	185.05	-	185.05	186.32	-	186.32
SP4.3 -Social Protection in Health	7,217.89	-	7,217.89	9,105.44	144,420.00	153,525.44	10,113.72	147,432.60	157,546.32	11,122.25	152,445.58	163,567.82
Total Expenditure Programme 5	7,684.94	12,235.31	19,920.25	26,198.06	144,420.00	170,618.06	39,831.06	147,432.60	187,263.66	53,453.58	152,445.58	205,899.16
Total Vote 1082	69,518.89	41,666.55	111,185.44	77,945.06	239,213.91	317,158.97	94,964.72	252,010.60	346,975.31	110,738.17	277,312.92	388,051.08
STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS												
Programme 1 - Preventive and Promotive Services												

Programme	Approved Estimates			Projection (Requirements)								
	2023/24			2024/25			2025/26			2026/27		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
SP1.1 - Communicable Disease Control	79.54	4,300.00	4,379.54	2,217.54	8,755.00	10,972.54	2,850.15	10,438.00	13,288.15	3,007.42	11,122.00	14,129.42
SP1.2 - Disease Surveillance and Response	164.58	-	164.58	1,265.00	-	1,265.00	1,374.65	-	1,374.65	1,484.05	-	1,484.05
SP 1.3 : Public Health Services	1,121.44	1,260.00	2,381.44	1,352.00	200.00	1,552.00	1,505.00	-	1,505.00	1,640.00	-	1,640.00
SP1.4 - Radiation Safety and Nuclear Security	274.00	-	274.00	1,100.00	-	1,100.00	1,210.00	-	1,210.00	1,331.00	-	1,331.00
SP1.5 - Primary Health Care	69.87	-	69.87	6,404.00	-	6,404.00	6,550.00	-	6,550.00	7,204.00	-	7,204.00
Total Expenditure Programme 1	1,709.44	5,560.00	7,269.44	12,338.54	8,955.00	21,293.54	13,489.80	10,438.00	23,927.80	14,666.48	11,122.00	25,788.48
Programme 2 - Health Resource Development and Innovation												
SP2.1 - Capacity Building and Training	8,863.00	1,416.00	10,279.00	13,391.00	1,585.00	14,976.00	11,473.00	1,580.00	13,053.00	11,890.00	1,295.00	13,185.00
SP2.2 - Research and Innovation on Health	73.80	44.34	118.14	1,780.20	66.00	1,846.20	1,833.00	-	1,833.00	1,917.00	-	1,917.00
SP2.3 - Health Profession Services	4,601.53	-	4,601.53	15,720.00		15,720.00	16,289.00	-	16,289.00	16,807.00	-	16,807.00
Total Expenditure Programme 2	13,538.33	1,460.34	14,998.67	30,891.20	1,651.00	32,542.20	29,595.00	1,580.00	31,175.00	30,614.00	1,295.00	31,909.00
Programme 3 - Health Policy, Standards and Regulations												

Programme	Approved Estimates			Projection (Requirements)								
	2023/24			2024/25			2025/26			2026/27		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
SP3.1 -Health Standards and Quality Assurance	1,702.67	-	1,702.67	6,703.00	-	6,703.00	7,215.00	-	7,215.00	8,392.00	250.00	8,642.00
SP3.2 - Health Policy and Regulations	101.30	-	101.30	1,950.00	-	1,950.00	2,030.00	-	2,030.00	2,205.00	-	2,205.00
Total Expenditure Programme 3	1,803.97	-	1,803.97	8,653.00	-	8,653.00	9,245.00	-	9,245.00	10,597.00	250.00	10,847.00
Programme 4 - General Administration & Support Services												
SP 4.1 : General Administration & Human Resource Management and Development	453.42	-	453.42	1,493.00	-	1,493.00	1,536.00	-	1,536.00	1,635.00	-	1,635.00
SP 4.2 : Finance and Planning	68.46	-	68.46	200.00	-	200.00	220.00	-	220.00	240.00	-	240.00
Total Expenditure Programme 4	521.88	-	521.88	1,693.00	-	1,693.00	1,756.00	-	1,756.00	1,875.00	-	1,875.00
Total Vote 1083	17,573.61	7,020.34	24,593.95	53,575.74	10,606.00	64,181.74	54,085.80	12,018.00	66,103.80	57,752.48	12,667.00	70,419.48

Table 3.5: Analysis of Programmes and Sub-Programmes (Current and Capital) Resource Allocation (Amount KSh. Millions)

Programme	Approved Budget			Allocation								
	2023/24			2024/25			2025/26			2026/27		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
STATE DEPARTMENT FOR MEDICAL SERVICES												
Programme 1 – National Referral and Specialized Services												
SP1.1 - National Referral Services	39,544.02	4,447.90	43,991.92	42,806.97	5,576.65	48,383.62	44,064.52	5,548.30	49,612.82	45,338.46	3,010.00	48,348.46
SP 1.2 Specialized Medical Equipment	-	3,795.14	3,795.14	-	9,551	9,550.50	50.00	9,893.00	9,943.00	51.50	7,109.00	7,160.50
SP1.3 – National Blood Transfusion Service	129.10	-	129.10	237.49	1000	1,237.49	243.16	1,000.00	1,243.16	249.43	1,200.00	1,449.43
SP1.4 - Health Products and Technologies	2,478.00	428.00	2,906.00	4,015	310	4,324.70	5,279.26	150.00	5,429.26	5,300.13	160.00	5,460.13
Total Expenditure Programme 1	42,151.12	8,671.04	50,822.16	47,059	16,437	63,496	49,637	16,591	66,228	50,940	11,479	62,419
Programme 2 - Curative & Reproductive Maternal New Born Child Adolescent Health (RMNCAH)												
SP2.1 - Communicable disease prevention & control	982.87	6,156.71	7,139.58	1,077	4,950	6,027	1,098.99	5997	7,095.99	1,150.45	7136.5	8,286.95
SP2.2 - Non Communicable Disease Control	728.54	442.81	1,171.35	217	2,040	2,258	215.35	150.00	365.35	225.59	350.00	575.59
SP2.3 - RMNCAH	287.39	7,058.50	7,345.89	31	2,810	2,841	31.63	2118.7	2,150.33	31.81	1524	1,555.81
SP2.4- Immunization	-	4,684.18	4,684.18	41	9,852	9,893	42.21	13,243.00	13,285.21	42.38	18,242.40	18,284.78

Programme	Approved Budget			Allocation								
	2023/24			2024/25			2025/26			2026/27		
	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total	Current	Capital	Total
Total Expenditure Programme 2	1,998.80	18,342.20	20,341.00	1,367	19,652	21,019	1,388	21,509	22,897	1,450	27,253	28,703
Programme 3 - Health Research and Development												
SP3.1 - Health Innovations	5,894.25	807.00	6,701.25	150	852	1,002	354.00	800.00	1,154.00	403.00	1,000.00	1,403.00
SP3.2 – Medical Research	2,966.00	349.00	3,315.00	3,307	600	3,907	3,272.32	537.00	3,809.32	3,446.00	637.00	4,083.00
Total Expenditure Programme 3	8,860.25	1,156.00	10,016.25	3,457	1,452	4,909	3,626	1,337	4,963	3,849	1,637	5,486
Programme 4 - General Administration and Support Services												
SP4.1 – General administration & Human Resource and Planning	31.50	12,235.31	12,266.81	3,104	0	3,104	3,287.81	-	3,287.81	3,409.85	-	3,409.85
SP4.2 - Finance and Planning	435.55	-	435.55	180.71	0	181	228.59	-	228.59	234.30	-	234.30
SP4.3 -Social Protection in Health	7,217.89	-	7,217.89	7,886	15,998	23,884	8,835.43	15,676.20	24,511.63	9,399.00	19,408.60	28,807.60
Total Expenditure Programme 5	7,684.94	12,235.31	19,920.25	11,171	15,998	27,169	12,352	15,676	28,028	13,043	19,409	32,452
Total Vote 1082	69,518.89	41,666.55	111,185.44	63,053	53,539	116,593	67,003	55,113	122,116	69,282	59,778	129,059
STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS												
Programme 1 - Preventive and Promotive Services												
SP1.1 - Communicable	79.54	4,300.00	4,379.54	321.30	4,188.00	4,509.30	339.63	3,985.00	4,324.63	372.31	4,049.34	4,421.65

Programme	Approved Budget			Allocation								
	2023/24			2024/25			2025/26			2026/27		
	Current	Capital	Total									
Disease Control												
SP1.2 - Disease Surveillance and Response	164.58	-	164.58	197.18	-	197.18	205.29	-	205.29	212.66	-	212.66
SP 1.3 : Public Health Services	1,121.44	1,260.00	2,381.44	254.43	63.00	317.43	1,896.55	-	1,896.55	2,082.42	-	2,082.42
SP1.4 - Radiation Safety and Nuclear Security	274.00	-	274.00	272.00	-	272.00	281.00	-	281.00	290.00	-	290.00
SP1.5 - Primary Health Care	69.87	-	69.87	113.10	-	113.10	150.19	-	150.19	171.30	-	171.30
Total Expenditure Programme 1	1,709.44	5,560.00	7,269.44	1,158.01	4,251.00	5,409.01	2,872.66	3,985.00	6,857.66	3,128.69	4,049.34	7,178.03
Programme 2 - Health Resource Development and Innovation												
SP2.1 - Capacity Building and Training	8,863.00	1,416.00	10,279.00	9,302.00	700.00	10,002.00	9,565.00	715.00	10,280.00	9,841.00	400.00	10,241.00
SP2.2 - Research and Innovation on Health	73.80	44.34	118.14	226.00	85.50	311.50	237.00	-	237.00	248.00	-	248.00
SP2.3 - Health Profession Services	4,601.53	-	4,601.53	3,953.57	-	3,953.57	4,035.70	-	4,035.70	4,124.73	-	4,124.73
Total Expenditure Programme 2	13,538.33	1,460.34	14,998.67	13,481.57	785.50	14,267.07	13,837.70	715.00	14,552.70	14,213.73	400.00	14,613.73
Programme 3 - Health Policy, Standards and Regulations												

Programme	Approved Budget			Allocation								
	2023/24			2024/25			2025/26			2026/27		
	Current	Capital	Total									
SP3.1 -Health Standards and Quality Assurance	1,702.67	-	1,702.67	4,878.07	75.00	4,953.07	4,930.33		4,930.33	4,989.02	-	4,989.02
SP3.2 - Health Policy and Regulations	101.30	-	101.30	202.46		202.46	208.73		208.73	215.19		215.19
Total Expenditure Programme 3	1,803.97	-	1,803.97	5,080.54	75.00	5,155.54	5,139.05	-	5,139.05	5,204.21	-	5,204.21
Programme 4 - General Administration & Support Services												
SP 4.1 : General Administration & Human Resource Management and Development	453.42	-	453.42	611.75	50.00	661.75	634.78		634.78	675.92		675.92
SP 4.2 : Finance and Planning	68.46	-	68.46	159.24		159.24	165.06		165.06	171.11		171.11
Total Expenditure Programme 4	521.88	-	521.88	770.99	50.00	820.99	799.84	-	799.84	847.03	-	847.03
Total Vote 1083	17,573.61	7,020.34	24,593.95	20,491.11	5,161.50	25,652.61	22,649.26	4,700.00	27,349.26	23,393.66	4,449.34	27,843.00

Table 3.6: Programmes and Sub-Programmes by Economic Classification (Amount KSh. Millions)

		APPROVED BUDGET	REQUIREMENT				ALLOCATION		
		2023/24	2024/25	2025/25	2026/27	2024/25	2025/26	2026/27	
STATE DEPARTMENT FOR MEDICAL SERVICES									
Programme 1. National Referral and Specialized Services									
Current Expenditure		47,059.16	45,717.10	47,874.44	48,912.75	49,636.94	50,939.52	52,306.18	
21	Compensation to Employees	1,120.10	1,120.10	1,120.10	1,120.10	1,177.82	1,213.15	1,249.55	
22	Use of Goods and Services	906.91	1,418.00	1,470.06	1,502.93	906.91	906.91	906.91	
24	Interest	-	-	-	-	-	-	-	
25	Subsidies	-	-	-	-	-	-	-	
26	Current transfers to Govt Agencies	44,758.50	42,900.00	45,000.00	46,000.00	47,278.56	48,545.81	49,876.07	
27	Social Benefits	103.00	103.00	103.00	103.00	103.00	103.00	103.00	
28	Other Expense	-	-	-	-	-	-	-	
31	Non-financial Assets	170.65	176.00	181.28	186.72	170.65	170.65	170.65	
32	Financial Assets	-	-	-	-	-	-	-	
Capital Expenditure		16,437.15	66,223.16	75,002.08	94,080.50	16,591.30	11,479.00	10,224.00	
21	Compensation to Employees	-	-	-	-	-	-	-	
22	Use of Goods and Services	1,000.00	1,500.00	2,000.00	2,500.00	1,000.00	1,200.00	1,350.00	
24	Interest	-	-	-	-	-	-	-	
25	Subsidies	-	-	-	-	-	-	-	
26	Capital transfers to Govt Agencies	13,072.49	62,288.16	70,494.03	88,997.21	13,226.64	10,279.00	8,874.00	
27	Social Benefits	-	-	-	-	-	-	-	
28	Other Expense	-	-	-	-	-	-	-	
31	Non-financial Assets	2,364.66	2,435.00	2,508.05	2,583.29	2,364.66	-	-	
32	Financial Assets	-	-	-	-	-	-	-	
Total Expenditure for Programme 1		63,496.31	111,940.26	122,876.52	142,993.25	66,228.24	62,418.52	62,530.18	

Programme 2: Curative & Reproductive Maternal New Born Child Adolescent Health RMNCAH								
	Current Expenditure	1,366.68	1,654.90	2,080.22	2,396.83	1,388.18	1,450.23	1,556.37
21	Compensation to Employees	97.61	97.61	97.71	98.01	101.61	104.66	107.80
22	Use of Goods and Services	101.57	107.29	110.51	113.82	101.57	101.57	101.57
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Current transfers to Govt Agencies	1,167.50	1,450.00	1,872.00	2,185.00	1,185.00	1,244.00	1,347.00
27	Social Benefits	-	-	-	-	-	-	-
28	Other Expense	-	-	-	-	-	-	-
31	Non-financial Assets	-	-	-	-	-	-	-
32	Financial Assets	-	-	-	-	-	-	-
	Capital Expenditure	19,651.89	26,580.75	27,359.22	28,242.63	21,508.70	27,252.90	28,639.00
21	Compensation to Employees	55.24	55.24	55.24	55.24	55.24	55.24	55.24
22	Use of Goods and Services	3,226.81	5,345.00	5,505.35	5,670.51	5,198.28	7,776.43	8,125.53
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Capital transfers to Govt Agencies	14,264.00	19,010.00	19,590.00	20,279.90	15,984.67	19,150.72	20,187.72
27	Social Benefits	-	-	-	-	-	-	-
28	Other Expense	-	-	-	-	-	-	-
31	Non-financial Assets	2,105.84	2,170.51	2,208.63	2,236.98	270.51	270.51	270.51
32	Financial Assets	-	-	-	-	-	-	-
Total Expenditure for Programme 2		21,018.57	28,235.65	29,439.43	30,639.47	22,896.88	28,703.13	30,195.37
Programme 3. Health Research and Innovations								

Current Expenditure		3,457.00	4,375.00	5,179.00	5,975.00	3,457.00	3,849.00	4,108.18
21	Compensation to Employees	-	-	-	-	-	-	-
22	Use of Goods and Services	-	-	-	-	-	-	-
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Current transfers to Govt Agencies	3,457.00	4,375.00	5,179.00	5,975.00	3,457.00	3,849.00	4,108.18
27	Social Benefits	-	-	-	-	-	-	-
28	Other Expense	-	-	-	-	-	-	-
31	Non-financial Assets	-	-	-	-	-	-	-
32	Financial Assets	-	-	-	-	-	-	-
Capital Expenditure		1,452.00	1,990.00	2,216.70	2,544.20	1,337.00	1,637.00	2,400.00
21	Compensation to Employees	-	-	-	-	-	-	-
22	Use of Goods and Services	-	-	-	-	-	-	-
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Capital transfers to Govt Agencies	600.00	1,100.00	1,300.00	1,600.00	537.00	537.00	800.00
27	Social Benefits	-	-	-	-	-	-	-
28	Other Expense	-	-	-	-	-	-	-
31	Non-financial Assets	852.00	890.00	916.70	944.20	800.00	1,100.00	1,600.00
32	Financial Assets	-	-	-	-	-	-	-
Total Expenditure for Programme 3		4,909.00	6,365.00	7,395.70	8,519.20	4,794.00	5,486.00	6,508.18
Programme 4: General Administration								
Current Expenditure		11,170.64	26,198.06	39,831.06	53,453.58	12,351.83	13,043.15	13,939.22
21	Compensation to Employees	7,957.27	21,746.14	34,357.27	46,957.27	7,412.53	7,506.86	7,605.28

22	Use of Goods and Services	480.87	499.37	514.35	529.78	450.87	484.29	536.59
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Current transfers to Govt Agencies	2,723.00	3,723.00	4,723.00	5,723.00	4,478.93	5,042.50	5,787.85
27	Social Benefits	-	217.95	224.49	231.22	-	-	-
28	Other Expense	-	-	-	-	-	-	-
31	Non-financial Assets	9.50	11.60	11.95	12.31	9.50	9.50	9.50
32	Financial Assets	-	-	-	-	-	-	-
Capital Expenditure		15,998.00	144,420.00	147,432.60	152,445.58	15,676.20	19,408.60	19,912.00
21	Compensation to Employees	-	-	-	-	-	-	-
22	Use of Goods and Services	400.00	420.00	432.60	445.58	550.00	750.00	920.00
24	Interest	-	-	-	-	-	-	-
25	Subsidies	-	-	-	-	-	-	-
26	Capital transfers to Govt Agencies	15,598.00	144,000.00	147,000.00	152,000.00	15,126.20	18,658.60	18,992.00
27	Social Benefits	-	-	-	-	-	-	-
28	Other Expense	-	-	-	-	-	-	-
31	Non-financial Assets	-	-	-	-	-	-	-
32	Financial Assets	-	-	-	-	-	-	-
Total Expenditure for Programme 4		27,168.64	170,618.06	187,263.66	205,899.16	28,028.03	32,451.75	33,851.22
STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS								
Programme 1 - Preventive and Promotive Services								
Current Expenditure		1,709	12,338.54	13,489.80	14,666.48	1,158.01	2,872.66	3,128.69
	Compensation to Employees	246	2,047.04	2,108.45	2,171.71	568.87	2,218.59	2,412.29
	Use of Goods and Services	233	8,969.50	9,923.34	10,818.77	191.14	241.07	288.30

	Grants and other Transters	1,231	1,322.00	1,458.00	1,676.00	398.00	413.00	428.10
	Other Recurrent	-	-	-	-	-	-	-
	Capital Expenditure	4,200	8,955.00	10,438.00	11,122.00	4,251.00	3,985.00	4,049.34
	Acquisition of Non-Financial Assets		-	-	-	-	-	-
	Capital transters to Govt Agencies	4,200	8,755.00	10,088.00	10,722.00	4,188.00	3,985.00	4,049.34
	Other Development		200.00	350.00	400.00	63.00	-	-
	Total Expenditure for Programme 1	5,909	21,293.54	23,927.80	25,788.48	5,409.01	6,857.66	7,178.03
Programme 2 - Health Resource Development and Innovation								
	Current Expenditure	13,538	30,891.20	29,595.00	30,614.00	13,481.57	13,837.70	14,213.73
	Compensation to Employees	4,275	14,118.30	14,541.85	14,978.11	3,771.00	3,884.13	4,000.65
	Use of Goods and Services	324	1,101.70	1,123.15	1,120.89	127.57	93.57	63.07
	Grants and other Transters	8,937	15,671.20	13,930.00	14,515.00	9,583.00	9,860.00	10,150.00
	Other Recurrent	2						
	Capital Expenditure	1,460	-	-	-	785.50	715.00	400.00
	Acquisition of Non-Financial Assets					-	-	-
	Capital transters to Govt Agencies	1,460				785.50	715.00	400.00
	Other Development		-	-	-	-	-	-
	Total Expenditure for Programme 2	14,999	30,891.20	29,595.00	30,614.00	14,267.07	14,552.70	14,613.73
Programme 3 - Health Policy, Standards and Regulations								
	Current Expenditure	1,703	8,653.00	9,245.00	10,597.00	5,080.54	5,139.05	5,204.21
	Compensation to Employees	193	119.46	123.04	126.73	483.00	497.49	512.41
	Use of Goods and Services	83	2,296.84	2,282.46	2,915.27	80.54	84.56	88.79
	Grants and other Transters	1,419	6,236.70	6,839.50	7,555.00	4,517.00	4,557.00	4,603.00
	Other Recurrent	8						

Capital Expenditure	-	-	-	250.00	75.00	-	-
Acquisition of Non-Financial Assets		-	-	-	-	-	-
Capital transfers to Govt Agencies		-	-	250.00	75.00	-	-
Other Development					-	-	-
Total Expenditure for Programme 3	1,703	8,653.00	9,245.00	10,847.00	5,155.54	5,139.05	5,204.21
Programme 4 - General Administration & Support Services							
Current Expenditure	406	1,693.00	1,756.00	1,875.00	770.99	799.84	847.03
Compensation to Employees	188	203.52	209.63	215.91	513.00	528.39	544.24
Use of Goods and Services	218	1,489.48	1,546.37	1,659.09	257.99	271.45	302.79
Grants and other Transfers							
Other Recurrent	48						
Capital Expenditure	-	-	-	-	50.00	-	-
Acquisition of Non-Financial Assets					50.00	-	-
Capital transfers to Govt Agencies					-	-	-
Other Development					-	-	-
Total Expenditure for Programme 4	406	1,693.00	1,756.00	1,875.00	820.99	799.84	847.03
Total Vote	23,017	62,530.74	64,523.80	69,124.48	25,652.61	27,349.26	27,843.00

Table 3.7: Analysis of Recurrent Resource Requirements Vs allocation for SAGAs (Amount KSh. Millions)

Economic Classification	2023/24	Requirement			Allocation			Remarks
	Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
SUMMARY FOR ALL SAGAs								

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
STATE DEPARTMENT FOR MEDICALSERVICES									
1	KENYATTA NATIONAL HOSPITAL								
	GROSS	20,529	20,529	20,529	20,529	20,373.0	20,962.0	21,581.0	
	AIA	8,508	8,592	9,022	9,473	8,592.0	8,592.0	8,592.0	
	NET	12,021	11,937	11,507	11,056	11,781.0	12,370.0	12,989.0	
	Compensation to Employees	13,478	14,320	14,893	15,489	14,017.1	14,577.8	15,160.9	
	Other Recurrent of which	7,051	8,592	9,022	9,472	6,463.0	6,496.0	6,536.0	
	<i>Insurance</i>	750	831	906	988	780.0	811.2	843.6	
	<i>Utilities</i>	263	394	429	468	273.5	284.5	295.8	
	<i>Rent</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to Professional Bodies</i>	-	-	-	-	-	-	-	
	<i>Contracted Professionals (Guards & Cleaners)</i>	171	186	203	221	177.8	185.0	192.4	
	<i>Gratuity</i>	23	94	102	112	23.9	24.9	25.9	
	<i>Others</i>	5,844	7,086	7,381	7,683	5,207.7	5,190.5	5,178.3	
2.	MWAI KIBAKI HOSPITAL - KENYATTA NATIONAL HOSPITAL								
	GROSS	1,381	2,886	3,051	4,399	1,379.0	1,418.0	1,459.0	
	AIA	593	599	629	660	599.0	599.0	599.0	
	NET	788	2,287	2,422	3,739	780.0	819.0	860.0	
	Compensation to Employees	788	1,880	1,955	3,204	814.0	847.0	881.0	
	Other Recurrent of which	593	1,006	1,096	1,195	565.0	571.0	578.0	
	<i>Insurance</i>	16	193	210	229	5.0	6.0	7.0	
	<i>Utilities</i>	44	111	121	131	59.0	76.0	99.0	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	<i>Rent</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to Professional Bodies</i>	-	-	-	-	-	-	-	
	<i>Contracted Professionals (Guards & Cleaners)</i>	27	29	32	34	28.0	29.0	30.0	
	<i>Gratuity</i>	43	89	97	106	-	-	-	
	<i>Others</i>	463	584	636	695	473.0	460.0	442.0	
3.	MAMA MARGARET UHURU HOSPITAL								
	GROSS	1,031	2,005	2,128	2,346	1,031.0	1,055.0	1,081.0	
	AIA	531	536	563	591	536.0	536.0	536.0	
	NET	500	1,469	1,565	1,755	495.0	519.0	545.0	
	Compensation to Employees	551	1,155	1,201	1,336	573.0	596.0	620.0	
	Other Recurrent of which	480	850	927	1,010	458.0	459.0	461.0	
	<i>Insurance</i>	-	85	93	101	85.0	92.7	101.0	
	<i>Utilities</i>	21	68	74	81	68.0	74.0	81.0	
	<i>Rent</i>	-	-	-	-				
	<i>Subscriptions to International Organizations</i>	-	-	-	-				
	<i>Subscriptions to Professional Bodies</i>	-	-	-	-				
	<i>Contracted Professionals (Guards & Cleaners)</i>	12	22	24	26	22.0	24.0	26.0	
	<i>Gratuity</i>	-	12	15	18	12.0	15.0	18.0	
	<i>Others</i>	447	663	721	784	271.0	253.4	235.0	
4.	MOI TEACHING AND REFERRAL HOSPITAL								
	GROSS	12,774.0	14,296.0	15,237.2	16,760.9	13,049.8	13,910.5	14,835.1	
	AIA	3,785.0	4,164.0	4,580.4	5,038.4	4,164.0	4,580.4	5,038.4	
	NET	8,989.0	10,132.0	10,656.8	11,722.5	8,885.8	9,330.1	9,796.6	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	Compensation to Employees	8,989.0	10,132.0	10,656.8	11,722.5	10,132.0	10,656.8	11,722.5	
	Other Recurrent of which	3,785.0	4,164.0	4,580.4	5,038.4	2,917.8	3,253.7	3,112.6	
	<i>Insurance</i>	394.0	433.0	476.3	523.9	433.0	433.0	433.0	
	<i>Utilities</i>	180.0	198.0	217.8	239.6	198.0	198.0	198.0	
	<i>Rent</i>	4.0	4.0	4.4	4.8	4.0	4.0	4.0	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to Professional Bodies</i>	-	-	-	-	-	-	-	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	-	-	-	-	-	-	
	<i>Gratuity</i>	18.0	20.0	22.0	24.2	20.0	20.0	20.0	
	<i>Others</i>	3,189.0	3,509.0	3,859.9	4,245.9	2,262.83	2,598.71	2,457.59	
5.	KENYATTA UNIVERSITY TEACHING, RESEARCH AND REFERRAL HOSPITAL								
	GROSS	5,106.6	8,865.0	9,751.5	10,726.7	6,744	6,891	7,046	
	AIA	2,120.6	3,800.0	3,800.0	3,800.0	3,800	3,800	3,800	
	NET	2,986.0	5,065.0	5,951.5	6,926.7	2,944	3,091	3,246	
	Compensation to Employees	2,544.0	5,065.0	5,571.5	6,128.7	2,944	3,091	3,246	
	Other Recurrent of which	2,562.6	3,800.0	4,180.0	4,598.0	3,800	3,800	3,800	
	<i>Insurance</i>	308.0	405.0	445.5	490.1	405	405	405	
	<i>Utilities</i>	238.0	242.0	266.2	292.8	242	242	242	
	<i>Rent</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to Professional Bodies</i>	28.0	30.0	33.0	36.3	30	30	30	
	<i>Contracted Professionals (Guards & Cleaners)</i>	285.0	318.0	349.8	384.8	318	318	318	
	<i>Gratuity</i>	192.0	641.0	705.1	775.6	641	641	641	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	<i>Others</i>	1,511.0	2,164.0	2,380.4	2,618.4	2,164	2,164	2,164	
6.	GATUNDU LEVEL V HOSP- KENYATTA UNIVERSITY TEACHING, RESEARCH AND REFERRAL HOSPITAL-GATUNDU								
	GROSS	-	825.0	907.5	998.3	-	-	-	
	AIA	-	275.0	302.5	332.8	-	-	-	
	NET	-	550.0	605.0	665.5	-	-	-	
	Compensation to Employees	-	341.0	341.0	375.1	-	-	-	
	Other Recurrent of which	-	484.0	566.5	623.2	-	-	-	
	<i>Insurance</i>	-	36.3	39.9	43.9	-	-	-	
	<i>Utilities</i>	-	85.8	94.4	103.8	-	-	-	
	<i>Rent</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to Professional Bodies</i>	-	2.2	2.4	2.7	-	-	-	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	30.8	33.9	37.3	-	-	-	
	<i>Gratuity</i>	-	24.2	26.6	29.3	-	-	-	
	<i>Others</i>	-	304.7	369.3	406.2	-	-	-	
7.	MATHARI NATIONAL TEACHING AND REFERRAL HOSPITAL								
	GROSS	-	4,200.0	5,823.0	6,114.0	-	-	-	
	AIA	-	200.0	220.0	250.0	-	-	-	
	NET	-	4,000.0	5,603.0	5,864.0	-	-	-	
	Compensation to Employees	-	3,000.0	4,303.0	4,518.0	-	-	-	
	Other Recurrent of which	-	1,200.0	1,300.0	1,596.0	-	-	-	
	<i>Insurance</i>	-	136.0	180.0	200.0	-	-	-	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	<i>Utilities</i>	-	32.0	45.0	50.0	-	-	-	
	<i>Rent</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to Professional Bodies</i>	-	-	-	-	-	-	-	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	80.0	110.0	125.0	-	-	-	
	<i>Gratuity</i>	-	-	-	-	-	-	-	
	<i>Others</i>	-	952.0	1,190.0	1,221.0	-	-	-	
8.	KENYA MEDICAL SUPPLIES AUTHORITY								
	GROSS	3,990.0	5,747.6	5,944.6	6,191.8	5,263	5,273	5,294	
	AIA	3,570.0	4,847.6	4,944.6	5,191.8	4,858	4,848	4,848	
	NET	420.0	900.0	1,000.0	1,000.0	405	425	446	
	Compensation to Employees	1,338.9	1,100.0	1,210.0	1,270.5	1,100	1,210	1,271	
	Other Recurrent of which	2,651.1	4,647.6	4,734.6	4,921.3	4,163	4,063	4,023	
	<i>Insurance</i>	170.0	270.0	297.0	327.0	270	297	327	
	<i>Utilities</i>	31.0	40.0	44.0	48.4	40	44	48	
	<i>Rent</i>	45.0	30.0	30.0	30.0	30	30	30	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to Professional Bodies</i>	5.0	6.0	7.0	8.0	6	7	8	
	<i>Contracted Professionals (Guards & Cleaners)</i>	129.0	386.0	387.9	395.7	386	388	396	
	<i>Gratuity</i>	-	-	-	-	-	-	-	
	<i>Others</i>	2,271.1	3,916.0	3,969.0	4,112.0	3,431	3,297	3,214	
9.	NATIONAL AIDS CONTROL COUNCIL/NATIONAL SYNDemic CONTROL COUNCIL								
	GROSS	967.0	1,417.0	1,554.0	1,835.0	987.0	1,036.0	1,128.0	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	AIA	-	-	-	-	-	-	-	
	NET	967.0	1,417.0	1,554.0	1,835.0	987.0	1,036.0	1,128.0	
	Compensation to Employees	494.0	517.0	578.0	594.0	517.0	578.0	594.0	
	Other Recurrent of which	473.0	900.0	976.0	1,241.0	450.0	437.0	534.0	
	<i>Insurance</i>	54.0	60.0	63.0	69.3	54.0	63.0	69.3	
	<i>Utilities</i>	60.0	69.0	69.0	75.9	60.0	69.0	75.9	
	<i>Rent</i>	77.0	80.0	83.0	91.3	77.0	83.0	91.3	
	<i>Subscriptions to International Organizations</i>	5.0	5.0	5.0	5.0	5.0	5.0	5.0	
	<i>Subscriptions to Professional Bodies</i>	2.0	2.0	2.0	2.0	2.0	2.0	2.0	
	<i>Contracted Professionals (Guards & Cleaners)</i>	27.0	28.0	29.0	32.0	27.0	29.0	32.0	
	<i>Gratuity</i>	99.0	99.0	100.0	120.0	99.0	100.0	120.0	
	<i>Others</i>	149.0	557.0	625.0	845.5	146.0	107.0	138.5	
10.	NATIONAL CANCER INSTITUTE OF KENYA								
	GROSS	200.5	850.0	1,232.0	1,525.0	200.5	208.5	219.5	
	AIA	0.5	0.5	0.5	0.5	0.5	0.5	0.5	
	NET	200.0	849.5	1,231.5	1,524.5	200.0	208.0	219.0	
	Compensation to Employees	45.0	350.0	460.0	540.0	60.0	55.0	66.0	
	Other Recurrent of which	155.5	500.0	772.0	985.0	140.0	153.5	153.5	
	<i>Insurance</i>	2.0	20.0	42.0	54.0	5.0	3.0	5.0	
	<i>Utilities</i>	6.0	30.0	75.0	120.0	11.0	10.0	15.0	
	<i>Rent</i>	12.0	35.0	45.0	45.0	12.0	12.0	12.0	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	3.0	3.0	3.0	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	<i>Subscriptions to Professional Bodies</i>	-	-	-	-	1.0	1.0	1.0	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	-	-	-	5.0	5.0	5.0	
	<i>Gratuity</i>	-	10.0	10.0	10.0	-	-	-	
	<i>Others</i>	135.5	405.0	600.0	756.0	103.0	128.5	121.5	
11.	KENYA BIOVAX INSTITUTE LTD								
	GROSS	150.0	634.0	951.0	1,273.0	354.0	403.0	403.0	
	AIA	-	-	-	-	-	-	-	
	NET	210.0	634.0	951.0	1,273.0	354.0	403.0	403.0	
	Compensation to Employees	151.0	389.0	507.0	678.0	194.0	270.0	275.0	
	Other Recurrent of which	59.0	245.0	444.0	595.0	160.0	133.0	128.0	
	<i>Insurance</i>	18.0	48.0	53.0	100.0	34	40.0	45.0	
	<i>Utilities</i>	6.0	25.0	25.0	30.0	10	13.0	15.0	
	<i>Rent</i>	10.0	35.0	38.0	40.0	34	38.0	38.0	
	<i>Subscriptions to International Organizations</i>	-	1.0	2.0	3.0	2	3.0	3.0	
	<i>Subscriptions to Professional Bodies</i>	1.0	1.5	2.0	2.5	1.5	2.0	3.0	
	<i>Contracted Professionals (Guards & Cleaners)</i>	2.0	3.0	4.0	5.0	5	8.0	7.0	
	<i>Gratuity</i>	22.0	45.0	64.0	88.0	3.5	10.0	12.0	
	<i>Others</i>	-	86.5	256.0	326.5	70	19.0	5.0	
12.	KENYA MEDICAL RESEARCH INSTITUTE								
	GROSS	3,307.0	4,049.9	4,539.4	5,050.4	3,272.0	3,425.0	3,705.0	
	AIA	220.0	220.0	220.0	220.0	220	220	220	
	NET	3,087.0	3,829.9	4,319.4	4,830.4	3072	3226	3485	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	Compensation to Employees	2,713.0	3,095.0	3,489.0	3,895.0	2727	2870	3029	
	Other Recurrent of which	594.0	954.9	1,050.4	1,155.4	545	555	676	
	<i>Insurance</i>	16.0	70.0	77.0	84.7	50	70	75	
	<i>Utilities</i>	101.0	176.0	193.6	213.0	101	120	140	
	<i>Rent</i>	2.0	20.0	22.0	24.2	10	15	17	
	<i>Subscriptions to International Organizations</i>	3.0	5.0	5.0	5.5	3	3	5	
	<i>Subscriptions to Professional Bodies</i>	-	-	-	-	1	1	2	
	<i>Contracted Professionals (Guards & Cleaners)</i>	52.0	80.0	88.0	96.8	54	55	62	
	<i>Gratuity</i>	76.0	86.0	94.6	104.1	76	80	92	
	<i>Others</i>	344.0	518.0	569.8	626.8	250	211	283	
13.	NATIONAL HOSPITAL INSURANCE FUND/SOCIAL HEALTH AUTHORITY								
	GROSS	94,914.1	100,609.0	106,645.5	113,044.2	100,609.0	106,645.5	113,044.2	
	AIA	94,914.1	100,609.0	106,645.5	113,044.2	100,609.0	106,645.5	113,044.2	
	NET	-	-	-	-	-	-	-	
	Compensation to Employees	6,219.4	6,592.5	6,988.1	7,407.4	6,592.5	6,988.1	7,407.4	
	Other Recurrent of which	-	-	-	-	-	-	-	
	<i>Insurance</i>	647.3	670.1	693.8	718.5	670.1	693.8	718.5	
	<i>Utilities</i>	14.8	16.3	17.9	19.7	16.3	17.9	19.7	
	<i>Rent</i>	298.4	307.4	316.6	326.1	307.4	316.6	326.1	
	<i>Subscriptions to International Organizations</i>	5.3	5.3	5.3	5.3	5.3	5.3	5.3	
	<i>Subscriptions to Professional Bodies</i>	17.0	18.7	20.6	22.7	18.7	20.6	22.7	
	<i>Contracted Professionals (Guards & Cleaners)</i>	131.7	144.9	159.4	175.3	144.9	159.4	175.3	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	<i>Gratuity</i>	18.8	18.8	18.8	18.8	18.8	18.8	18.8	
	<i>Others</i>	87,561.1	92,834.9	98,425.0	104,350.4	92,834.9	98,425.0	104,350.4	
	GoK Grants	1,723.0	1,723.0	2,020.0	2,020.0	1,723.0	2,020.0	2,020.0	
	<i>Health Insurance Subsidy Program for Orphans Vulnerable Children-BETA</i>	1,423.0	1,423.0	1,720.0	1,720.0	1,423.0	1,720.0	1,720.0	
	<i>Health Ins. Subsidy Program for Older Ppl & Persons w/Disability-BETA</i>	300.0	300.0	300.0	300.0	300.0	300.0	300.0	
14.	GOK GRANT TRANSFER TO COUNTIES UNDER COMMUNITY HEALTH VOLUNTEERS								
	GoK Grant								
	Community Health Volunteers - BETA	1,000.0	3,000.0	4,000.0	5,000.0	2,584.0	2,700.0	2,700.0	
15.	KENYA BOARD OF MENTAL HEALTH								
	GoK Grant								
	Kenya Board of Mental Health	50.0	50.0			49.0	52.0	55.0	
STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS									
I.	KENYA MEDICAL TRAINING COLLEGE								
	GROSS	8,863	13,391	11,473	11,890	9,302	9,565	9,841	
	AIA	3,840	4,040	4,240	4,440	4,040	4,040	4,040	
	NET	5,023	9,351	7,233	7,450	5,262	5,525	5,801	
	Compensation to Employees	4,519	7,023	7,233	7,450	4,855	5,001	5,151	
	Other Recurrent of which	4,344	6,368	4,240	4,440	4,447	4,354	4,470	
	<i>Insurance</i>	660	700	730	750	700	720	740	
	<i>Utilities</i>	150	162	175	185	162	170	185	
	<i>Rent</i>	4	5	5	6	5	5	6	
	<i>Subscriptions to International Organizations</i>	0	0	0	0	0	0	0	
	<i>Subscriptions to Professional Bodies</i>	0	0	0	0	0	0	0	
	<i>Contracted Professionals (Guards & Cleaners)</i>	367	444	464	500	444	464	490	
	<i>Gratuity</i>	80	11	30	40	11	30	40	
	<i>Others</i>	3,083	5,046	2,836	2,959	3,125	2,965	3,009	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
2.	KENYA MEDICAL PRACTITIONERS AND DENTISTS' COUNCIL								
	GROSS	850	1,345	1,360	1,375	855	879	905	
	AIA	355	365	375	385	365	365	365	
	NET	495	980	985	990	490	514	540	
	Compensation to Employees	341	375	380	385	375	380	385	
	Other Recurrent of which	509	970	980	990	480	499	520	
	<i>Insurance</i>	28	40	43	47	40	42	45	
	<i>Utilities</i>	4	5	6	7	4	5	5	
	<i>Rent</i>	5	6	7	8	4	5	6	
	<i>Subscriptions to International Organizations</i>	1	1	1	1	1	1	1	
	<i>Subscriptions to Professional Bodies</i>	3	1	1	1	1	1	1	
	<i>Contracted Professionals (Guards & Cleaners)</i>	3	4	5	6	3	4	4	
	<i>Gratuity</i>	19	25	27	28	20	22	25	
	<i>Others</i>	446	888	890	892	407	419	433	
3.	KENYA HEALTH PROFESSIONS OVERSIGHT AUTHORITY								
	GROSS	66	486	636	790	70	73	75	
	AIA	15	20	20	20	20	20	20	
	NET	51	466	616	770	50	53	55	
	Compensation to Employees	-	105	207	310	0	0	0	
	Other Recurrent of which	66	381	429	480	-	0	0	
	<i>Insurance</i>	-	2	4	6	3	5	6	
	<i>Utilities</i>	1	2	2	2	2	2	2	
	<i>Rent</i>	3	4	4	5	4	4	5	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	2	2	2,42	
	<i>Subscriptions to Professional Bodies</i>	0	1	1	1	1	1	1	
	<i>Contracted Professionals (Guards & Cleaners)</i>	1	1	1	2	1	1	2	
	<i>Gratuity</i>	-	31	64	96				
	<i>Others</i>	60	339	352	368	57	57	59	
4.	KENYA NUCLEAR REGULATORY AUTHORITY								
	GROSS	274	1,100	1,210	1,331	272	281	290	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	AIA	100	100	110	121	100	100	100	
	NET	174	1,000	1,100	1,210	172	181	190	
	Compensation to Employees	30	360	396	436	156	164	172	
	Other Recurrent of which	244	740	814	895	116	117	118	
	<i>Insurance</i>	6	7	8	8	10	11	11	
	<i>Utilities</i>	7	10	11	12	5	6	6	
	<i>Rent</i>	22	30	33	36	30	32	32	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	0	0	0	
	<i>Subscriptions to Professional Bodies</i>	-	-	-	-	0	0	0	
	<i>Contracted Professionals (Guards & Cleaners)</i>	7	9	10	11	9	10	10	
	<i>Gratuity</i>	-	-	-	-	0	0	0	
	<i>Others</i>	202	684	752	828	62	58	59	
5.	KENYA INSTITUTE OF PRIMATE RESEARCH								
	GROSS	73.8	1,780.20	1833	1917	226	237	248	
	AIA	0	2.5	3.5	2.5	3	3	3	
	NET	73.8	1,777.70	1,829.50	1,914.50	223	234	245	
	Compensation to Employees	-	380	418	418	0	0	0	
	Other Recurrent of which	73.8	1,400.20	1413	1499	76	80	84	
	<i>Insurance</i>	-	44.6	47	50.2	0	0	0	
	<i>Utilities</i>	73.8	14.5	15	15.5	76	80	84	
	<i>Rent</i>	-				0	0	0	
	<i>Subscriptions to International Organizations</i>	-	14.6	14	15	0	0	0	
	<i>Subscriptions to Professional Bodies</i>	-	4	4	4.5	0	0	0	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	119	100	80	0	0	0	
	<i>Gratuity</i>	-	19	21	23	0	0	0	
	<i>Others</i>	-	1184.5	1212	1333	0	0	0	
6.	PUBLIC HEALTH OFFICERS AND TECHNICIANS COUNCIL (PHOTC)								
	GROSS	-	218	250	300	50	51	52	
	AIA	-	30	40	60	30	30	30	
	NET	-	188	210	240	20	21	22	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	Compensation to Employees	-	40	70	70	10	15	15	
	Other Recurrent of which	-	178	181	231	40	36	37	
	<i>Insurance</i>	-	10	20	40	3.2	3.5	3.5	
	<i>Utilities</i>	-	31	35	54	10	12	14	
	<i>Rent</i>	-	8	10	10	3	5	5	
	<i>Subscriptions to International Organizations</i>	-	1	1	1	1	1	1	
	<i>Subscriptions to Professional Bodies</i>	-	0	1	1	0.1	0.1	0.1	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	5	10	10	2	3	3	
	<i>Gratuity</i>	-	10	15	15	5	5	5	
	<i>Others</i>	-	113	89	100	16	6	5	
7.	KENYA HEALTH HUMAN RESOURCE ADVISORY COUNCIL								
	GROSS	69	500	624	708	-	-	-	
	AIA	-	-	-	-	-	-	-	
	NET	69	500	624	708	-	-	-	
	Compensation to Employees	24	282	383	442	-	-	-	
	Other Recurrent of which	45	218	241	266	-	-	-	
	<i>Insurance</i>	-	3	4	5	-	-	-	
	<i>Utilities</i>	2	3	4	4	-	-	-	
	<i>Rent</i>	7	15	17	18	-	-	-	
	<i>Subscriptions to International Organizations</i>	-	2	2	2	-	-	-	
	<i>Subscriptions to Professional Bodies</i>	-	2	2	2	-	-	-	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	3	3	4	-	-	-	
	<i>Gratuity</i>	-	18	20	23	-	-	-	
	<i>Others</i>	36	172	188	208	-	-	-	
8.	TOBACCO CONTROL BOARD								
	GROSS	786	876	975	1,082	861	862	864	
	AIA	756	831	915	1,007	831	831	831	
	NET	30	45	60	75	30	31	33	
	Compensation to Employees								
	Other Recurrent of which	30	45	60	75	861	862	864	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	<i>Insurance</i>	-	-	-	-	-	-	-	
	<i>Utilities</i>	-	-	-	-	-	-	-	
	<i>Rent</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to Professional Bodies</i>	-	-	-	-	-	-	-	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	-	-	-	-	-	-	
	<i>Gratuity</i>	-	-	-	-	-	-	-	
	<i>Others</i>	30	45	60	75	-	-	-	
9.	KENYA NATIONAL PUBLIC HEALTH INSTITUTE								
	GROSS	34	107	126	200	34	35	37	
	AIA	-	-	-	-	0	0	0	
	NET	34	107	126	200	34	35	37	
	Compensation to Employees	-	-	-	-	-	-	-	
	Other Recurrent of which	34	107	126	200	34	35	37	
	<i>Insurance</i>	-	-	-	-	-	-	-	
	<i>Utilities</i>	-	-	-	-	-	-	-	
	<i>Rent</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to Professional Bodies</i>	-	-	-	-	-	-	-	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	-	-	-	-	-	-	
	<i>Gratuity</i>	-	-	-	-	-	-	-	
	<i>Others</i>	34	107	126	200	0	0	0	
10.	NURSING COUNCIL OF KENYA								
	GROSS	503	920	1,040	1,140	751	758	765	
	AIA	418	620	690	740	620	620	620	
	NET	85	300	350	400	131	138	145	
	Compensation to Employees	116	170	173	193	170	173	193	
	Other Recurrent of which	387	750	867	947	581	585	572	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	<i>Insurance</i>	25	30	35	40	30	35	40	
	<i>Utilities</i>	18	40	45	50	40	45	50	
	<i>Rent</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to Professional Bodies</i>	3	5	7	9	5	7	9	
	<i>Contracted Professionals (Guards & Cleaners)</i>	341	675	780	848	506	498	473	
	<i>Gratuity</i>								
	<i>Others</i>								
11.	CLINICAL OFFICERS COUNCIL								
	GROSS	-	557	607	662	132	132	132	
	AIA	-	132	144	156	132	132	132	
	NET	-	425	463	506	20	60	80	
	Compensation to Employees	-	100	109	119	-	-	-	
	Other Recurrent of which	-	457	498	543	15	30	40	
	<i>Insurance</i>	-	37	41	45	-	-	-	
	<i>Utilities</i>	-	1	1	1	-	-	-	
	<i>Rent</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to Professional Bodies</i>	-	0	0	0	-	-	-	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	34	37	40	5	30	40	
	<i>Gratuity</i>	-	-	-	-	-	-	-	
	<i>Others</i>	-	385	419	457	-	-	-	
12.	OCCUPATIONAL THERAPY COUNCIL OF KENYA (OTC)								
	GROSS	-	100	110	120	24	24	25	
	AIA	-	14	15	16	14	14	14	
	NET	-	86	95	104	10	10	11	
	Compensation to Employees	-	12	13	13	1	1	1	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	Other Recurrent of which	-	88	98	107	23	23	24	
	<i>Insurance</i>	-	-	-	-	-	-	-	
	<i>Utilities</i>	-	0	0	0	0	0	0	
	<i>Rent</i>	-	1	1	1	0	0	0	
	<i>Subscriptions to International Organizations</i>	-	0	0	0	0	0	0	
	<i>Subscriptions to Professional Bodies</i>	-	-	-	-	-	-	-	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	86	95	105	21	23	24	
	<i>Gratuity</i>								
	<i>Others</i>								
13.	NATIONAL CONTROL QUALITY LABARATORY								
	GROSS	65	399	427	532	0	0	0	
	AIA	24	76	86	96	0	0	0	
	NET	41	322	341	436	0	0	0	
	Compensation to Employees	17	201	302	402	0	0	0	
	Other Recurrent of which	48	198	125	130	0	0	0	
	<i>Insurance</i>	-	-	-	-	0	0	0	
	<i>Utilities</i>	5	8	8	8	0	0	0	
	<i>Rent</i>	-	-	-	-	0	0	0	
	<i>Subscriptions to International Organizations</i>	-	1	1	1	0	0	0	
	<i>Subscriptions to Professional Bodies</i>	-	1	1	1	0	0	0	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	3	3	3	0	0	0	
	<i>Gratuity</i>	-	-	-	-	0	0	0	
	<i>Others</i>	44	186	112	117	0	0	0	
14.	COUNSELLORS AND PSYCHOLOGIST BOARD								
	GROSS	-	112	123	136	30	31	32	
	AIA	-	10	11	12	10	10	10	
	NET	-	102	112	123	20	21	22	
	Compensation to Employees	-	20	22	24	15	15	15	
	Other Recurrent of which	-	92	101	111	15	16	17	
	<i>Insurance</i>	-	15	17	18	2	2	2	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	<i>Utilities</i>	-	2	2	2	2	2	2	
	<i>Rent</i>	-	1	1	1	1	1	1	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	0	0	0	
	<i>Subscriptions to Professional Bodies</i>	-	-	-	-	0	0	0	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	-	-	-	0	0	0	
	<i>Gratuity</i>	-	-	-	-	0	0	0	
	<i>Others</i>	-	74	81	90	10	11	12	
15.	PHARMACY AND POISONS BOARD								
	GROSS	-	2,100	2,287	2,500	1,691	1,670	1,670	
	AIA	-	1,670	1,757	1,800	1,670	1,670	1,670	
	NET	-	430	530	700	21	80	100	
	Compensation to Employees	-	145	150	160	166	230	360	
	Other Recurrent of which	-	3,767	4,112	4,490	1,546	1,520	1,510	
	<i>Insurance</i>	-	60	75	95	40	75	95	
	<i>Utilities</i>	-	9	9	10	12	15	20	
	<i>Rent</i>	-	11	11	15	18	20	22	
	<i>Subscriptions to International Organizations</i>	-	-	-	-	-	-	-	
	<i>Subscriptions to Professional Bodies</i>	-	-	-	-	-	-	-	
	<i>Contracted Professionals (Guards & Cleaners)</i>	-	65	67	70	75	80	85	
	<i>Gratuity</i>	-	1,811	1,975	2,150	-	-	-	
	<i>Others</i>	-	1,811	1,975	2,150	0	0	0	
16.	PHYSIOTHERAPY COUNCIL OF KENYA								
	GROSS	0	79	84	89	40	42	46	
	AIA	0	18	21	25	20	22	26	
	NET	0	61	63	64	20	20	20	
	Compensation to Employees	0	43	44	45	16	17	20	
	Other Recurrent of which	0	36	40	44.00	24	25	26	
	<i>Insurance</i>	0	0	0	0	0	0	0	
	<i>Utilities</i>	0	2	2	2	2	2	2	
	<i>Rent</i>	0	0.30	0.33	0.363	1	1	1	
	<i>Subscriptions to International Organizations</i>	0	0	0	0	0	0	0	

	Economic Classification	2023/24	Requirement			Allocation			Remarks
		Approved Estimates	2024/25	2025/26	2026/27	2024/25	2025/26	2026/27	
	<i>Subscriptions to Professional Bodies</i>	0	0	0	0	0	0	0	
	<i>Contracted Professionals (Guards & Cleaners)</i>	0	0.155	0.16	0.165	1	1	1	
	<i>Gratuity</i>	0	0.30	0.6	1.2	1	1	1	
	<i>Others</i>	0	33.4	37.0	40.3	19	20	21	

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

The purpose of this chapter is to highlight the linkages that exist within and without the Health Sector, emerging issues, and challenges that impact on the efficiency of operations aimed at attaining the best standards of healthcare.

The Constitution of Kenya 2010 establishes two distinct and interdependent levels of governments consisting of the national and 47 county governments with specific functions. These two levels must conduct their service provision through consultation and cooperation in order to effectively deliver their mandates.

The multi-sectoral approach in healthcare provision is critical in addressing the various social determinants of health that lie outside the control of the health system. It is therefore critical to maintain and enhance actions across multiple Sectors to ensure the gains made through the expansion of healthcare services are not eroded.

In implementing its mandate, the health sector interacts with key stakeholders as outlined in the Health Sector Partnership Framework 2018-2030, resulting in the efficient delivery of health services, optimal utilization of resources, and accountability. Kenya has a robust health system that has evolved over the years from a centralized system at independence, graduating to a decentralized and currently devolved system with Counties having the mandate of ensuring healthcare services are provided to all. Private health sector, Faith Based Organizations, and Non-Governmental Organizations provide health services at delivery points that range from communities to referral hospitals.

Key Ministries Departments and Agencies (MDAs) have been identified as enablers for UHC, as they facilitate the moving of services closer to the people, in the spirit of citizen-centeredness. The MDAs provide complimentary services that are key to a healthy population, these include, access to safe water, diverse food of optimal quality, and quality education that results in improved quality of life, including cash transfer and employment. These MDAs include; Labour and Social Protection, Water and Sanitation, Energy, ICT, Education, and Agriculture, among others.

There is also an increasing complexity of government operations aimed at meeting the diverse needs of an ever-growing population, who are living longer, and thus more prone to non-communicable diseases. There are also more modern treatments and interventions that require advanced capacity to operate. The ever-changing environment marked by emerging diseases, globalization, digitization, and climate change is having direct impacts on health.

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4.2 SECTORAL LINKAGES WITHIN THE SECTOR

The Kenya Health Policy (KHP) 2014-2030 provides a framework for the attainment of the highest possible standards of health in a manner responsive to the health needs of the population. Further, the Health Sector Partnership and Coordination Framework is a framework to better coordinate all health sector players and enablers and align efforts towards improving the health of all Kenyans. The Government has continued to invest in the health sector to facilitate the well-being of its citizens by availing quality healthcare services closer to the people; ensuring sustainability of the Nation's human capital base required for sustainable economic growth. This is attained through a collaborative way by both the National and County Governments.

The collaboration is through policy and strategy formulation, planning, information sharing, legislation, resource mobilization, programme implementation, setting of standards, capacity building, and monitoring and evaluation. The intra-sectoral linkage therefore enhances the realization of the sub-sector mandate on the right to health for all Kenyans.

4.3 INTER SECTORAL LINKAGES AND STAKEHOLDERS

Social determinants of health in a population go beyond health-related interventions, and often involve other non-health related determinants like education, poverty, access to clean water, food security, and infrastructural development among others. In this regard cross-sectoral relations are key in moving towards a healthy population. This section looks at ways that the health sector collaborates with other sectors of the economy.

The sector has categorized stakeholders with various roles under four groups:

1. State actors (Departments and Agencies, County Governments);
2. Non-state actors (implementing partners, FBOs, NGOs, CSOs, Private sector);
3. External actors (Development partners); and
4. Clients (individual, household, community).

The linkages/partnership with stakeholders mainly focuses on issues that impact and contributes to improved health care, quality of life, and productivity leading to the country's economic growth. The various stakeholders play different roles which are complementary and synergistic at all levels of health care.

The various stakeholders in the Sector and their contribution to healthcare delivery are shown in the table below:

S/No.	Sector	Area of Collaboration	Description	Gaps/Remarks
1.	Social Protection, Culture and Recreation	Provision of employment/Labour force to improve access to quality health services	The Health Sector is working towards a healthy labour force in the country and to improve health labour relations.	Continued engagement will ensure labour related disputes do not hinder provision of health services.
		Occupational Health and Safety	There is an occupational health and safety Act to ensures a healthy workforce. The sector contributes towards development ³ review, and monitoring implementation of policies and legislation on labour laws	The is need for enhanced partnerships on occupational health and safety
		Social Insurance for Health	The launch of Universal Health Coverage (UHC) with a model of social insurance that will improve	Transition from input financing to output based financing through a social health insurance

S/No.	Sector	Area of Collaboration	Description	Gaps/Remarks
			<p>health care service access without extra financial pressure through a progressive and explicit benefits package to which all Kenyans will be protected from potential catastrophe arising from health care services.</p> <p>Special focus is given to the poor and vulnerable in the population.</p>	
2.	Environment Protection, Water and Natural Resources Water and Sanitation	Hygiene behaviour and Environmental Sanitation	Implementation of the Environmental Sanitation and Hygiene Policy 2016-2030, envisions and motivates all Kenyans to improve their hygiene behaviour and environmental sanitation to free them from suffering ill health caused by poor sanitation.	Proper management of waste continues to be a challenge to the community.
		Radiation Safety	Radioactive materials have a wide application including health diagnostic and treatment equipment. The Ministry of Environment in collaboration with the sector implements radiation safety requirements to ensure safe use and disposal of radioactive materials.	There is need for enhanced radiation safety
		Water supply	Water supply to health facilities	Supply of clean water and proper management of waste continues to be a challenge to the community.
		School Health Programmes	There is a consigned school health policy and	The government will continue to strengthen

S/No.	Sector	Area of Collaboration	Description	Gaps/Remarks
			implementation guidelines. With an aim of providing a healthy, safe and friendly environment for all learners in Kenya. The schools are used as service delivery points for health care services such as vaccinations, micronutrient supplementation	the School Health Programmes
3.	Energy, Infrastructure and ICT Information, Communication and Digital Economy	Nuclear Power Programme	Development of regulations and review of pre-feasibility reports for nuclear power programmes. This will inform decisions on the health safety and viability of nuclear power	Complexity in Global regulation of nuclear energy.
			Working with Energy on household air pollution under strategic objective 5 in the KHSSP on reduction risk factors. With the Ministry of Energy working to develop household air pollution strategy with an aim to accelerate uptake of clean cooking fuel and technologies. Rapid situation analysis on clean cooking including for health facilities in 35 counties.	800 CHVs trained on uptake of clean cooking solutions that will train the household. Primary Health care bill for compensation of CHP an advantage to motivate the CHPs to keep up this initiative.
		Information Communication Technology	The Ministry of Health in collaboration with the Ministry of ICT undertook connectivity of Hospital Network infrastructure at 2 Level six, 15 Level five & 29 Level four Hospitals totalling to 46 which included a Local Area	The Ministry will leverage ICT for digital transformation in health service delivery.

S/No.	Sector	Area of Collaboration	Description	Gaps/Remarks
			Network (LAN) and links to the government National level. The MoICTDE has a balance of installing 327 Level 4 Hospitals, and KNH (L6)	
			Optic Fiber Backbone Infrastructure (NOFBI). A total 137 Hospitals connected to NOFBI	The country targets to connect all health facilities totaling 6,091 to the Optic Fiber Backbone Infrastructure (NOFBI)
4.	Public Administration and International Relations	Finance	The funding levels and timely disbursement of funds highly determine the efficiency and effectiveness of running the sector.	Allocation of 15% of the budgets to health inline Abuja Declaration
		Bilateral agreements	The sector has entered into a bilateral agreement between Kenya and several Countries i.e., South Africa; Cuba; United Kingdom of Great Britain and Northern Ireland among others to enhance cooperation in the sector in an effort by the Kenyan government to further improve quality and access to primary health care. The MoUs are on Cooperation in strengthening disease prevention, epidemic surveillance, preparedness, and control, and emergency health service; HR exchange, HR capacity building in medical training colleges under national government, Knowledge exchange on UHC and diseases of public health importance, Health Tourism; and	MOUs on health cooperation signed for execution

S/No.	Sector	Area of Collaboration	Description	Gaps/Remarks
			Disease surveillance, response and control of emerging and re-emerging diseases.	
5.	Education	Training institutions	The education sector programmes are geared towards improving efficiency in core service delivery of accessible, equitable and quality education and training. The sector plays a key role in health research which helps in the generation of new health interventions which are critical in the provision of solutions to existing and emerging health challenges.	Harmonize the different professional training curriculum across all health training institutions.
		Kenya National Qualifications Authority (KNQA) & Commission of University Education	The sector plays a key role in harmonising of training, assessment and quality assurance of all qualifications in both public and private institutions. In addition, through the Commission of University Education, the sector facilitates the accreditation of institutions offering university level medical courses in the country.	KNQA will coordinate and harmonise education, training, assessment, and quality assurance of all qualifications awarded in the country to improve quality and international comparability. The Commission to regularly update the public of new developments in the higher education scenario as well as make public pronouncements to caution on those institutions which have not been mandated by the Commission to offer university-level education in the country

S/No.	Sector	Area of Collaboration	Description	Gaps/Remarks
6.	Governance, Justice, Law and Order	Security, Law State Department for Interior, State Law office and the Judiciary	<p>The constitution of Kenya guarantees provisions on the right to the highest quality of healthcare and the sector will continue to provide service delivery as outlined in chapter four. The sector can help in deterring behaviours related to violence and injury; addressing the traumas that victims face and how those perpetuate crime and reducing adverse childhood experiences and psycho trauma.</p> <p>The sector will continue to implement the Health Act, 2017 and develop/review Health Bills to address the existing gaps and work closely with other government agencies in implementing the laws</p>	Existing laws provide the framework under which all collaboration of health matters across different sectors are handled
7.	General Economic and Commercial Affairs	Industry	<p>The availability, accessibility, quality and pricing of medicines, vaccines and other health products and technologies (HPT) is a key component and challenge to the success of UHC.</p> <p>The Government has therefore committed to building its capacity for the production/ manufacturing of Health Products Technologies (HPTs) that will include human vaccines, therapeutics and biomedical products with the long term measure to</p>	Promote locally generated products to transform the economy and solve HPTs issues.

S/No.	Sector	Area of Collaboration	Description	Gaps/Remarks
			become self-sufficient in pharmaceutical and vaccine needs.	
		The sector collaborates with KEBS on food fortification, particularly industrial level surveillance and enforcement.	-	-
8.	Agriculture, Rural and Urban Development	Agriculture and livestock and fisheries production for food and nutrition security Food safety and the resultant effects to health	Through the Bottom Economic Transformation Agenda (BETA), the priorities include Crop Production, Livestock Fisheries. These are critical to ensure the rights to adequate food of acceptable quality as enshrined in article 43 of the constitution. The priority value chains under the Food Security Pillar in BETA maize, beef, irish potatoes, indigenous poultry, sweet potatoes, mutton, pulses, goat meat, bananas, fish, dairy, pork. Plans underway to review the food and security policy to make it have a food systems approach. Distribution of free vegetable seeds 5 types to 223,000 households, in 11 counties, subsidized fertiliser for maize and other commodities per farmers, 6000 to 3500, 14 counties especially in high maize production areas.	Strengthen agriculture sector to generate nutritious foods and in adequate quantities and quality contributing to national food and nutrition security.

S/No.	Sector	Area of Collaboration	Description	Gaps/Remarks
			<p>Farmer registration to know types of crop production and patterns, to guide on extension and subsidisation.</p> <p>Extension being done at ward level, 4000 wards, agripreneurs, have been employed to handle production and handling farmers in cooperatives. Farmer cooperatives being formed at ward level. The national government is conducting supervision to ensure roll out is seamless and carried out.</p> <p>Food safety Livestock systems, antibiotics use and antimicrobial resistance are closely linked. Interactions between human beings and animals can result in zoonotic diseases - one health approach is important in addressing these among other challenges.</p>	
		Crop Improvement and Management to increase food security	The use of biotechnology, in particular Genetically Modified Crops (GMCs), have proved to increase the maize yield as well as reduce yield losses caused by pests. The sector in collaboration with other stakeholders has developed a Monitoring Framework for BT Maize.	Implementation of Monitoring Framework for BT Maize
		Food safety	Food safety remains a critical pillar to food and nutrition security. The sector collaborates with	

S/No.	Sector	Area of Collaboration	Description	Gaps/Remarks
			agriculture and livestock sectors to ensure that food availed to the Kenyan populace is safe and of good quality.	

4.4 EMERGING ISSUES

Emerging health issues are those that pose either a threat or relief from threat to the overall health of the population. They can be an increased visibility in a long-standing health issue that continues to obstruct the public health goal of reducing morbidity, mortality and disability.

The following are some of the emerging health issues that need to be considered:

- i. Artificial intelligence technology provides an opportunity to enhance the quality and efficiency of health services provision;
- ii. Climate change related calamities pose a great risk to the state of public health in the country. The recent re-emergence of disease implicates the resilience of micro-organisms to climatic conditions. Further, drought persistence has led to increased cases of malnutrition as well as increase in WASH related diseases such as cholera, trachoma and vector borne diseases;
- iii. Emergence of novel health products and technologies posing human capacity and regulatory challenges within the existing legislative framework;
- iv. The health sector has positioned Kenya as a medical tourism hub through state of the art facilities and skilled healthcare professionals. This call for need to undertake research on procedures like cosmetic surgery, modern dental care and traditional medicine to ensure quality and safety.
- v. Emerging and re-emerging Diseases (Hemorrhagic fever, airborne viral epidemics, polio) due to increased cross border travels and the reality heather to unforeseen-security threats;
- vi. Declining donor funding by development for strategic programs like TB, Malaria, Family Planning, nutrition and immunization. This has been occasioned by the Kenya being debased to Lower middle-income status and therefore need to progressively increase the domestic allocations to cater for these programmes in order to maintain the gains made;
- vii. Re-emergence of neglected tropical diseases e.g. elephantiasis, kalaazar including Multi Drug resistant infectious agents.

4.5 CHALLENGES

The following are the challenges in the health sector;

- i. Low awareness on the health insurance benefit package among the beneficiaries and healthcare providers, with associated low uptake of health insurance due to apathy and poor socio-economic status of many Kenyans;
- ii. Weak health systems and Inadequate health infrastructure for provisioning of health services during the pandemics;
- iii. Inadequate Human Resource for Health especially specialized cadres and low absorption of skilled health professional into the active workforce and recurring health workers unrest impacting negatively provision of quality health care services;
- iv. Inadequate budgetary provision for key health products resulting in unpredictable/uneven supply of essential commodities (mainly, HIV, Malaria, TB and Nutrition, family planning and NCD) due to declining donor funding and increasing cost of health products.
- v. Sub optimal prioritization, overlapping and conflict of interest in health research for informing health policies and interventions and service provision leading to different stakeholders supporting the same service provision or program;
- vi. Slow categorization of newly formed SAGAs thus delaying the execution of their mandates;
- vii. Low level of digitization of the health records system and health supply chain where health facilities continue to manage and report health and commodities data manually;
- viii. Rising cases of communicable diseases such as HIV, TB and malnutrition, NCD such as cancer and diabetes; and
- ix. **Inadequate resources for mental health services and research.**

CHAPTER FIVE: CONCLUSION

The Health Sector in Kenya aims to provide an efficient and high quality health care system with the best standards by year 2030 as enshrined in the Bill of Rights in the Constitution of Kenya 2010. The Sector takes cognizance of the opportunities and challenges in establishing strong health systems that are responsive to the population under the current constitution that creates two levels of government and delineates health care provision to the counties.

Substantial investments have been made by the Government to advance accessible, affordable, and high-quality healthcare, with a strong focus on equity. Focus has been towards establishing Universal Health Coverage (UHC) through publicly funded primary healthcare, creating a seamless universal health insurance system, and allocating resources to cover a wide range of healthcare services, including preventive, promotional, curative, rehabilitative, and palliative care.

During the period under review, the sector recorded significant milestones attributable to increased prioritization and augmented funding for healthcare services. Safety programs for both patients and healthcare workers have been implemented across all levels of healthcare to ensure the delivery of high-quality services in secure healthcare environments. There have been considerable achievements in the areas of infrastructural development and equipping of health facilities with modern equipment. Notably, there has been commendable progress in quality of service in specialized health care services in referral hospitals and research and innovation with a number of locally manufactured HPTs. These achievements have been made possible through the adoption of a multi-sectoral approach.

Despite these accomplishments, the sector continues to grapple with various challenges. These challenges relate to inadequate funding, limited resources, human resource shortages, the persistent issue of rising medical costs alongside low insurance enrollment and regulatory challenges for novel and re-emerging products. As a result, the sector has not fully met the expectations of the public.

To address these challenges and enhance access to essential, high-quality healthcare services for underserved, marginalized, and vulnerable populations, in line with the UHC Policy, several critical actions are necessary. These actions involve strengthening adherence to established healthcare standards, fostering collaboration and involvement across multiple sectors, promoting domestic resource mobilization, investing in healthcare innovations and local production of healthcare products and technologies, fortifying legislative and regulatory frameworks within the healthcare sector.

The government's healthcare strategy places significant emphasis on Preventive health and health promotion interventions, to align and support the Bottom Up Economic Transformation Agenda (BETA). Therefore, the sector recognizes the essential nature of a multi-sectoral approach in addressing the various determinants of health. It intends to collaborate with both government and

non-government entities, including Ministries, Departments, Agencies, County Governments, Faith-Based Organizations, Non-Governmental Organizations, Civil Society groups, the Private Sector, external stakeholders, and patients, to achieve the goal of delivering high-quality healthcare services. The adoption of a multi-sectoral approach is viewed as fundamental and rational in addressing the numerous factors influencing health that extend beyond the healthcare system's control.

CHAPTER SIX: RECOMMENDATIONS

Maximizing health outputs and outcomes with the available resources remains the major focus for the Sector during this Medium-Term Expenditure Framework. The sector has noted several emerging issues and challenges that have faced the sector during the review period. To realize the targeted outputs/outcomes and overcome the sector challenges, the following recommendations are made:

- i. There is need to provide social protection to citizens against the catastrophic cost related to accessing health services through accelerating the implementation of the social health insurance acts enacted in 2023 to address out-of-pockets costs, enhance access to quality healthcare, bring services closer to households.
- ii. Strengthen and expand the capacity on surveillance as part of preparedness including the use of technology, analytics, infrastructure, human resource, cross-border and international collaboration to enable early detection and guided response to potential public health emergencies.
- iii. Enhance Human Resource Capacity: Develop strategies to retain and attract skilled healthcare professionals, through available structures to mitigate the impact of labor immigration, labor unrest and improve the health workforce to population ratios and enhance the technical and managerial skills of healthcare professionals through continuous capacity development to ensures access to specialized services.
- iv. Increase Resource Allocation: Increase budgetary provisions and ring-fence allocations to reduce donor dependency for the sector to adequately address the health requirement resource gaps in essential commodities and enable effective implementation of programs and projects.
- v. Provide adequate investment in research for health through performance-based grants to local research institutes to promote technology and deliver innovative and sustainable health care delivery solutions for the current and emerging health challenges including those resulting from the effects of climate change.
- vi. Strengthen Regulatory Frameworks: Review existing legal and policy frameworks to protect the public and fulfil the health rights of all persons in Kenya to the progressive realization of their right to the highest attainable standard of health. Further, this will ensure effective regulation of health professionals, healthcare services, health products and technologies and facilitate in a progressive and equitable manner, the highest attainable standards of health service.
- vii. Increase investments in digital data management and information systems: Invest in robust health information systems to improve data collection, analysis, and utilization. Implement electronic medical records, surveillance systems, and enhance data sharing mechanisms for evidence-based decision-making.

- viii. **Health Promotion and Disease Prevention:** Prioritize sector programs and campaigns aimed at creating awareness for regular screening, access to treatment, palliative care and promoting healthy behaviors.

ANNEXURES

ANNEX I: REFERENCE

The Constitution of Kenya,

Kenya Vision 2030,

Medium-Term Plan (2023-2027),

Post-COVID-19 Economic Recovery Strategy (PC-ERS)

Health Sector Policy Framework 2014-2030,

Bottom-up Economic Transformation Agenda (BETA).

ANNEX II: COUNTY CONSULTATION PRIORITIES CONSIDERATIONS

STATE DEPARTMENT FOR MEDICAL SERVICES

S/NO	County	Issue Raised	Proposed Intervention	FY 2024/25 Health Sector Intervention	FY 2025/26	FY 2026/27
1.	Busia, Elgeyo Marakwet, Turkana, Machakos, Kilifi, Kwale, Lamu, Mombasa, Tana River, Samburu, Kajiado, Muranga, Nairobi	Lack/Shortage of drugs in Health facilities	Timely delivery of drugs to Health Facilities	Capitalization of KEMSA with a view to improve on their Order Refill rate	Local manufacturing and local procurement of HPT	Local manufacturing and local procurement of HPT
2.	Bungoma, Kakamega Nandi, Vihiga Elgeyo Marakwet, Trans Nzoia, Turkana Uasin Gishu, Homa Bay, Kericho, Kisumu, Nairobi, Siaya, Nyamira, Narok, Nakuru, Nyandarua, Meru, Garissa, Kitui, Makueni, Kilifi, Kwale, TanaRiver Wajir, Kajiado, Kiambu, Muranga, Taita Taveta	Lack of inclusive NHIF Cover Low of awareness on NHIF Cover	Roll out Inclusive Cover	Rollout of Essential Health Benefit Package under the SHIF Sensitization/awareness creation on Social Health Insurance Cover/Essential Health Benefit Package	Rollout of Essential Health Benefit Package under the SHIF Sensitization/awareness creation on Social Health Insurance Cover/Essential Health Benefit Package	Rollout of Essential Health Benefit Package under the SHIF Sensitization/awareness creation on Social Health Insurance Cover/Essential Health Benefit Package
3.	Busia, Homa Bay, Kericho, Kisumu, Nairobi, Siaya, Bomet, Kisii, Narok, Nyeri, Meru, Kitui, Makueni, Machakos, Kilifi, Kwale, Mombasa, Laikipia, Samburu, Muranga, Taita Taveta	Lack of objectivity in recruitment, training and equipping of Community Health Promoters	Objective Criteria in selection and remuneration of CHPs	Institutionalization and harmonization of recruitment and remuneration of CHPs through the Primary Health Care Act	Establishment of a centralized CHPs bureau	Establishment of a centralized CHPs bureau for efficient management of CHPs

S/NO	County	Issue Raised	Proposed Intervention	FY 2024/25 Health Sector Intervention	FY 2025/26	FY 2026/27
				Digitization of management of CHPs for transparency		
4.	kericho, kakamega, Homabay, Siaya, Nairobi, Bungoma, Kakamega Nandi, Vihiga Elgeyo Marakwet, Trans Nzoia, Turkana Uasin Gishu, Homa Bay, Kericho, Kisumu, Nairobi, Siaya, Nyamira, Narok, Nakuru, Nyandarua, Meru, Garissa, Kitui, Makueni, Kilifi, Kwale, TanaRiver Wajir, Kajiado, Kiambu, Muranga, Taita Taveta	Ensuring that the HCF are aligned and equipped according to the level they are in	Carry out an audit of the HCF to determine where they fall	Census already done. Analysis of data is underway to inform action. Upgrade and downgrade HF levels based on assessed capacity. Harmonized Health Facility assessment is planned and underway incorporating QOC	Audit the HCF on regular basis (proposing every 2 years)for compliance and upholding standards as per licensed levels. MOH to ensure Quality of Care of all services is ensured.	Audit the HCF on regular basis (proposing every 2 years)for compliance and upholding standards as per licensed levels MOH to ensure Quality of Care of all services is ensured.
5.	Siaya, Nairobi, Kisii,Kisumu,Nakuru, Kitui, Machakos, Mombasa, Laikipia, Kiambu	Assessment of PWDs – charges for assessment and treatment are not affordable	The PWDs need the cards and therefore it should be processed at the national level to enable them access services in a timely manner	Allocate resources for printing the cards for distribution to the PWDS at no cost. Offer PWD free services. PWD medical equipment readily available eg wheelchairs No sign language interpreters in hospital	Rollout of Essential Health Benefit Package under the SHIF	Rollout of Essential Health Benefit Package under the SHIF
6.	Kericho, Nairobi, Kakamega,Nakuru	Lack of 24/7 Health services <i>mashinani</i>	Opening time for the dispensaries to be extended to weekends and longer working hours	MOH to consider change of Policy to ensure that patients can access Health care any time	MOH to Quality of care for all which will address the access	MOH to Quality of care for all which will address the access
7.	Nairobi, West Pokot, Nakuru, Garissa, Taita Taveta	Linda mama program to be re introduced/ free maternity	Free maternity to be provided	Linda Mama is still on 4Billion	To be integrated into the Essential Health Benefit Package under the SHIF	Tol be integrated into the Essential Health Benefit Package under the SHIF

S/NO	County	Issue Raised	Proposed Intervention	FY 2024/25 Health Sector Intervention	FY 2025/26	FY 2026/27
8.	Uasin Gishu, Vihiga, Nairobi, Homabay, Nyamira, Isiolo, Tharaka Nithi, Kitui, Kwale, Mombasa, Laikipia, Marsabit, Samburu, Wajir, Kiambu, Taita Taveta	mental health, drug and substance abuse, GBV	Enhance sensitization. programs on the effects of drugs and substance abuse Establish new rehabilitation. centers in the county	Increase budget allocation towards mental health programs and healthcare professionals specializing in mental. wellness	Enhance sensitization. programs on the effects of drugs and substance abuse	Enhance sensitization. programs on the effects of drugs and substance abuse
9.	Busia, Kakamega, Vihiga, Nandi, Bungoma, Elgeyo Marakwet, Turkana, Trans Nzoia, Kericho, Kisumu, Homa Bay, Nairobi, Siaya, Nyamira, Narok, Nakuru, Nyandarua, Meru, Garissa, Kitui, Makueni, Kilifi, Kwale, Tana River Wajir, Kajiado, Kiambu, Muranga, Taita Taveta,	Inadequate Human Resources for health	Recruit more staff	BETA has provided for CHPs and the UHC staff (8600) BETA commitment to recruit 20000 HCW in phases	BETA commitment to recruit 20000 HCW in phases	BETA commitment to recruit 20000 HCW in phases
10.	Kisumu, Siaya, Migori, Narok, Embu, Isiolo, Kirinyaga, Meru, Kitu, Machakos, Laikipia, Kisii	Cancer	Early detection, treatment and care	Increase allocations to ensure the regional cancer centers. Allocation of 155 B for regional cancer center and 50B for Kisii level 5 hospital	Progressive increments in allocations	Progressive increments in allocations

STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS

	County	Issue Raised	Proposed Intervention	FY 2024/25 Health Sector Intervention	FY 2025/26	FY 2026/27
1	Busia, Elgeyo Marakwet, Turkana, Machakos, Kilifi, Kwale, Lamu, Mombasa, Tana River, Samburu, Kajiado, Muranga Nairobi	Environmental Health inadequacies including water pollution and poor waste management	<ol style="list-style-type: none"> 1. Enforce public health Laws 2. Regular inspection in schools 3. Clear drainage and solid wastes around water points/rivers 4. Provision of medicine to control and treat the affected and control the bedbugs and the jiggers 5. Mass indoor insecticide spraying 	Empower Counties through technical support, sensitization and capacity building of public health officers	Empower Counties through technical support, sensitization and capacity building of public health officers	Empower Counties through technical support, sensitization and capacity building of public health officers
2	Bungoma, Kakamega Nandi, Vihiga Elgeyo Marakwet, Trans Nzoia, Turkana Uasin Gishu, Homa Bay, Kericho, Kisumu, Nairobi, Siaya, Nyamira, Narok, Nakuru, Nyandarua, Meru, Garissa, Kitui, Makueni, Kilifi, Kwale, TanaRiver Wajir, Kajiado, Kiambu, Muranga, Taita Taveta	Weak disease surveillance systems eg takes long to detect and respond to epidemics in schools	Scale up disease surveillance and response in all epidemics including schools	Provide Technical support and Capacity building of staff in the counties on disease surveillance and response	Provide Technical support and Capacity building of staff in the counties on disease surveillance and	Provide Technical support and Capacity building of staff in the counties on disease surveillance and

3	Busia, Homa Bay, Kericho, Kisumu, Nairobi, Siaya, Bomet, Kisii, Narok, Nyeri, Meru, Kitui, Makeni, Machakos, Kilifi, Kwale, Mombasa, Laikipia, Samburu, Muranga, Taita Taveta	Frequent health worker strikes Poor welfare among Health care workers Shortage of health care workers Persistent Health Workers industrial actions	Strengthen the Kenya Health Human Resource Advisory Council	Roll out policies to ensure optimal staff training, distribution and scale up staff welfare	Roll out policies to ensure optimal staff training, distribution and scale up staff welfare	Roll out policies to ensure optimal staff training, distribution and scale up staff welfare
4	kericho, kakamega, Homabay, Siaya, Nairobi	Malnutrition and food safety issues eg severe malnutrition cases and lack of adequate food safety standards	Provide more fortified porridge for the malnourished children Put mechanisms to ensure the fortified porridge is given to the malnourished children only	Roll out capacity building of county Nutrition staff to prevent and provide support to cases of malnutrition Implement policies on food safety and roll out Public awareness	Roll out capacity building of county Nutrition staff to prevent and provide support to cases of malnutrition Implement policies on food safety and roll out Public awareness	Roll out capacity building of county Nutrition staff to prevent and provide support to cases of malnutrition Implement policies on food safety and roll out Public awareness
5	Nairobi, West Pokot, Nakuru, Garissa, Taita Taveta	Sub-optimal Health Promotion and education eg lack of awareness on many health issues including Health policies and Laws	Sensitization of communities on various health issues Sensitization of the communities on the importance of delivering at the hospitals CHPs to be provided with training on midwifery services Health education on harmful cultural practices	Roll out of robust health education and promotion of health lifestyles in conjunction with all counties and other stakeholders	Roll out of robust health education and promotion of health lifestyles in conjunction with all counties and other stakeholders	Roll out of robust health education and promotion of health lifestyles in conjunction with all counties and other stakeholders

			<p>Sensitization of the communities on the importance of delivering at the hospitals CHPs to be provided with training on midwifery services</p> <p>Sensitization on the importance of education especially for the girl child</p> <p>Enforcement of the education of the girl child</p> <p>Additional funding for youth friendly health services to ensure the services are available and friendly and easily accessible</p>			
6	Uasin Gishu, Vihiga, Nairobi, Homabay, Nyamira, Isiolo, Tharaka Nithi, Kitui, Kwale, Mombasa, Laikipia, Marsabit, Samburu, Wajir, Kiambu, Taita Taveta	<p>Lack of Training opportunities eg lack of land to construct additional KMTC campuses</p> <p>Students are allowed to conduct procedures unsupervised.</p>	<p>Development of standards for students training and placements/attachments</p> <p>Counties to provide land to construct additional KMTCS</p>	Development and roll out of standards for students training and placements/attachments Development and implementation of a framework on how Counties can provide land to facilitate to construction of additional KMYC Campuses	Development and roll out of standards for students training and placements/attachments Development and implementation of a framework on how Counties can provide land to facilitate to construction of additional KMYC Campuses	Development and roll out of standards for students training and placements/attachments Development and implementation of a framework on how Counties can provide land to facilitate to construction of additional KMYC Campuses

7	Busia, Kakamega, Vihiga, Nandi, Bungoma, Elgeyo Marakwet, Turkana, Trans Nzoia, Kericho, Kisumu, Homa Bay, Nairobi, Siaya, Nyamira, Narok, Nakuru, Nyandarua, Meru, Garissa, Kitui, Makueni, Kilifi, Kwale, Tana River Wajir, Kajiado, Kiambu, Muranga, Taita Taveta,	Lack of optimal standards/regulation of HPT products	Regulatory agencies to improve surveillance of health safety of products for human consumption	Regulatory bodies should to open offices in each county	Regulatory bodies should to open offices in each county	Regulatory bodies should to open offices in each county
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