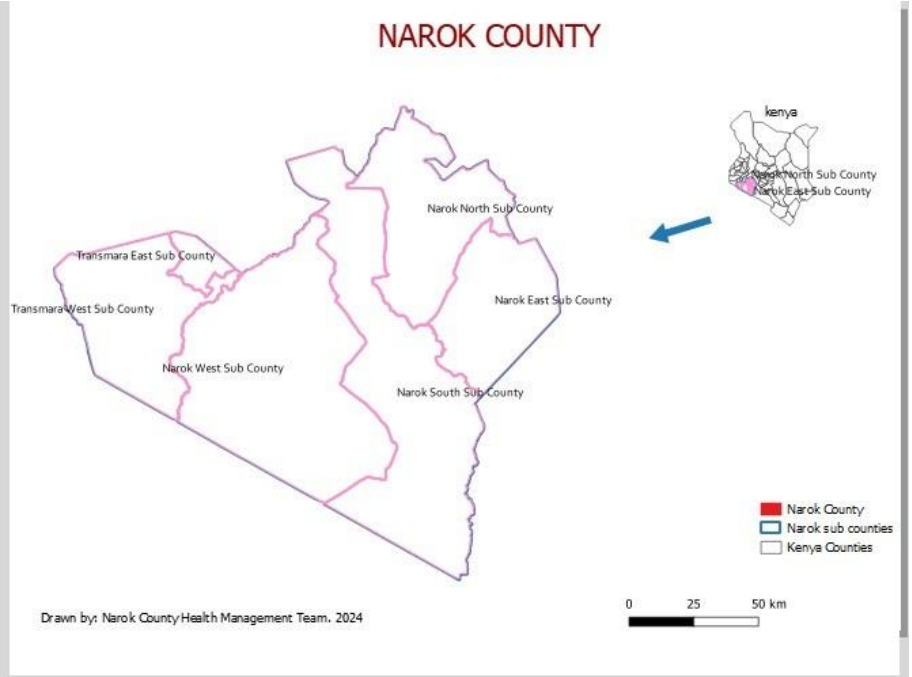
NAROK COUNTY

DEPARTMENT OF HEALTH AND SANITATION

STRATEGIC AND INVESTMENT PLAN 2023 - 2027

MAP OF THE COUNTY

*Figure 1: **MAP OF THE COUNTY***



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FOREWORD

County health sector strategic and investment plan provides direction to ensure significant improvement in overall status of health in Narok County in line with Country long term development agenda, vision 2030, the constitution of Kenya 2010 and global commitments. It demonstrates the County health sector commitment, under the County stewardship to ensure the county attains the highest possible standard of health, in manner responsive to the needs of the population.

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It focuses on ensuring equity, people centeredness, participatory approach, efficiency, multi sectoral approach and social accountability in delivery of health care services.

This CHSSIP focuses on six policy objectives, key health pillars orientation to attain the overall goals in health. It takes into account the functional responsibility of devolved health function of the County government, with respective accountability. It proposes a comprehensive and innovative approach, harnessing and synergizing health services delivery at all levels of care across all sub counties in the county, through engagement of all actors through multisectoral collaboration. This document outlines the vision, mission, goals, problem analysis, resource requirement and financing, monitoring and evaluation and reporting. There is therefore an urgent need to raise awareness and ensure necessary ownership of this plan by various stakeholders and implementing partners.

The plan was developed through a participatory process involving all stakeholders in health including government ministries, development partners and implementing partners (faith based, private sector and civil society).

ACKNOWLEDGEMENT

This County Health Sector Strategic & Investment plan for FY2023/2027 was prepared with substantive contributions from many individuals and stakeholders. This process could not be accomplished without the commitment, dedication, sacrifice and determination of members of staff of Narok County Department of Health & Sanitation working in collaboration with development partners, implementing partners and other stakeholders who provided valuable inputs.

Special thanks and Appreciation go to the County Executive Committee Member for Health Hon Anthony Ole Namunkuk, Chief Officer Preventive and Promotive Health Lucy Kashu, Chief Officer Clinical Services Jane Kiok for providing leadership and ensuring there is facilitation for the exercise. Many thanks too to the County Director of Health Dr. Francis Kiio for technical guidance during the review Process. I would like to recognize and commend members of the county Health management Team that contributed to the analysis and writing of this review report. You have made invaluable contributions through availing and reviewing data, contributing to the discussions that improved the quality, accuracy and completeness of data and information used in the report.

We are grateful to all our stakeholders who contributed in one way or another in the development of this strategic plan. We applaud the management of Panaroma Hotel Limited for hosting us during the period and providing an enabling environment during our stay.

Successful implementation of the strategic plan will require active participation of all stakeholders in the health sector and coordinated efforts by all.

EXECUTIVE SUMMARY

The Narok County Health Sector Strategic & Investment Plan, which covers the period 2023/24-2027/28, lays a framework upon which the Narok County Department of Health Services will achieve its intended objectives and aspirations for the next five years, as well as laying the foundation for the implementation of Kenya Vision 2030 and achievement of the Sustainable Development Goals. It is a product of extensive collaboration and comprehensive feedback, from both Narok county executive in health led by the CECM for health and sanitation, the chief officer preventive & promotive services, the chief officer clinical services and the county health management team and inputs from stakeholders and establishes the strategic framework for the planning and delivery of healthcare care services in Narok as well as monitoring performance. The plan defines the County Health Services vision, mission, objectives, strategies, outcomes and performance benchmarks and provides a framework for ensuring delivery of tangible results to all individuals in Narok County. The plan builds on the achievements realized under Kenya Health Policy 2012 – 2030, the Kenya Constitution 2010, the Kenya Vision 2030, Kenya Health Strategic and Investment Plan (KHSSP) 2018 – 2023, Sustainable Development goals (SDGs) and the Narok County Integrated Development Plan. The plan takes cognizance of the fact that the objectives of the NHSSP II (2005 – 2011) have not been fully due to a number of challenges, that includes limitations in funding; poverty levels in the country and the prevailing unfavorable cross-sector environment such as roads, power and water supply and reversal of this under the new dispensation as we empower the delved units. The devolution of health services as envisioned in the Constitution 2010 and the subsequent formation of County Governments Department of Health have been provided with an opportunity to give focus on the delivery of health care services as stated in article 43 CoK "**(1) Every person has the right—(a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care",** and achieve the goal of Vision 2030.

This strategic plan has been developed with specific regard to Six strategic thematic areas of Leadership & Governance, Organization of Service Delivery, Human Resource for health, Health Infrastructure, Medical Products and Technologies, Health Financing and Health Information/M&E. Six teams were constituted with specific terms of reference to work on each thematic area which was then consolidated into one complete draft.

Hon. Anthony Namunkuk

CECM Health & Sanitation

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SECTION 1: INTRODUCTION AND BACKGROUND

Background

Narok County is one of the 47 devolved units situated in the Great Rift Valley in the Southern part of the Country. It has its headquarters in Narok Town, off Narok Nakuru Road. The County is named after, Enkare Narok, meaning the black river flowing through Narok town. It lies between latitudes 0° 50´ and 1° 50´ South and longitude 35º 25´ East. It has an area of 17,933.1 Km and borders the Republic of Tanzania to the South, Kisii, Migori, Nyamira and Bomet counties to the West, Nakuru County to the North and Kajiado County to the East.

The County shares an Economic Bloc with Kajiado (NAKAEB) whose aim is to improve various sectors of the economy in order to increase exports to African countries and abroad. As per the UN study/research for the Kenya Vision 2030, Narok County is marked as one of the fundamental counties for the achieving economic pillar. Key contributions are in the tourism sector through the Maasai Mara National Reserve and the agricultural sector through livestock farming.

The main economic activities in the county include pastoralism, crop farming, tourism and trade among other activities undertaken on a small scale. The famous Maasai Mara Game Reserve, featuring the Great Wildebeest Migration which is one of the “seven Wonders of the World" is located within the County. The county has a robust ecological system that residents depend on for agriculture, tourism, water, and many other benefits.

The main crops grown in the county are wheat, barley, maize, beans, Irish potatoes, sugar cane and horticultural crops. Mining activities include Kilimapesa gold mines in Lolgorian, quarry and sand harvesting in Narok South and Narok East Sub-counties. The major challenges adversely affecting economic prosperity in the county include effects of climate change, poorly developed economic infrastructure, unplanned human settlement and high level of unemployment among the youth.

The main drainage systems are Lake Victoria South catchment basin and Ewaso Nyiro South drainage. There are two rivers draining into these systems namely; Mara, Mogor that traverse the county from Mau region through to Kenya-border and into Tanzania draining into Lake Victoria and River Ewaso Ng'iro rising from the Mau Escarpment, draining into Lake Natron respectively. However, due to continuous deforestation over a couple of years, the volume of water in the rivers has been decreasing.

The climatic condition of Narok County is strongly influenced by the altitude and physical features. The county has four agro-climatic zones namely: humid, sub-humid, semi-humid to arid and semi-arid. Two-thirds of the county is classified as semi-arid (Narok DEAP 20092013). Temperatures range from 20º C (January- March) to 10º C (June- September) with an average of 18ºC. Rainfall amounts are influenced by the passage of inter tropical convergence zones giving rise to bi-modal rainfall patterns. Long rains are experienced between the months of February and June while the short rains are experienced between August and November. Rainfall ranges from 2,500 mm in wet season to 500 mm during the dry season.

The March to June season receives high intensity rainfalls that support growth of vegetation which is food for wild animals. This climatic characteristic has been influencing the migration of wildebeest into Kenya from Serengeti in June in search of vegetative food and return migration to Serengeti in November after the vegetation diminishes. The seasons are also important to farmers in planning for planting and harvesting.

Administratively, Narok County is divided into Eight sub- counties namely; Narok North, Narok Central, Narok East, Narok South, Narok West, Trans Mara East, Trans Mara South and Trans Mara West. The sub-counties are further sub- divided into 30 wards. Table 1 shows the eight administrative sub-counties with areas in Kilometers square.

*Table 1: **Sub-Counties and Size in Kilometers***

S/N	Name of Sub County	Area in KM²
1	Narok North	933
2	Narok Central	1189.6
3	Narok East	2059.5
4	Narok South	2,603.3
5	Narok West	5,452.7
6	Trans Mara East	320.5
7	Trans Mara South	2,301
8	Trans Mara West	224
COUNTY		**17933.1**

Table 2: sub county area and population

Sub-County	Wards	Locations	Sub-	Villages	Area
Narok East	4	12	29	325	2,059.5
Narok North	2	11	27	215	933
Narok Central	2	7	14	305	1189.6
Narok South	6	20	39	530	5452.7
Narok West	4	17	35	471	5452.79
Trans Mara East	4	6	13	410	320.5
Trans Mara West	3	18	40	310	2,301
Trans Mara South	5	17	32	344	224
Total	**30**	**108**	**229**	**2910**	**17933.1**

1.1 Purpose of this Investment Plan

The health sector agenda within the national long-term strategic direction is outlined in the Kenya Health Policy (KHP) 2014-30 and translated into five-year medium-term agendas within the Kenya Health Sector Strategic Plans (KHSSPs). At County, the health sector specific agenda is elaborated within the County Health Sector Strategic Plan which in turn informs the Annual Work Plans.

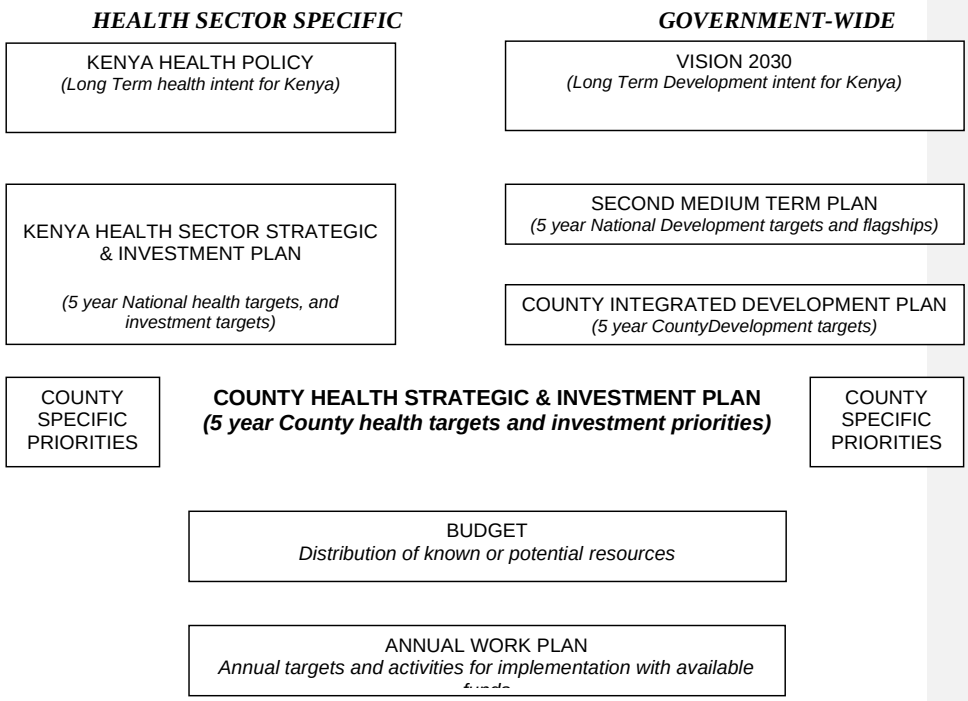
The Narok CHSSIP for the period 2018-2022 has lapsed and the county needs to outline the county health sector strategic agenda in a new strategic document that is aligned with the County Integrated Development Plan 2023-2027 and other statutory planning documents existing within the county.

The purpose of this Strategic and investment plan is a transformative framework to redefine the health sector to ensure the well-being of its people for generations to come through prioritize strategies and activities that will address the gaps in service delivery.

The purpose of this county health strategic plan is to guide health investment in the county on establishing and sustaining linkages across all tiers to ensure continuity of care. This is to harmonize with the country health policy framework in line with KHSSP 3 (2018-22), the national health policy (2012-2030) and Vision 2030, all within the Kenya Constitution 2010. It will guide the county in the operational health priorities required to be focused on for the next five years. The strategic and investment plan brings together information on definition, organization of health outcomes to be sought, priority health investments, resources /finances mobilization approaches, strategic organization of the departmental stewardship and governance structures to assist in effective coordination of health service delivery.

Narok County is committed to the continuous evolution of its healthcare system while adapting to emerging challenges and seizing new opportunities with innovation, collaboration, and a steadfast commitment to the well-being of the residents.

Figure 2 :Planning framework



PERFORMANCE CONTRACT AND APPRAISAL
Annual Performance targets

1.3 Vision, Mission and Goal

Vision statement of the Sector: "An efficient and high-quality healthcare system that is accessible, equitable and affordable**".**

Mission Statement of the sector: "To promote and participate in the provision of integrated and high-quality preventive, promotive, curative and rehabilitative healthcare services to all".

Goal of the Sector: "To ensure universal access to quality health services consisting of promotive, preventive, curative and rehabilitative services in the county.

Process of development and adoption of the strategic and investment plan

The journey to Preparation of this Health Sector strategic and investment plan 2023- 2028 began with a bold vision, forged through collaboration between County Leadership and county health management team in a review meeting whereby performance by programs and subprograms was done. Various sources of data were used. Most of the information and data geared towards the development of the CHSSIP was derived from the community, facility, and sub county and county levels. Armed with this knowledge, Narok County set forth on a path of strategic investment and innovation ideologies.

SECTION 2: SITUATION ANALYSIS

2.1 Population Demographics

The County has a total population 1,335,928 of which is distributed among eight sub- Counties. The highest population is concentrated in the urban setting while a lesser population is settled in the rural setting. The population growth rate for the County is at 2.6% per year and therefore it is projected to be at 1542777 by 2027

2.1.1 Catchment population trends

Table 3: catchment population per sub county

	Sub County Units	Population trends				
		2023	2024	2025	2026	2027
	Narok central	174248	187248	187253	194110	201222.8
	Narok East	132,955	142881	142878	148117	153,544
	Narok North	116,192	124861	124864	129437	134,180
	Narok South	275,360	295917	295911	306760	318,002
	Narok West	225,431	242260	242256	251138	260,341
	Transmara East	127,876	137422	137420	142458	147,678
	Transmara West	193,139	207550	207554	215156	223,040
	Transmara south	90726	97493	97497	101066	104769.26
	TOTAL		1435632	1435632	1488241	1542777

Population description

Table 4: population cohort

	Description	**Population estimates**	**Target population**				
			2023	**2024**	**2025**	**2026**	**2027**
1	Total population		1335929	1435632	1435632	1488241	1542777

2	Total Number of Households		267186	287126	287126	297648	308555
3	Children under 1 year (12 months)	3.60%	47486	51030	51030	52900	54839
4	Children under 5 years (60 months)	16.20%	216806	232987	232987	241525	250376
5	Under 15-year population	48.90%	653468	702238	702238	727971	754647
6	Women of child bearing age (15 – 49 Years)	22.10%	294933	316945	316945	328559	340599
7	Estimated Number of Pregnant Women	3.80%	50423	54187	54187	56172	58231
8	Estimated Abortion Cases	0.0041	5466	5873	5873	6089	6312
9	Estimated Number of Deliveries	3.70%	48955	52608	52608	54536	56535
10	Estimated Live Births	3.70%	48955	52608	52608	54536	56535
11	Total Number of Adolescents (10-19)	26.28%	351033	377232	377232	391056	405386
12	Total number of Youths (15-24)	19.50%	260103	279515	279515	289758	300376
13	Adults (25-59)	33.20%	443699	476814	476814	494286	512399
14	Elderly (60+)	4.30%	57826	62142	62142	64419	66780

2.2 Health Impact

Health status of the target population is key in planning. In order to guide in strategic interventions in key areas of service delivery and support, the table below describes the indicators that will be regularly and frequently monitored throughout the life of this strategic plan to assess the impact of the described interventions. It provides the estimates for the county and the national levels by source.

Table 5:health impact indicators

Indicator	**County**	**National**	**Source & Date**
Crude Birth Rate (per 1000)	32.9	27.667	KDHS 2022

Life Expectancy at birth for females (years)	61.9	66.5	KDHS 2022
Life Expectancy at birth for males(years)	57.8	60.6	KDHS 2022
% Population Growth rate(between)	2.7	1.9	Kenya analytical
Neonatal Mortality Rate (per 1,000 births)	16	21	KDHS 2022
Infant Mortality Rate (per 1,000 births)	24	32	KDHS 2022
Under 5 Mortality Ratio (per 1,000 births)	26	41	KDHS 2022
Maternal Mortality Rate (per 100,000 births)			
Fully Immunized population < 1 year) (2017)	75	80	KDHS 2022
TB incidence per 100,000 persons)	146	258	TIBU 2023
HIV prevalence rate (2016)	2.7	3.7	2023 county HIV
Number of People living with HIV	1,377,784	21,525	2023 county HIV
HIV incidence rate	0.68	0.59	2023 county HIV
New HIV infections	22.154	600	2023 county HIV
Need for PMTCT	806	51,764	2023 county HIV
Malaria cases (per 100,000)	11,360	20,252	HIS statistical
Malaria test positivity rate (%)	23.5	10.4	MIS2020
Contraception prevalence (%) in	52	57	KDHS 2022
Skilled deliveries (%) (2022)	70	89	KDHS 2022

2.2.1: Top ten major causes of morbidity and mortality in the County

The tables below indicate under 5-year and over 5 years top ten commonest outpatient conditions in order of priority relevance to the county.

Table 6:top ten causes of morbidity in the county

S/N	Condition (In order of priority relevance to the county)	Occurrence (Quantitative or Proportion of total cases
1	Pneumonia	20.94%
2	Disease of the skin	10.61%
3	Lower Respiratory Tract Infections	7.75%
4	Intestinal worms	6.19%
5	Eye Infections	6.13%
6	Diarrhea with some dehydration	3.13%
7	Gastroenteritis	3.11%
8	Ear Infections/ Conditions	2.85%
9	Amoebiasis	2.21%
10	Confirmed Malaria (only Positive cases)	1.66%

Over 5 Years Top Ten Commonest Outpatient Health Conditions

Table 7:top ten common causes of morbidity in OPD over 5 years

This table illustrates the top 10 common causes of illness in Narok county among the over 5 years population. It clearly indicates that most common conditions are preventable using public health interventions including WASH PROGRAM hence providing an opportunity to strategize on interventions needed to address.

S/N	Condition (In order of priority relevance	Occurrence (Quantitative or Proportion
1	Disease of the skin	9.80%
2	Diarrhea	6.90%

3	Arthritis, Joint pains etc.	6.23%
4	Intestinal worms	5.08%
5	Amoebiasis	4.77%
5	Eye Infections	3.10%
6	Asthma	2.38%
7	Hypertension	2.33%
8	Confirmed Malaria (only Positive cases)	2.01%
9	Brucellosis	1.92%
10	Ear Infections/ Conditions	1.35%

Under 5 Years causes of mortality

This table illustrates the top 10 common causes of death in Narok county among the under 5 years population. Most causes are related to infections and issues around birth complications hence providing an opportunity to strategize on interventions needed to address.

Table 8:under 5 causes of mortality

S/	**Condition/Issue**	**Occurrence (Quantitative)**
1	Bacterial sepsis of newborn	16
2	Pneumonia	15
3	Other low birth weight	9
4	Birth asphyxia, unspecified	8
5	Respiratory distress syndrome of newborn	6
6	Extremely low birth weight	4
7	Neonatal jaundice, unspecified	3
8	Diarrhea and gastroenteritis of presumed infectious	2
9	Extreme immaturity	1
10	Hypothermia of newborn, unspecified	1

Over 5 Years Top Ten causes mortality

This table illustrates the top 10 common causes of death in Narok county among the over 5-year population. Most causes are caused by infections hence providing an opportunity to strategize on interventions needed to address.

Table 9: top ten causes of mortality in over 5 years

N/	Condition/Issue	Occurrence (Quantitative)
1	Pneumonia	3
2	Meningitis	2
3	Septicemia	1
4	Acute abdomen	1
5	Puerperal sepsis	1
6	Cryptococcus	1
7	HIV disease resulting in other viral infections	1
8	Esophagus, unspecified	1
9	End-stage renal disease	1
10	Volume depletion	1

Health Services Outcomes and Outputs

Strengthen collaboration with health-related sectors

2.4 Health Investments

Health Workforce

A well-motivated workforce offers improved service delivery which leads to health equivalent to wealth. To enable the County Human Resource for Health to achieve its goals, objectives and mission standard of the County, it is of paramount importance that the human resource is given priority in areas of Education, Retention in order to reduce staff turnover and maintain a motivated workforce. Narok County Health Department has a total of 1504 health workforce comprising 1319 technical staff from all cadres, 55 administrative staff, 130 support staff and 1638 Community Health Promoters.

Table below shows the distribution of all health workers by cadre in the public hospitals, Faith based organizations, private hospitals and primary health care. In the third column of numbers required, it indicates the gaps to be filled in order to improve service delivery. Once the gaps are filled, it will go a long way to positively maintain a motivated workforce devoid of burnout and possible turnover. Motivation of the workforce will improve service delivery if promotion and employment of additional health care workers is done timely.

Table 10: health workforce

	Staff cadres	Total Number Available	Total Number Required	Gap/ Surplus	Number Available by Type of Provider				Number by Level of care		
					Public	FBO	NGO	Private	Hospitals	Primary Care	Community
1	Consultants	20	40	20	20	0	0	1	20	0	0
2	Medical officers	45	149	104	45	2	1	4	54	0	0
3	Dentists	2	27	25	2	0	0	0	0	0	0
4	Dental Technologists	5	11	6	5	0	0	5	5	0	0
5	Public Health Officers	68	80	12	68	2	0	1	71	0	0
	Public health Technicians	32	132	100	32	0	0	0	0	0	0
6	Pharmacists	25	7	18	25	0	0	1	26	0	0
7	Pharm. Technologist	41	92	51	41	3	2	10	56	0	0
8	Lab. Technologist	71	213	142	71	15	4	6	96	0	0
9	Orthopedic technologists	9	21	12	9	0	0	0	9	0	0
10	Nutritionists	54	50	14	54	5	3	2	64	0	0

11	Radiographers	15	30	15	15	2	2	0	19	0	0
12	Physiotherapists	7	37	30	7	2	2	2	13	0	0
13	Occupational Therapists	8	48	40	8	0	0	0	8	0	0
14	Plaster Technicians										
15	Health Records & Information Officers/technicians	43	62	19	43	2	0	0	45	0	0
16	Medical engineering technologist	6	21	15	6	0	0	0	6	0	0
17	Medical engineering technicians	8	17	9	8	1	1	1	11	0	0
18	Mortuary Attendants	9	22	13	9	0	0	0	9	0	0
19	Drivers	23	35	12	23	6	0	2	31	0	0
20	Accountants	7	16								
21	Administrators	14	30	16	14	0	0	0	0	0	0
22	Clinical Officers (specialists)	30	50	20	30	0	0	0	0	0	0
23	Clinical Officers (general)	146	124	52	146	18	20	12	196	0	0
24	Nursing officers (BScN)	40	0	0	40	0	0	0	40	0	0
25	Nursing staff (KRCHNs)	280	593	313	280	50	10	30	370	0	0
26	Nursing staff (KECHN)	98	224	126	98	20	10	0	112	0	0
27	Nursing Specialists	31	40	9	31	0	0	0	31	0	0
28	Laboratory technicians	0	0	0	0	0	0	0		0	0
30	Community Oral Health Officers	5	50	45	5	0	0	3	8	0	0
31	Secretarial staff / Clerks	21	5	16	21	3	3	3	30	0	0
32	Attendants / Nurse Aids	0	0	0	0	0	0	0	0	0	0
33	Cooks	11	11	0	11	2	0	5	18	0	0

34	Support Staff	86	90	4	86	30	20	40	176	0	0
35	Security	0	240	0	40	10	12	12	74	0	0
36	Community Health Extension Workers (ACHO)/CHA	111	21	90	111	12	0	0	0	0	0
37	social workers	61	0	0	61	0	0	0	61	0	0
38	Community Health Promoters	1638	2910	1272	1638	0	0	0	0	0	1638
39	Casual workers/staff	52									
40	Other (specify): Procurement, Human resource officers, Telephone operator	3791	514140	2770	3771	0	0	0	3771	0	0

Health Infrastructure

Health infrastructure is an essential pillar in the health care delivery and also forms a basis of determining the level of services to be offered. The Narok CIDP (2023/24- 2027/28) has captured health projects earmarked for development to increase access to health care for the residents of the county.

The table below highlights the total number of facilities in the county per level of care capturing public facilities, Faith based, private and non-governmental facilities.

So far, the county does not have a facility functioning as a level FIVE.

Table 11: health infrastructure

Level of care		**Infrastructure**	**Number functional, by type of provider**				**Total**
			Public	**Faith Based**	**NGO**	**Private**	
1	Level V- National/Regional Referral Facilities	Total Number of Facilities	0	0	0	0	0
		Total Bed Capacity	0	0	0	0	0
		Total Specialized Units – ICU, Renal, Cancer Treatment Centre etc.	0	0	0	0	0

		Total Number of Operating Theatres	0	0	0	0	0
		Number of Specialized Radiology Services/Centres: Providing MRI, CT-Scan	0	0	0	0	0
		Number of Specialized/Tertiary Laboratories – Histopathology, Micro-Biology, Biochemistry	0	0	0	0	0
2	Level IV - County Referral Facilities	Total Number of Facilities	6	2	1	6	15
		Total Bed Capacity	332	150	0	84	566
		Total Number of Operating theatres	2	1	0	4	7
		Total number of Basic Radiology Services/Centres providing X-Rays, Ultra-Sound	2	1	0	4	7
		Number with Secondary Laboratory Services – Haematology and Transfusion, Micro-Biology, Biochemistry	5	1	0	5	11
		Number of Functional Ambulances Linked to Facility	5	1	0	1	7
		Total Number of Facilities	6	2	1	6	15
		Total Bed Capacity	167	64	28	70	329
3	Level III - Primary Care Facilities	Total Functional Maternity Units/wards	28	2	4	4	38
		Functioning Basic Laboratory Services- Rapid Tests, Microscopy	21	2	1	0	24
		Number of Ambulances Linked to Facility	5	0	1	0	6
		Total Number of Facilities	27	2	1	0	40
		Number of Operational Delivery Rooms	27	2	1	0	40

		Number of Ambulances Linked to Facilities	5	0	1	0	6
4	Level II – Primary Care Facilities	Total functional Community Units	138	0	0	0	138
		Number of functional Units	138	0	0	0	138
		Number of Moto-Bikes Linked to Community Units	0	0	0	0	0
5	Level I – Community Units		138	0	0	0	138

Health Products

Health products and technologies consist of pharmaceuticals, non-pharmaceuticals, laboratory reagents, equipment, vaccines, nutrition commodities, medical gases, radiology commodities and dental supplies among others. Procurement of pharmaceuticals and non-pharmaceuticals is done from KEMSA, MEDs and other pre-qualified suppliers (for specialized commodities) by the county government. The County conducts an annual Forecasting and Quantification to enable it to estimate its annual commodities and financial requirements. Procurement, supply, distribution and utilization of health products is key to service delivery. There is a need to ensure equitable access, assured quality and cost-effectiveness in the use of health products and technologies.

There still exist challenges in redistribution of pharmaceuticals and non-pharmaceuticals due to limited resources within the county. Limited storage facilities present a major challenge in the management of medical supplies. There is also reported irrational use of commodities and weak detection and reporting of ADRs (Adverse Drug Reactions). There is a need for construction of a central county warehouse as well as stores at sub-county levels. For effective EPI services, the proper cold chain management system is required. Most primary level facilities rely on gas-powered refrigerators which require constant maintenance and supply. To ensure an efficient cold chain performance there is a need to train biomedical engineers and health managers on preventive cold chain maintenance and enhance the collection and distribution of cold chain supplies.

Existing gaps in commodity management and security have to be bridged as the priority by ring-fencing funds and building capacity of staff targeting order processing, forecasting, inventory

management, stores management, reporting, and use. Table 12 below shows the status of health products and technology funding in FY 2022/23.

Table 12: status of health products and technologies in Narok county 2022/23

Commodities	Allocation/ Expenditure (KSh) in the Past 12 Months				Actual Requirements (Public)	Gap/Surplus (Public)
	Public	FBO	NGO	Private		
						Gap
Pharmaceuticals Supplies	231,921,070	0	0	0	247,483,536	15,562,466
Non-Pharmaceutical Supplies	111,018,311				134,100,000	23,081,689
Medical Equipment and Technologies	103,418,516	0	0	0	240,801,000	137,382,484
Environmental / Public Health Supplies	29,764,748	0	0		16,334,000	-13,430,748
Other Medical Supplies (Oxygen etc.)	0	0	0	0	17,255,000	17,255,000
Patient Food	53,273,808	0	0	0	50,000,000	-3,273,808
Fuel and Lubricants	2,000,000		0	0	3,000,000	1,000,000
Other Fuels – Cooking gas, charcoal, firewood	0	0	0	0	0	0
Total	531,396,453				708,973,536	177,577,083

Health Financing

A good health financing system raises adequate funds for health, protect people from financial catastrophe, allocates resources and purchases goods and services in ways that improve quality, equity and efficiency. The sector receives an allocation from the county treasury to support service delivery. Other sources of funds supplement this treasury allocation. These include DANIDA (O&M), RBF, THS-UCP (World Bank), National government Global fund, NHIF, CHAI, AMREF, JHPIEGO, APHIA Plus, UNFPA, UNICEF, PEPFAR intra health international etc. The sector over-reliance on partner support to implement its activities is not sustainable. There is need for increased domestic support to strengthen health service delivery and compliment partner support. Table 14 below depicts key sources of funds for the Narok County health sector by the level of care.

Table 13: summary of budget estimates and budget performance by level in FY 2022/23

	Item	Go/County Govt (Equitable Allocation)	Go (Conditional Grants	User Fees	Other Govt Sources (CDF/WDF etc..)	Local Donors/ Partners	Total
Level 1	Amount allocated	0	3,238,500	0	0	0	3,238,500
	Amount Received	0	3,238,500	0	0	0	3,238,500
	Expenditure	0	3,238,500	0	0	0	3,238,500
	Actual Requirements	0	35,623,500	0	0	0	35,623,500
	Gap/Surplus	0	(-)32,385,000	0	0	0	(-)32,385,000
Level II	Amount allocated	12,000,000	9,021,930	0	0	0	21,021,930
	Amount received	12,000,000	9,021,930	0	0	0	21,021,930
	Expenditure	12,000,000	9,021,930	0	0	0	21,021,930
	Actual Requirements	12,000,000	9,021,930	0	0	0	21,021,930
	Gap/Surplus	0	0	0	0	0	0
Level III	Amount allocated	18,000,000	13,532,895	0	0	0	31,532,895
	Amount received	18,000,000	13,532,895	0	0	0	31,532,895
	Expenditure	18,000,000	13,532,895	0	0	0	31,532,895
	Actual requirements	18,000,000	13,532,895	0	0	0	31,532,895
	Gap/Surplus	0	0	0	0	0	0
Level IV	Amount allocated	0	0	0	10,385,000	15,561,300	25,946,300
	Amount received	0	3,300,000	3,000,000	10,385,000	15.474,250	32,159,250
	Expenditure	0	3,300,000	2,500,000	10,385,000	15,474,250	31,659,250
	Actual Requirements	0	18,300,000	0	0	0	18,300,000

	Gap/Surplus	0	-15,000,000	0	0	0	-15,000,000
Sub-County Coordination	Amount allocated	5,600,000	0	0	0	0	5,600,000
	Amount received	5,600,000	0	0	0	0	5,600,000
	Expenditure	5,600,000	0	0	0	0	5,600,000
	Actual requirements	14,000,000	0	0	0	0	14,000,000
	Gap/Surplus	-5,598,600	0	0	0	179,450	-5,598,600
County Coordination	Amount allocated	6,000,000	0	0	0	0	6,000,000
	Amount received	4,500,000	0	0	0	0	4,500,000
	Expenditure	4,500,000	0	0	0	0	4,500,000
	Actual requirements	12,000,000	0	0	0	0	12,000,000
	Gap/Surplus	-7,500,000	0	0	0	0	-7,500,000
Total for County Department of Health & Sanitation	Amount allocated	2,781,810,000	0	0	0	0	2,781,810,000
	Amount received	3,265,463,930	0	0	0	0	3,265,463,930
	Expenditure	1,657,183,556	0	0	0	0	1,657,183,556
	Actual requirements	3,265,463,556	0	0	0	0	3,265,463,556
	Gap/Surplus	1,486,605,499	0	0	0	0	1,486,605,499

Source: Narok County Treasury

Health Information

Over the years the health department through the support of partners has endeavored to improve health service and service delivery at all levels of health care. The health information system ensures the production, analysis, dissemination and use of reliable and timely data by decision-makers at all levels of the health system. Reporting rate especially from community level has improved tremendously despite the data capture tools shortages.

Table 14:health information by levels

	Reporting	CU	Level II	Level III	Level IV/V	Sub-County	County Totals
1	Community Units with updated household	86	134	42	10	8	193
2	Community Units providing monthly reports	86	134	42	10	8	193
3	Facilities providing monthly reports	86	134	42	8	2	
4	Quarterly performance reports prepared, and	0	0	0	0	0	1

Table 15:key health information indicators

	Intervention/ key HIS Indicator	Baseline 2016 - 2017	Targets 2018 - 2022	% Performance (actual/targets)
1	The number of the HMIS Personnel in service as required per standard norms.	42	65	65%
2	% of tier 2 and tier 3 health facilities with the number of HRIOs per the standard norms	12	27	44%
3	% of Health information systems staff trained or updated as planned in the year.	180	42	42
4	% of public facilities submitting monthly HMIS information in DHIS	92	98%	100%

5	% of Private and NGO Health Facilities submitting Monthly HMIS information in DHIS	86	100%	93%
6	% of tier 2 and tier 3 Public facilities using DHIS data/ information for decision making	100	100%	70%
7	Facility deaths certified using ICD-10 coding	0	439	57%
8	Community deaths certified using Verbal Autopsies	0	91	100%
9	The number of M&E and knowledge exchange forums held as planned.	0	1	0

Health Leadership

Leadership and governance are a crucial pillar in the implementation of other health system building blocks. The oversight role was provided through regular support supervision across all levels of health care. The health management team provided policy implementation guidance in the health sector and strengthened collaboration and linkages with key players. There were gaps in some leadership and governance areas such as lack of a contingency plan, absence of drugs and therapeutic committees at all levels and inconsistent stakeholder meetings. Table 16 below captures the assessment of the health leadership level performance indicators for the period 2022/23.

Table 16: health leadership level performance indicators for the period 2022/23.

	Intervention	County Level	Sub-County	Level IV/V	Level III	Level II	Level I
	Emergency contingency plans (including referral	0	0	0	0	0	0
	Health service charter is available, and is	0	0	4	27	93	0

	Outreaches carried out	0	0	0	27	93	0
	Drugs and Therapeutic Committee meetings	0	0	0	0	0	0
	Mortality meetings held in past 12 months	2	7	14	0	0	0
	Management Committee meetings	8	48	48	324	1,116	1,596
	Quarterly stakeholder meetings held in past 12	16	12	0	0	0	0
	Annual Work Plan available for past year	1	6	4	27	93	133
	Facility Boards/Committee	0	0	16	108	372	0

Service Delivery

2.5 Problem Analysis

This section highlights the county health sector situational problem analysis on specific policy priority objectives. It analyzes key challenges affecting both access and quality of care and provides possible interventions recommended to address the challenges.

Table 17:problem analysis

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
Eliminate Communicable Conditions	Immunization	❖ long distance between health facilities ❖ hard to reach areas/terrain challenges ❖ poor road infrastructure ❖ migration issues especially during drought period ❖ human wildlife conflicts ❖ socio-cultural & economic factors	❖ inadequate staffing ❖ inadequate mentorship/updates ❖ supply chain disruption of commodities/antigens ❖ inadequate cold chain equipment and lack of routine maintenance ❖ Lack of regular review meetings (M/E) ❖ Knowledge gap among CHPs	❖ investing in construction of new facilities ❖ equipping of new facilities ❖ capitalizing on integrated outreach programs ❖ capacity building of HCWs ❖ cold chain maintenance ❖ staff employments (skilled staffs) ❖ resource allocation for immunization services ❖ Address socio-cultural hindrances through advocacy & strengthen health education ❖ Establish primary healthcare networks ❖ Quarterly review meetings for HCW ❖ use of mainstream and social media outreaches

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*	
	Screening for communicable conditions	❖ long distance between health facilities ❖ hard to reach areas/terrain challenges ❖ poor road infrastructure ❖ knowledge gap amongst community members on communicable diseases ❖ socio economic factors	❖ lack of laboratory services in most health facilities ❖ skills gaps especially amongst long serving HCW ❖ erratic supplies of commodities as well as push system ❖ inadequate staffing ❖ poor hygiene practices especially in the lower dry lands ❖ knowledge gap among CHPs	❖ improve on diagnostic services by providing lab services at all levels ❖ capacity building of HCW ❖ ensuring timely and constant supply of health care commodities ❖ staff employments and motivation ❖ improve of sanitation through an active WASH program ❖ use of mainstream and social media outreaches

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
	Antenatal Care	❖ long distance between health facilities ❖ hard to reach areas/terrain challenges ❖ poor road infrastructure ❖ knowledge gap amongst community members on importance of early ANC visits and the eight visits	❖ staff shortages ❖ lack of laboratory diagnostic services in most levels II & III facilities i.e. ANC profile ❖ lack of updates/mentorship for HCW especially FANC & PMTCT ❖ erratic supplies of commodities ❖ lack of health records/registers	❖ Investment in laboratory services ❖ opening up of more health facilities ❖ regular integrated outreaches ❖ staffs' mentorship/updates ❖ employment of more HCW ❖ Procurement of mother child booklets ❖ empowerment of CHP on ANC services for health promotion ❖ budgetary allocation in AWP ❖ timely procurement of health records/registers

	Malaria Control activities ● Integrated Vector Management (IVM) ● Advocacy Communication and Social Mobilization ● Malaria in pregnancy ● Malaria case management	❖ long distances between health facilities ❖ fewer health facilities across the county ❖	❖ lack of budgetary allocation for malaria control program ❖ Lack of regular updates/capacity building for HCW ❖ Lack of case management guidelines in most health facilities ❖ diagnostic lab services lacking in most health care facilities	❖ mentorship/trainings for health care workers on malaria case management ❖ Budgetary allocation for malaria control program ❖ community awareness on malaria control by CHP through community dialogues ❖ timely and adequate procurement for malaria commodities ❖ investment in laboratory diagnostic services at all health care facilities ❖ provision of malaria case management guidelines both in hard/soft copies for all facilities

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*	
	Good hygiene practices	❖ long distances to water sources ❖ prolonged droughts in parts of the county ❖ migration/ pastoralism lifestyle in some parts of the county	❖ lack of sufficient and clean water in most parts of the county ❖ knowledge gap among CHPs ❖ lack of water catchment/storage areas	❖ Inclusion of budgetary allocation for WASH program ❖ investment in water catchment sources ❖ health promotion strategy by use of CHPs ❖ scale up of community led total sanitation ❖ allocate adequate resources for capacity building CHPs
	HIV and STI prevention	❖ long distance between facilities ❖ inadequate facilities offering HIV care services ❖ Pastoralism lifestyle resulting in frequent migration ❖ lack of regular health promotion strategies	❖ skills/knowledge gap on HIV/PMTCT management by HCW & CHPs ❖ stock outs of STI drug commodities ❖ erratic supply of RTKs ❖ erratic supply of condoms ❖ staff shortages ❖ lack of budgetary allocation for HIV/AID activities by the County	❖ ensure regular budgetary allocation for HIV/AIDS program ❖ regular and timely supply of commodities including condoms ❖ capacity building for HCW and CHPs ❖ strengthen health promotion on HIV prevention and management ❖
	Port health			

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
	Control and prevention of neglected tropical diseases	❖ facility access due to long distances ❖ water shortages in vast areas of the county ❖ socio-cultural barriers ❖ ignorance by community members ❖ lack of veterinary services in most areas of the county hindering vaccination against rabies for canine animals	❖ lack of consistent and regular supplies for drugs and other commodities ❖ knowledge gap/lack of capacity building for HCW and CHPs ❖ Lack of community sensitization (health promotion) on neglected tropical disease ❖ few facilities offering screening for neglected tropical disease ❖ lack of specialized health care workers trained on neglected tropical diseases ❖ lack of resource allocation for this program	❖ prioritize budgetary allocation for the program in AWP ❖ Capacity building for HCW & CHPs ❖ Health promotion strategies on neglected tropical diseases ❖ regular supply of commodities and drugs e.g. anti rabies vaccines ❖ one health approach ❖ increase number of facilities offering screening services ❖ use of mainstream and social media outreaches

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*	
Halt, and reverse the rising burden of non-communicable conditions	Health Promotion & Education for NCD's	• Limited health care infrastructure- Insufficient health care facilities • Inadequate health awareness and education' • Lifestyle factors • Culture beliefs and practices. • Economic constraints • Inadequate data and surveillance.	• Lack of adequate diagnostic equipment • Inadequate number of healthcare workers and limited knowledge gap in prompt management of NCDs • Late diagnosis associated with complications	• Establish and strengthen the existing facilities • Create awareness to the community • Early detections of NCDs, treatment and management • Health education on NCDs • Multisectoral approach involving the government • Scale up nutrition education on NCDs and set up wellness centers in the workplace. • Strengthen referral linkages • Procure and equip facilities with NCDs diagnostic equipment.
	Institutional Screening for Non-communicable Diseases (NCD's)	• Inadequate implementation of school health programs. • Strict protocols to access learning institutions	-Lack of policy guidelines in institutions to guide screening of NCDs -Lack of clear referral mechanisms	Multi sectoral resource mobilization to support school health program

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
	Rehabilitation	-Very few rehabilitation centers in the county) NCRH, Naikara HC & Transmara WSCH) -Lack of infrastructure/space to establish rehab facility in most level 4 facilities e.g. Ololulunga SCH -Stigma within the community hence most PLWDs are hidden	-Lack of adequately trained personnel for rehab services -Lack of facilities to carry out assessment of PLWDs in the community -Lack of adequate rehab equipment	_Train and deploy more staff for rehab services -Procure equipment and functionalize all level 4 facilities to offer rehab services -Allocate funds to conduct regular assessment for PLWDs in the community -Sensitize community to reduce stigma and bring forth PLWDs for rehab services

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
	Workplace Health & Safety	• Inadequate awareness of the prescribed workplace safety measures. • Inadequate adherence to safety measures in the workplace. • Limited enforcement. • suboptimal utilization of health standard, guidelines and SOPs		• Scale up and strengthen awareness in the work environment. • Strengthen and enhance policy implementation. • Enhance multisectoral collaboration on adherence. • strengthen use of prescribed standard, guidelines and support innovativeness of SOPs
	Food quality & Safety	• Weak surveillance on food quality and safety.	• Inadequate knowledge on food quality and safety by the consumers	• Strengthen surveillance on food quality and safety through sample analysis. • Continuous food hygiene sensitization and supervision.

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*	
3. Reduce the burden of violence and injuries	Health Promotion and education on violence / injuries	• -Cultural hinderances e.g. male dominance, FGM, women dependency on men	• -Low sensitization of women rights • -Lack of women empowerment • lack of secured spaces for potential / victims • inadequate SOPs and poor utilization of health standards and guidelines	• -Intensify social behavior change and communication strategy • establish GBV care desk in level 4 facilities • Sensitize community on SA, and empower them on life skills • create awareness on penalties and legal measures taken on perpetrators •
	Pre-hospital Care	• -Long distance to health facility • -Transport difficulty due to poor road network • -Stigma associated to FGM and GBV	• -Inconsistent outreaches to had to reach areas • -Inadequate ambulance/referral services- • Inadequate training of HCWS on GBV and FGM	• strengthen outreach and increase in reach services • strengthen referral system/ambulance services • sensitize and train HCW on GBV/FGM • provide safe spaces and privacy for all clients •
	OPD/Accident and Emergency	-Long waiting time -Poor staff attitude inadequate infrastructure in most facilities	-Staff shortage -Inadequate skills in handling emergencies	• -Employment of adequate essential staff • -Regular capacity building of staff • -Functionalize accident and emergency departments in all level 4s

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*	
	Management of injuries	client negative attitude knowledge gap on risk factors	inadequate equipment and erratic commodities supply limited HRH Poor service delivery	create community awareness on risk factors of Reduce waiting time by triaging clients motivate staff to provide quality health care procure essential and adequate equipment /commodities
4. Provide essential health services	General Outpatient	-Few facilities in the county against high population and vastness of the county -Lack of adequate space for all outpatient services in most existing facilities	-Long waiting time in health facilities -Staff shortage creating high workload	-Employ more personnel especially nurses and clinical officers -Establish more health facilities at hard-to-reach areas to minimize distances between facilities
	Elimination of Mother to Child HIV Transmission	-long distance between facilities due to vastness -sociocultural beliefs/practices e.g. FGM, early marriages, male dominance in decision making -Stigma & discrimination associated with HIV	-staff shortage and high workload -Lack of adequate capacity/skills especially in the rural facilities -Stock out of commodities like RTKs, ART suspension for prophylaxis	-Capacity building of HCWs on ART/PMTCT -Sustained adequate supply of commodities -Increase PMTCT site coverage, for all sites to offer services -Employ more health care workers and establish more facilities to reduce distances

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*	
	Integrated MCH / Family Planning services	❖ Long distances between facilities ❖ Socio-cultural beliefs ❖ Inadequate male engagement, myths and misconception in FP ❖ High illiteracy among the community	❖ Inadequate skilled staff ❖ Inadequate equipment ❖ Erratic supply of commodities ❖ Inadequate facility working space	❖ Employ more skilled HCW ❖ Procure and distribute more equipment ❖ strengthen HPTU ❖ construct more facilities (5km apart-WHO standards) ❖ Create awareness on FP through local radio stations/community dialogues ❖ Conduct training/OJT and mentorship of HCW
	Maternity	● Social cultural issues. ● Long distance between facilities ● Poor interpersonal relationship by HCW towards clients ● TBAs remain to be a bottleneck	● Inadequate staffing ● Inadequate diagnostic equipment and supplies ● Inadequate infrastructure	● Hire more technical staff ● Procure and equip facilities ● Train maternity staff on VCAT and dignity care ● Re orientate TBA into mother companions and referral agents ●

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
	Newborn services	● Poor health seeking behavior ● poor infrastructures ● Limited scope in PHC facilities on newborn care	● Inadequate trained HCW ● Inadequate infrastructure ● inadequate equipment	● Scale up community awareness on availability of newborn services ● Capacity build HCW ● Improve facility infrastructure ● Upgrade PHC facilities to offer newborn services

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
	Reproductive health	• Weak linkage in the healthcare system • Sociocultural beliefs/practices • Long distances to access diagnostic sites • Low community awareness on RH • Limited scope within PHC facilities to offer wide range of RH services • Sub optimal screening of RH challenges/issues	• Inadequate skilled HCW on wide range of RH services • Lack of equipment and commodities	• Train HCW on wide range of RH services • Procure wide range RH equipment • Increase community awareness on RH

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
	In Patient	-Few facilities in the county offering in-patient services	-Inadequate staffing -Inadequate supply of pharmaceutical and non-pharmaceuticals	-Employ more essential personnel- Nurses, Clinicians, lab techs and pharmacy staff -Establish in-patient services in level 3 facilities -Ensure adequate supply of pharmaceutical and non-pharmaceuticals
	Clinical Laboratory	-Inadequate number of diagnostic sites in the county -Lack of adequate equipment -Long distances to access diagnostic sites	-Lack of service contracts for equipment/machines -Shortage of Laboratory personnel -Erratic supply of commodities/reagents	-Open more diagnostic sites in existing level 2 & 3 facilities -Employ more laboratory technologists -Ensure allocation and procurement of adequate laboratory supplies/commodities
	Referral laboratory (specialized laboratories)	-Long distance to access specialized laboratories	-Lack of specialized equipment for specialized tests -Stock out of supplies/commodities for specialized equipment	-Procure specialized laboratory equipment for all level 4s -Procure adequate supplies for specialized diagnostics -Conduct refresher training on malaria and TB diagnosis -Procure and functionalize 1 molecular diagnostic tool in each level 4 facility -Establish and strengthen Integrated Sample Referral System (ISRS) in the county

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
	Imaging	-Lack of Imaging services in in most facilities except level Fours -Lack of specialized imaging like MRI in the entire county	-Inadequate specialized radiologists -Inadequate supplies/imaging commodities	-Procure specialized radiology equipment for all level 4s including digital artificial intelligence (AI) -Procure adequate supplies for specialized radiological diagnosis -Train more staff on specialized diagnostic services
	Pharmaceutical and non-pharmaceuticals	-Long distances to facilities	-Stock out of essential commodities due to low allocation -Shortage of pharmacy personnel	-employ more pharmacy personnel -Allocate adequate funds for procurement of pharmaceuticals and non-pharmaceuticals
	Blood safety	-Inadequate support for blood donation activities -Lack of equipment for blood compatibility testing in most facilities -Lack of storage facilities including fridges -Lack of blood banks in level 4 facilities except Transmara west SCH and NCRH	-Shortage of staff working in the blood satellite	-Allocate adequate funding for blood donation outreach activities -Procure adequate equipment and commodities required for blood transfusion -Train and deploy more staff to the blood satellite

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
	Rehabilitation	-Very few rehabilitation centers in the county) NCRH, Naikarra HC & Transmara WSCH) -Lack of infrastructure/space to establish rehab facility in most level 4 facilities e.g. Ololulunga SCH -Stigma within the community hence most PLWDs are hidden	-Lack of adequately trained personnel for rehab services -Lack of facilities to carry out assessment of PLWDs in the community -Lack of adequate rehab equipment	_Train and deploy more staff for rehab services -Procure equipment and functionalize all level 4 facilities to offer rehab services -Allocate funds to conduct regular assessment for PLWDs in the community -Sensitize community to reduce stigma and bring forth PLWDs for rehab services
	Palliative care	No dedicated facility for palliation in the county	Lack of trained personnel for palliative care	Establish at least one center for palliative care in the county
	Specialized clinics	● Long distances between facilities ● Lack of community awareness on availability and importance of specialized clinics	● Inadequate specialized staff ● inadequate infrastructure and diagnostic equipment	● Upgrade all level 4 facilities to offer specialized services ● Employ and deploy specialized HCW

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*	
	Comprehensive youth friendly services	• Inadequate integrated YFS • Limited awareness of YFS among the community • Stigma associated with youth seeking services esp. RH	• Inadequate HCW trained on AYFS • Poor infrastructure	Capacity build HCW on AYFS Improve infrastructure Increase community awareness on AYFS
	Operative surgical services	• Inadequate level 4 facilities offering operative services • Weak referral system	• Inadequate specialized trained HCW • Inadequate surgical equipment and supplies in all level 4 and NCRH • Inadequate infrastructure	• Strengthen referral system and linkages • Upgrade and equip all level 4 facilities to offer surgical services and NCRH
	Specialized Therapies			
5. Minimize exposure to health risk factors	Health Promotion including health Education	• Poor knowledge on risk factors • Lack of implementation of occupational health and safety act •	• limited funding to support radio talk shows • lack of IEC material on critical areas. • awareness creation on health risk factors	• allocate resources to support radio talk show • Design, development, printing. And distribution of IEC • implement occupational health and safety act in facilities.

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
	Sexual education	-Individual attitude clients /staff on sex education -Inadequate dissemination of policies and guidelines	-Inadequate staffing with knowledge to handle sexual education -Reorient HCWs on sexual education policy	-intensify sexual education in schools and risky population integrate sexual education with other services
	Substance abuse	inadequate youth sensitization intervention on substance abuse/use training of st	lack of rehabilitative service and referral system for clients affected with substance abuse Knowledge gap due to lack of specialized training of HRH	establish substance abuse rehabilitation centers in all level 4 capacity building for HCW
	Micronutrient deficiency control	-Few and long distance btw facilities -Lack of knowledge in the community due to lack of awareness creation food insecurity-high prices of food commodities and difficult economy	-Lack micronutrient commodities -Knowledge gap in management of micronutrient deficiency lack of staff establishment (Nutritionist) in level 2 facilities.	-Increase number of health facilities in the county -Procure and supply adequate commodities for management of micronutrient deficiencies deploy nutrition and dietetic in level 2 facilities.
	Physical activity	knowledge gaps on prevention of lifestyles condition poor health seeking behavior	inadequate tools for screening of risky population low demand awareness on lifestyle disease	strengthen screening of lifestyle conditions scale up public awareness campaigns

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access *(Where applicable)*	**Improving quality of care** *(Where applicable)*	
6. Strengthen collaboration with health-related sectors	Safe water	• Drought • Floods • Conflict	• Contamination of water source • Environmental pollution	• Water treatment (various options) and protection of water sources. • Stakeholders' engagement and sensitization on effects of pollution. • Disaster mitigation through preparedness and response plans
	Sanitation and hygiene	• Inadequate awareness on hygiene and sanitation. • Cultural barriers and practices • Inadequate sanitation facilities in learning institutions	• Lack of regulations to operationalize the environmental health and sanitation Act 2017	• Community and institutional triggering sessions on community led total sanitation (CLTS). • Intensified hygiene promotion sessions including hand washing with soap and water. • Advocate for development regulations in order to implement hygiene and sanitation Act. • Enforce sanitation policy guidelines implementation in schools.

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
	Nutrition services	• Few facilities and long distance btw facilities in the county • Food insecurity • Cultural beliefs and practices • Lack of nutrition policy • Poverty	• Knowledge gap on importance of nutrition services. • Inadequate nutrition commodities to manage malnutrition cases • Inadequate anthropometric equipment for nutrition assessment • Inadequate staffing	• Equipping more facilities. • Capacity building of healthcare workers on nutrition • Procure nutrition commodities. • Procure nutrition anthropometric equipment • Nutrition staff employment • Develop a county nutrition policy • Conduct regular community awareness and advocacy on nutrition services • Establish IGAs to mitigate food insecurity
	Pollution control	• Inadequate Teamwork among Stakeholders	• Weak coordination among the regulatory agencies.	• Strengthen one health approach
	Housing	• Inadequate coordination among the key actors • Poverty • Poor road infrastructure	• Ignorance among the community members on improved housing. • Socio-cultural lifestyle	• Multisectoral approach • Community empowerment on economic growth. • Behavior changes communication (BCC).

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
	School health	• Bureaucratic protocols to access learning institutions.	Limited implementation of school health programmes	• Harmonize policy protocol regarding access to learning institutions at the policy making level • Program integration
	Water and Sanitation Hygiene	• Drought • Floods • Inadequate awareness on hygiene and sanitation. • Cultural barriers and practices • Inadequate sanitation facilities in learning institutions	• Contamination of water source • Environmental pollution • Lack of regulations to operationalize the environmental health and sanitation Act 2017	• Water treatment (various options) and protection of water sources. • Stakeholders' engagement and sensitization on effects of pollution. • Community and institutional triggering sessions on community led total sanitation (CLTS). • Intensified hygiene promotion sessions on behavior change and communication including hand washing with soap and water • Advocate for development regulations in order to implement hygiene and sanitation Act. • Enforce sanitation policy guidelines implementation in schools.

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access ***(Where applicable)***	**Improving quality of care** ***(Where applicable)***	
	Food fortification	• Availability of alternative substitute products. • Increased products cost	• Inadequate market surveillance on targeted foods in the outlets • Conflict of interest that compromises procedures	• Strengthen food surveillance in the market. • Strict adherence to set standards by regulatory agencies. • Government to subsidize prices.
	Population management	• Unemployment • Constrained health facilities due to increased population.	• Increased demand for health care services that compromises commodities and supplies	• Financial empowerment sessions and linking people to small and medium Enterprises (SMEs). • Adequate planning and commodities forecasting.
	Road infrastructure and Transport	• Poor state of the roads •	• Floods	• Establish and operationalize new health facilities

SECTION 3: STRATEGIC PRIORITIES, OBJECTIVES AND TARGETS

3.1 STRATEGIC PRIORITIES

The county health sector's strategic and investment plan focus is guided by the overall vision that aims to transform the county into a nationally and an internationally competitive and prosperous county with high quality of life by the year 2030. Its crafting is grounded in the principles of the constitution of Kenya 2010 specifically aiming to attain the right to health and decentralize health services management through a devolved system of governance.

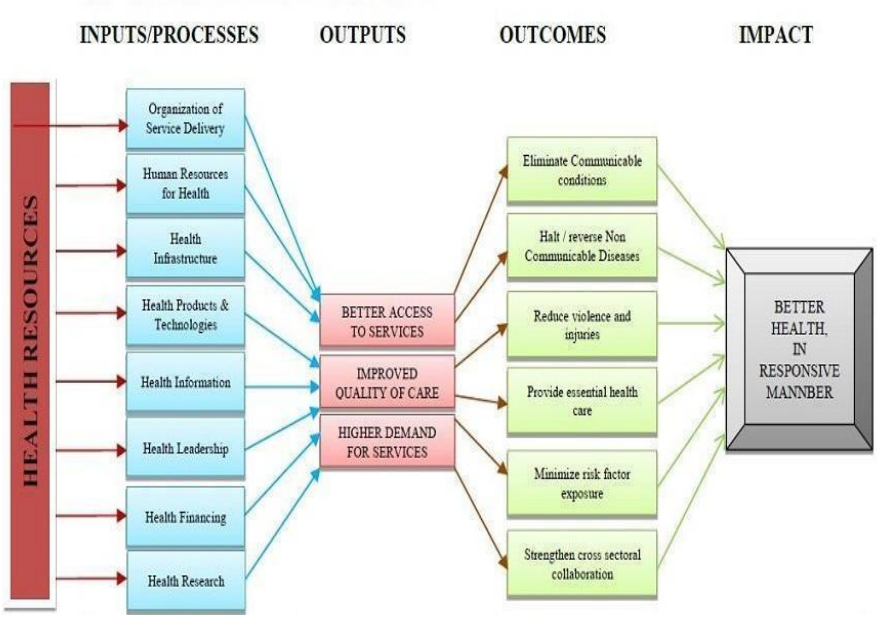
County health sector strategic and investment plan is guided by the overall goal of **"Attaining the highest possible standards of health in a manner responsive to the population needs"**

It aims to achieve this goal through supporting provision of equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans.

County health sector strategic and investment plan provides a medium-term focus, objectives and priorities to enable it to move towards attainment of sector vision.

A series of priorities shall be focused on during the strategic implementation period per program area. These are defined at the impact, outcomes and inputs levels to ensure a logical link across sector actions. This is drawn from the Kenya health policy framework and is highlighted below.

Figure 3 :the Kenya health policy framework



3.2 Strategic Objectives

Service Delivery

The table below highlights basic strategic objectives aimed at improving service delivery for the specified key policy objectives. Most of these objectives have specific activities indicated in the program-based budgeting section that will be carried out to achieve each one of them.

Table 18:service delivery

Policy Objective	**Specific Strategic Objectives**
Eliminate communicable conditions	❖ To increase number of diagnostic and treatment sites targeting communicable conditions ❖ To improve on prevention and control of communicable diseases ❖ To increase number of sites offering integrated outreach clinics ❖ To intensify campaign programs for preventive purposes e.g. LLITS, HPV ❖ To intensify capacity building of health care workers on the various communicable diseases
Halt and reverse increasing burden of non-communicable conditions	❖ To reduce the prevalence of non-communicable diseases (NCDs) ❖ To increase screening of NCDs through Community Health Promoters (CHPs). ❖ To increase awareness among HCWs and community members
Reduce the burden of violence and injuries	❖ To strengthen outreach and increase in reach services & strengthen referral system ❖ To increase the proportion of people with awareness of GBV

	❖ To improve the availability of safe spaces and privacy for all ❖ To increase the proportion of people with the knowledge on risks related to motorcycle injuries.
Provide essential medical services	❖ To increase equitable access on health service ❖ To provide quality and responsive services ❖ To provide efficient and effective services ❖ To increase the utilization of health standards and prescribed guidelines/SOPs ❖ To increase the provision of holistic patient centered care
Minimize exposure to health risk factors	❖ Strategies to increase awareness amongst the public ❖ To reduce the number of people with lifestyle related medical conditions ❖ To increase the proportion of people screened for lifestyle conditions. ❖ Establish QIT/WITs in all healthcare facilities. ❖ To scale up public awareness on health risk factors through the social mobilization campaigns.
Strengthen collaboration with health-related sectors	❖ To establish and strengthen stakeholders for one health approach

Sector targets

3.3.1 Scaling up provision of KEPH services targets.

Table 19: KEPH targets

The table below highlights the number of Units currently offering KEPH services and strategic plan targets for scaling up the numbers at community, primary care and Hospitals levels.

Policy Objective	**KEPH Services**	**# units currently providing service**			**Strategic Plan targets**		
		Community	*Primary care*	*Hospitals*	*Community*	*Primary care*	*Hospitals*
Eliminate Communicable Conditions	Immunization	0	174	8	291	210	8
	Immunization outreaches	148	548	26	291	538	26
	Child Health	148	223	13	291	266	15
	Screening for communicable conditions	148	222	13	291	266	15
	Antenatal Care	148	222	13	291	266	15
	Condoms promotion	148	222	13	291	266	15

Policy Objective	KEPH Services	# units currently providing service			Strategic Plan targets		
		Community	*Primary care*	*Hospitals*	*Community*	*Primary care*	*Hospitals*
	Prevention of Mother to Child HIV Transmission	148	160	8	291	266	15
	Integrated Vector Management	148	22	13	291	266	15
	Good hygiene practices	138	222	13	291	266	15
	HIV and STI prevention	138	60	7	291	266	15
	Port health	0	0	0	0		0
	Control and prevention neglected tropical diseases	148		13	291	266	15
Halt, and reverse the rising burden of non-communicable conditions	Health Promotion & Education for NCD's	148	210	13	291	178	15
	Institutional Screening for NCD's	148	10	0	291	0	0
	Rehabilitation	0	1	2	0	27	15

Policy Objective	KEPH Services	# units currently providing service			Strategic Plan targets		
		Community	*Primary care*	*Hospitals*	*Community*	*Primary care*	*Hospitals*
	Food quality & Safety	148	210	13	291	178	15
Reduce the burden of violence and injuries	Health promotion and education on violence / injuries	148	210	13	291	266	15
	Pre hospital Care	0	210	0	291	266	15
	OPD/Accident and Emergency	0	0	13	0	27	0
	Management for injuries	0	210	13	291	266	15
	Rehabilitation	0	0	2	0	0	15
Provide essential health services	General Outpatient	0	210	13	0	266	15
	Integrated MCH / Family Planning services	148	140	13	291	266	15
	Accident and Emergency	0	0	13	0	27	

Policy Objective	KEPH Services	# units currently providing service			Strategic Plan targets		
		Community	*Primary care*	*Hospitals*	*Community*	*Primary care*	*Hospitals*
	Emergency life support	148	0	1	0	0	15
	Maternity	0	38	13	0	47	15
	Newborn services	148	0	4	0	47	15
	Reproductive health	0	140	13	0	266	15
	In Patient	0	8	13	0	27	15
	Clinical Laboratory	0	37	13	0	266	15
	Specialized laboratory	0	0	2	0	0	15
	Imaging	0	0	4	0	0	15
	Pharmaceutical	0	126	13	0	266	15
	Blood safety	0	0	3	0	13	15
	Rehabilitation	0	0	3	0	0	15

Policy Objective	KEPH Services	# units currently providing service			Strategic Plan targets		
		Community	*Primary care*	*Hospitals*	*Community*	*Primary care*	*Hospitals*
	Palliative care	148	0		0	0	15
	Specialized clinics	0	0	13	0	0	15
	Comprehensive youth friendly services	0	2	0	0	0	15
	Operative surgical services	0	0	13	0	0	15
	Specialized Therapies	0	0	2	0	0	15
Minimize exposure to health risk factors	Health Promotion including health Education	148	210	13	291	266	
	Sexual education	0	140	13	0	266	15
	Substance abuse	148	210	13	291	266	15
	Micronutrient deficiency control	148	210	13	291	266	15

Policy Objective	KEPH Services	# units currently providing service			Strategic Plan targets		
		Community	*Primary care*	*Hospitals*	*Community*	*Primary care*	*Hospitals*
	Physical activity	148	210	13	291	266	15
Strengthen collaboration with health-related sectors	Safe water	148	210	13	291	266	15
	Sanitation and hygiene	148	210	13	291	266	15
	Nutrition services	148	210	13	291	266	15
	Pollution control	148	210	13	291	266	15
	Housing	148	210	13	291	266	15
	School health	148	210	13	291	266	15
	Water and Sanitation Hygiene	148	210	13	291	266	15
	Food fortification	0	0	0	291	266	15
	Population management	0	210	13	0	266	15

Policy Objective	**KEPH Services**	**# units currently providing service**			**Strategic Plan targets**		
		Community	*Primary care*	*Hospitals*	*Community*	*Primary care*	*Hospitals*
	Road infrastructure and transport	0	210	13	0	266	15

Service outcome and output targets for achievement of County objectives

Table 20:outcome and output targets

S/N	Strategic Objectives	Baseline 2021/22	Baseline 2022/23	Target 2023/24	Target 2024/25	Target 2025/26	Target 2026/27
A	**Eliminate Communicable Conditions**						
1	Proportion HIV+ pregnant mothers receiving preventive ARV's to reduce risk of mother to child transmission (PMTCT)	97.1	96	100	100	100	100
2	% Of children under 1 year of age fully immunized	72	61	80	82	85	90
3	% Of children receiving three doses of Penta3 (containing vaccine	92.3	87	90	92	95	96
4	% Of TB patients completing treatment	89.6	87.6	100%	100%	100%	100%

5	Number of newly diagnosed TB cases	1,460	1,702	1400			
6	% Of eligible HIV clients on ARVs	53%	57%	62	72%	82	90
7	Proportion of HIV +ve identified	7.10%	7.20%	90	90	90	90
8	% Of children under five years treated for Diarrhea with ORS & Zinc	59.3	58.7	100	100	100	100
9	% Of school age Children de-wormed	19.9	10.5	50%	58%	62%	82%
10	Proportion of Pregnant Women receiving TT2 Plus immunization	52%	56%	80%	80%	80%	80%
11	Number of pregnant women receiving IPT2	0	0	0	0	0	0
12	Number of children under 1 distributed with Long Lasting Insecticide Treated Nets	18,750	22,637	28840	39827	42116	42574
13	Number of pregnant women distributed with Long Lasting Insecticide Treated Nets	19,895	29,211	34288	43350	46061	49496
14	Total confirmed malaria cases [per 1,000 persons per year]	10.5	11.07	10	8	6	5
15	Proportion of people receiving MDA for schistosomiasis	0	0	0	0	0	0

B	**Halt and Reverse Increase in Non-Communicable Conditions**						
16	% Of Women of Reproductive Age screened for cervical cancer	0.46%	0.05%	1%	3%	6 %	10%
17	Number of new Outpatients with mental health conditions per 1,000 population	4	2.3	2			5
18	Number of new Outpatients diagnosed with high blood pressure per 10000 population	1104	907	843	680	450	300
19	Number of new Outpatients diagnosed with Diabetes per 100,000 population	4.2	3.7	2	2	2	2
20	Proportion of adults OPD clients with BMI more than 25			30%	28%	26%	18%
21	Proportion of adolescent girls vaccinated with HPV vaccine	16%	54%	55%	56%	56%	60%
C	**Reduce the Burden of Violence and Injuries**						
22	% Of new outpatient cases attributed to gender-based violence	0.5	0.3	0.7	0.7	0.7	0.7
23	Road traffic injuries in OPD as a % of all diagnoses	0.13	0.23	0.23	0.23	0.23	0.23
24	% Of new outpatient cases attributed to other injuries	2.84	2.56	2.51	2.51	2.51	2.51

25	% Of Patients with injury related conditions dying in the facility	3.1	2.3	0%	0%	0%	0%
D	**Provide Essential Health Care**						
26	% Of Pregnant women attending at least 4 ANC visits	30.2	30.4	36	38	46	58
27	% Of Women of reproductive age (WRA) receiving family planning (FP)	25%	30%	43%	45%	60%	62%
28	Proportion of pregnant women	65.7	71	80%	90%	90%	90%
29	% of deliveries conducted by skilled attendants in health facilities	52.2	54.4	57	58	62	70
30	Number of children Under 5 dying in health facility			0	0	0	0
31	Fresh Stillbirth rate per 1,000 births in health facilities	8.3	9	0	0	0	0
32	Number of Facility Maternal deaths per 100,000 deliveries	19	14	0	0	0	0
33	% of surgical cold cases operated						
34	Proportion low birth weight in health facilities rate per 1,000 births	4.2	4.7	2	0	0	0

35	Proportion of Children under 5 years attending Child Welfare Clinics for growth	23%	23%	30%	80	100	100
36	Proportion of Households provided with health promotion messages	30	40	60	70	80	100
37	Proportion of Clients tested for HIV amongst 1st ANC attendees	89%	82%	100%	100%	100%	100%
38	Couple Year Protection (CYP) (Million)						
E	**Minimize exposure to health risk factors**						
39	Percentage of children 0-5 (<6 months) months who were exclusively breastfed			85%	100%	100%	100%
F	**Strengthen Collaboration with Health-Related Sectors**						
40	Proportion of Children under 5 years attending Child Welfare Clinics who are	1.5	1.9	5%	0	0	0
41	Proportion of Children under 5 years attending Child Welfare Clinics who are	23.1	22.8	0.50%	0	0	0
42	% of Households with functional toilets	72	75	65	100	100	100
43	% of Households with hand washing facilities	70	57.6	63	100	100	100

44	% of households using improved sanitation facilities	72	48.4	65	100	100	100
45	% of households using improved safe water facilities	31	51	30	100	100	100
46	% of health facilities access to source of power	100%	100%	100%	100	100	100
47	% of women completed secondary education	No data	No data	No data	No data	No data	No data

3.3.3 Sector input and process targets for achievement of County objectives

The health sector framework is organized according to health pillars which are critical in the course towards "Attaining the highest possible standards of health in a manner responsive to the population needs".

The table below illustrates the milestone needed to achieve that desire while detailing the annual target for each milestone.

Table 21: sector inputs and process targets

Orientation area	**Intervention area**	**Milestones for achievement**					
		Milestone	**Annual targets**				
			Yr. 1	**Yr. 2**	**Yr. 3**	**Yr. 4**	**Yr. 5**
Service delivery	Community services	Establish 100 community health units	20	20	20	20	20
		Conduct 2740 Community health dialogue sessions	548	548	548	548	548

		Conduct 10 biannual Community Health supportive supervision sessions	2	2	2	2	2
		Procure 1905 Community unit kits	381	381	381	381	381
		Conduct 2740 Community Score Card Forums Held	548	548	548	548	548
		Enroll 2740 (HH)-Indigents into NHIF	3800	3800	3800	3800	3800
		Conduct 5 yearly County CHS review meetings	1	1	1	1	1
		Conduct 40 County Quarterly CHS review meetings	8	8	8	8	8
		Conduct 9024 Community action day sessions	1896	2136	2376	2616	2856
		Establish 8 PCNs	3	5	0	0	0

		No County Stakeholder Forums held For PHC including Innovation and Learning.	8	8	8	8	8
		No of CHMTs and SCHMTs trained on PHC Guidelines	0	70	0	0	0
		No of Primary Health Care Facility HCWs trained on PHC Guidelines including PHC M&E framework.	0	109	109	0	0
		No of County Bi annual routine monitoring and performance review meetings conducted for PHC Activities	2	2	2	2	2
		No of Community Engagement/Participation meetings/ dialogues conducted on Primary Health Care	120	120	120	120	120
		No of CBDs trained	50	50	50	50	50

		No. of CHPs trained on GRM	80	80	80	80	80
		No. of VMG committees trained on GRM	80	80	80	80	80
	Outreach services	Carry out 175 integrated in reaches to reduce the prevalence of stunted growth of under 5 years	35	35	35	35	35
		Conduct 500 outreach services to increase knowledge of HIV status.	100	100	100	100	100
		To conduct 500 integrated outreaches in hard-to-reach areas to improve nutrition status of WRA and children of 0-59 months.	100	100	100	100	100
	RMNCAH Services	Increase the proportion of WRA using modern FP methods to 60%	38	45	50	55	60

		Increase no. of Comprehensive emergency obstetric and neonatal care facilities to 10	5	7	8	9	10
		Increase no. of Basic obstetric emergency care facilities to 31	11	16	21	26	31
		Scale up proportion of women of reproductive age screened for cervical cancer to 90%	20	50	60	70	90
		Scale up proportion of women with positive lesions treated to 100%	100	100	100	100	100
		Increase no. pregnant women attending at least 4th ANC visit to 55%	35	40	45	50	55
		Increase no. of births attended by skilled health personnel to 78%	58	63	68	73	78

		Increase proportion of perinatal deaths audited to 100	100	100	100	100	100
		Increase proportion of maternal deaths reported and audited within seven days to 100%	100	100	100	100	100
		Scale up PNC Attendance (3days-6weeks) Coverage to 50%	26	30	35	40	50
		Improve the proportion reduction of adolescent pregnancies to 15%	25	23	20	18	15
		Improve the proportion of health facilities providing integrated AYFS to 100%	45	60	100	100	100
		Increase number of health management teams updated (CHMT and SCHMT) on ASRH to 5 Increase proportion of 10-14yr old girls given HPV 2	7	9	9	9	9

		to 50% Reduce number of maternal deaths reported and audited amongst adolescent(10-19yrs) to 0	25	30	35	40	50
		Increase the % of fully Immunized under one-year children to 90%	0	0	0	0	0
			77	80	85	87	90
	Provide essential health services	Proportion of facilities with integrated sample referral system (ISRS)	80	100	100	100	100
		Increase no. of facilities reporting ACF to 140	60	80	100	120	140
		Scale proportion TPT uptake for eligible clients to 100%	85	90	100	100	100
		Improve TB outcomes (TSR) to 90%	80	90	100	100	100

		Increase PMTCT sites from 138 to 222	150	160	180	200	222
		Improve identification of positives from 56% to 95%	56	65	85	95	95
		Improve ART Coverage from 56% to 95%	56	65	85	95	95
		No of Healthcare workers trained on PEC	30	30	30	30	30
		No of new TT surgeons trained	10	10	0	0	0
		No of T.T outreaches conducted	50	50	50	50	50
		No. of MDAs conducted	1	1	1	1	1
		Conduct 180 CHMT and SCHMT supportive supervision visits to lower units.	36	36	36	36	36

	Supportive supervision to lower units	Carry out 10 Bi- annual community health services supportive supervision.	2	2	2	2	2
			8	8	8	8	8
		Carry out 40 PHC support supervision for CHMT/SCHMT.				22	
	On the job training	Conduct 20 CHMT mentorship & support supervision visits (for all 8 sub counties)	4	4	4	4	4
		Conduct 160 SCHMT mentorship & support supervision (in 8 sub counties)	32	32	32	32	32
		conduct CME/mentorship meetings to 40 QITs/WITs annually	40	40	40	40	40

	Emergency preparedness planning	Equip 220 Health Facilities with Functional Fire Safety Equipment	44	44	44	44	44
		Training of 100 HCW on accident and emergency response including, CPR, Drills	20	20	20	20	20
	Patient Safety initiatives	Train 150 health workers on basic life support (BLS)	30	30	30	30	30
		Equip 5 hospitals with functional Accident and Emergency Centre (casualty units)	1	1	1	1	1
		Train 120 healthcare workers on ETAT	24	24	24	24	24
		Train 150 HCW to adhere to health standards and use guidelines in provision of care.	30	30	30	30	30

	Therapeutic committee meetings and follow up	60 medicine and therapeutic committee meetings	60	60	60	60	60
		No developed medicines use policies for various health care levels in the county.	0	0	1	1	1
		No of antimicrobial resistance surveillance conducted	0	0	1	1	1
	Clinical audits (including maternal death audits)	No of Malaria data quality Audits conducted	4	4	4	4	4
		Number of quarterly Data quality audits carried by C/SCHMTs	36	36	36	36	36
		No of IPC Audits done	2	2	2	2	2
		proportion of maternal death reported and audited with 7 days	100	100	100	100	100

		Number of maternal deaths reported and audited amongst adolescent(10-19yrs)	0	0	0	0	0
		conduct KQMH assessment quarterly	940	940	940	940	940
	Referral health services	Auditing of referral health services					
		Establish a standard referral protocol for all facilities	220	220	220	220	220
Health Infrastructure (physical infrastructure, equipment, transport, ICT)	Physical infrastructure: construction of new facilities	1 level five hospital constructed	1	0	0	0	0
		1 level 4 hospitals Constructed	0	1	0	1	0
		30 new health centers and dispensaries constructed	5	5	5	5	5

		1 modern mother baby maternity wing constructed	0	1	0	0	0
		35 maternity wards maternity wards constructed	7	7	7	7	7
		4 modern mortuaries constructed	0	1	1	1	1
		10 modern incinerators constructed	2	2	2	2	2
		90 placenta pits constructed in health facilities	18	18	18	18	18
		90 burning chambers constructed in health facilities	18	18	18	18	18
		123 perimeter fences and gating constructed in facilities	25	15	25	25	23
		1 county EMMS warehouse constructed	0	0	1	0	0

		Parking and pavements constructed in 3 hospitals	0	0	1	1	1
		1 county health office block constructed	0	0	1	0	0
		150 staff houses constructed	50	50	50	50	50
	Physical infrastructure: expansion of existing facilities	Physical infrastructure expanded in 4 hospitals	1	1	1	1	1
		Physical infrastructure Expanded in 99 dispensaries	20	20	20	20	19
	Physical infrastructure: Maintenance	Routine maintenance carried out in 126 health facilities	25	25	25	25	26
		125 firefighting equipment serviced and functional	25	15	15	15	15

		Removal, replacement and disposal of Asbestos done in 9 health facilities	0	0	9	0	0
	Equipment: Purchase	4 generators purchased	2	2	0	0	0
	Equipment: Maintenance and repair	Maintenance and repair carried out in 170 health facilities	17	170	170	170	170
	Transport: purchase	30 Motorbikes purchased	0	0	30	0	0
		14 utility vehicles purchased	3	3	3	3	2
	Transport: Maintenance and repair	11 emergency and evacuation vehicles leased and maintained.	11	11	11	11	11

	ICT equipment: Purchase	Health management information systems purchased for 5 hospitals	1	1	1	1	1
		Computers and other ICT equipment purchased for 125 health facilities	25	25	25	25	25
	ICT equipment: Maintenance and repair	Maintenance of ICT equipment carried out in 170 health facilities	170	170	170	170	170
Health Workforce	Recruitment of new staff	Recruit and deploy 714 HealthCare Technical Staff	200	200	157	157	
	Personnel emoluments	Timely payment of salaries and emoluments	100m	100m	100m	100 m	100m

	for existing staff						
	Pre-service training	Induction of newly employed healthcare workers	200	200	157	157	
		Establish Mentorship programmes	200	200	157	157	
	In service trainings	Training Committees supported	8	8	8	8	8
		Continuous on Job training (OJT)					
		Continuous medical Education (CMEs)	384	384	384	384	384
		Number of HealthCare workers trained on short courses	145	159	175	1931	2124
		Number of Healthcare workers trained on long term courses					

		Carry Out Training Needs Assessment (TNA)	15	16	17	19	21
		Enforce Workplace Health & Safety Measures	1				
	Staff motivation	Promote 300 HealthCare workers on a yearly basis	300	300	300	300	300
		Enforce workplace Health & Safety measures					
Health information	Data collection: routine health information	Print and distribute data capture and reporting tools	3840	0	0	3920	0
		Monitor reporting rate of health data to ensure 100% reporting rate	100%	100%	100%	100%	100%

		conduct quarterly Routine data quality self-assessment	12	12	12	12	12
	Data collection: vital events (births, deaths)	collaborate with other stakeholders like NGAO (chiefs) and civil registration (birth and deaths) through bi annual meetings	2	2	2	1	1
		Provide all health facilities with B1 and D1.	220	220	220	230	240
		Monitor the completeness of D1 and B1 forms	220	220	220	230	240
	Data collection: health related sectors	collaborate with other sectors through sector stakeholders' meetings	2	2	2	2	2
		Intensify weekly surveillance data collection and reporting	52	52	52	52	52

	Data collection: Surveillance	update HCW on disease surveillance module					
	Data collection: Research	Identify, train and operationalize a county health research team	1	0	0	0	0
		conduct operation/implementation research	0	1	1	1	1
		conduct quarterly exit interviews in health facilities	1	1	1	1	1
	Data analysis	Conduct quarterly RDQA for the 8 sub-counties	8	8	8	8	8
	Information dissemination	Hold Quarterly data review meetings with sub counties	4	4	4	4	4
		Hold annual performance reviews (APR)	1	1	1	1	1

Health Products	Reduce stock out of Health products and technologies	supply 196 health facilities with essential medicines and medical supplies every quarter	156	166	176	186	196
	Avail specialized health products and technologies	Procure service contracts for specialized equipment in 8 Hospitals	4	6	0	8	0
		supply eight hospitals with specialized commodities	4	6	6	8	8
		Avail Non-EPI Vaccines to 196 Health facilities	156	166	176	186	196
	Increase allocation for all health	Allocate 1,861,909,329 for combined HPTs	991,448,000	1,271,630,800	1,404.335,680	1,685,385,228	1,861,909,329

	products and technologies						
	Enhance pharmaceutical efficiency of HPTs	Undertake quarterly forecasting and quantification for HPTs for 196 health facilities	156	166	176	186	196
		Conduct redistribution of HPTs in 10 sub counties	8	9	9	10	10
Health Financing	Costing of health service provision	Develop costed work plan annually	1	1	1	1	1
	Resource mobilization	Ensure health products are available in all health facilities in the percentages	100	100	100	100	100
		Build 8 warehouses	1	1	1	1	1

	Health expenditure reviews	Hold quarterly review of expenditures	4	4	4	4	4
		Ensure 100% distribution of acquired products					
Leadership and Governance	Strengthen stakeholder coordination	Conduct 18 biannual health stakeholders' meetings	18	18	18	22	22
	Strengthen supportive supervision	Conduct 784 support supervisory visits to health facilities (each facility to be visited four times a year)	624	664	704	744	784
	Establish and operationalize drug and therapeutic committees	Activate drug and therapeutic committees in 8 hospitals	2	4	6	8	9

	Strengthen response to emergency situations	Develop annual emergency contingency plans	1	1	1	1	1
	Strengthen planning and implementation of health programmes	Develop annual departmental work plans	1	1	1	1	1

SECTION 4: IMPLEMENTATION ARRANGEMENTS

4.1 Coordination framework

The health sector partnership in Kenya is guided by the Kenya Health Sector-Wide Approach (KHSWAp) introduced in 2005. The SWAp provides a framework through which all sector actors can engage to improve the effectiveness of health actions. The SWAp principles reflect those set out in the Paris Declaration on Aid Effectiveness, built around country ownership, alignment, harmonization, managing for results, and mutual accountability. It is based on having the sector working around a common partnership framework that encompasses having one planning, budgeting and monitoring framework and all sector actors should be working within these 3 ones.

Narok County Health Stakeholders' Forum (NCHSF) serves as the coordinating mechanism for health sector partners' activities and is chaired by the CECM. The main objectives of the stakeholder forum are to:

· Create an environment for learning, sharing information amongst health stakeholders in the county;

· Enhance coordination of all health programs and activities within the county;

· Coordinate mobilization and utilization of resources for health activities within the county;

· Facilitating linkages amongst the stakeholders.

The full Implementation of this strategic plan will require multi-sectoral effort and approach with various health stakeholders playing different roles which are complementary and synergistic at all levels of health care service in the county health systems. These responsibilities and roles are geared towards the realization of the right to health. The membership of the CHSF shall be drawn from all state and non-state actors in the county health sector.

4.1.1 Management structure (Organogram for County Health Management)

The Department of Health and Sanitation has established an organization structure abiding by the various laws to promote accountability and responsible implementation of the County Health Sector Strategic and investment Plan 2023/2024-2027/2028. The recent development of the need to coordinate the sector mandate in an effective and efficient manner has necessitated the department to revise the organizational structure to facilitate the implementation of this strategic plan and the attendant provision of health services.

The structure is guided by the core functions of the department which include:

· Need to align the three main technical Programme areas: Curative and Rehabilitative Health Services; Preventive and Promotive Health Services and General Administration, Planning, Management Support and Coordination to the planning and budgeting agenda

· Need to strike a reasonable balance between core and non-core functions;

· Delegate authority to the lowest possible level, Clarity of roles, responsibilities, accountabilities, authority levels, communication channels, and conflict resolution mechanisms.

· The structure clearly defines the hierarchy, assigning responsibility to personnel and their efforts to achieve the department vision. (organogram to be inserted)

4.1.2 Partnership and Coordination structure and actions

The County health management team will develop a stakeholder and partner inventory. The team will take the lead in implementation of the plan while partners and stakeholders will provide support. There will be annual and quarterly stakeholders' meetings to review the implementation progress of the county health strategic and investment plan.

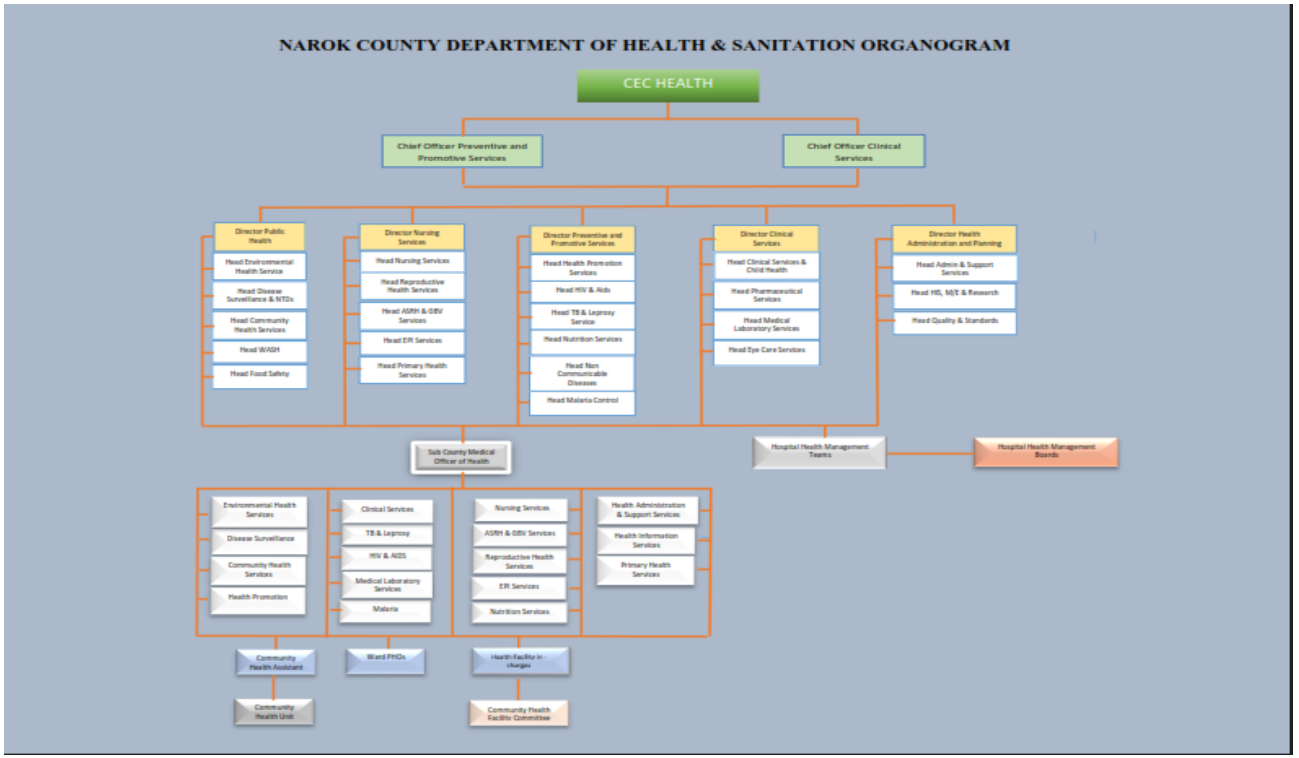
4.1.3 Governance structure and actions (County Government and its support)

The county government of Narok will provide guidance and support with necessary resources required to implement the County Health Sector Strategic and Investment plan. The county health management team (CHMT) will take the lead and provide technical support to the implementing units in order to achieve the set goals towards attainment of the vision of this strategic and investment plan.

The county health management team will coordinate the midterm and end term review of this strategic plan as well as continuous monitoring of its implementation. The county assembly committee on health and budgeting will consider and enact bills necessary to support the implementation of this strategic plan as well as appropriating funds towards its support. Relevant health committees (county health management board, health facility management committees, community health committees) will play their roles in ensuring the resources and actions necessitated by this plan will be implemented to the letter.

Figure 4: County Health and Sanitation Organogram

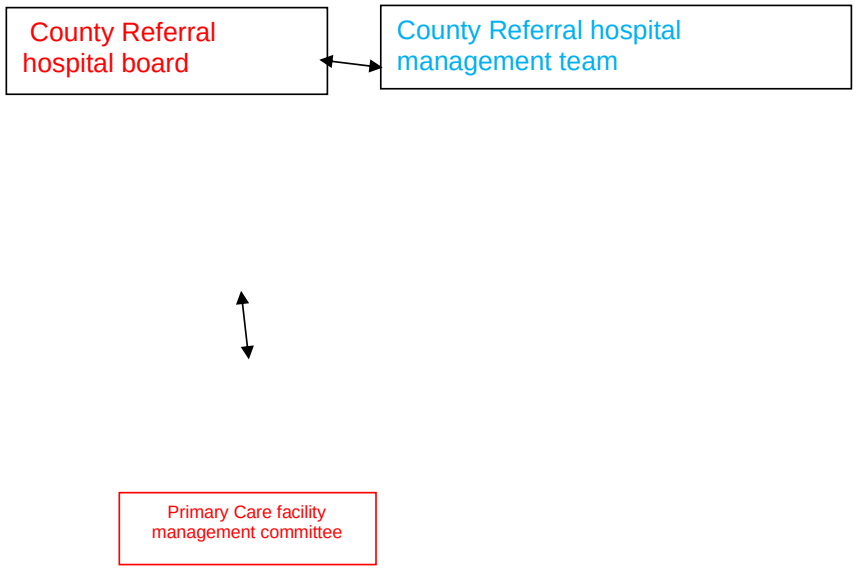
NAROK COUNTY DEPARTMENT OF HEALTH & SANITATION ORGANOGRAM



The overall framework for sector leadership that will be applied is shown in the figure below.

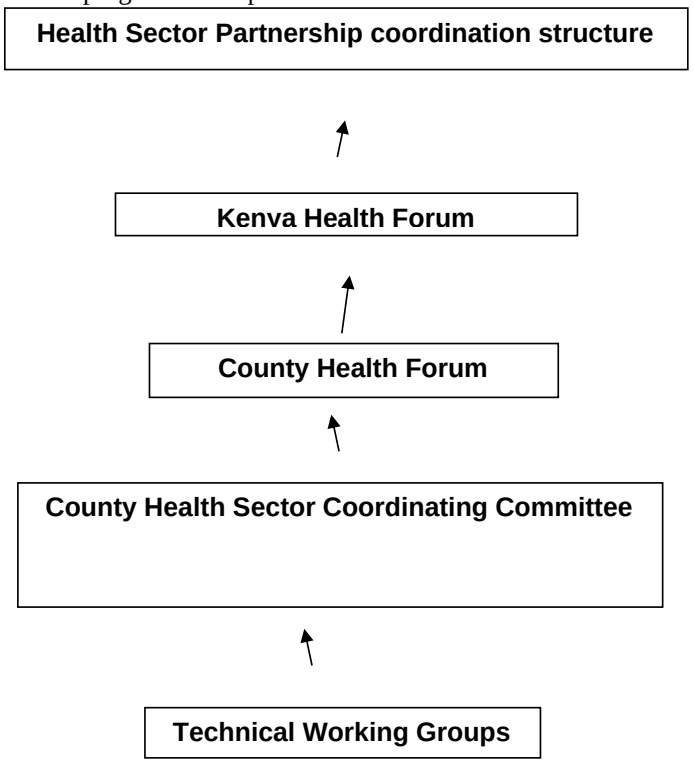
Health Sector Leadership framework

PARTNERSHIP **GOVERNANCE** **STEWARDSHIP**



Partnership and Coordination structure

The County health management team will develop a stakeholder and partner inventory. The team will take the lead in implementation of the county health sector strategic and investment plan while partners and stakeholders will provide support in line with Kenya sector wide approach principles of partnerships which are built around sector ownership, alignments, harmonization, leadership and accountability to achieve the goals as one planning and monitoring framework. There will be annual and quarterly stakeholders' meetings to review the implementation progress of the plan.



1: COUNTY HEALTH SECTOR COORDINATING COMMITTEE (CHSCC)

Table 22:The Health Sector Coordinating Committee

Overall, Purpose	To enhance stewardship by government health agenda through the department of health and sanitation.
Objectives of the CHSCC	To strengthen coordination of health partnerships to support the county's agenda using the principles of SWAp to provide an enabling environment to achieve harmony and synergy among all stakeholders in health
Membership	CHMT, county executive member in charge of health services, Community representatives, Government agencies, representatives of development partners, training and research institutions, representatives of private sector health providers, Faith based organizations
Chairperson and Vice-	The chairperson will be the county executive committee member in charge of health services while the vice chairperson will be nominated by the members of the committee.

chairperson	
CHSCC Meetings	The county health sector coordination committee meetings will be held on quarterly basis
CHSCC Technical Working Groups (TWGs)	Monitoring and evaluation technical working group HIV, TB & malaria technical working group Maternal and child health technical working group WASH/school health/food quality control technical working group Community health services/primary health care technical working g

2: COUNTY HEALTH STAKEHOLDERS FORUM (CHSF)

Table 23: county stakeholders Forum

Overall purpose	• To provide coordination in the implementation of county health sector strategic and investment plan
Specific objectives	Create an environment for learning, sharing information amongst health stakeholders in the county; Enhance coordination of all health programs and activities within the county; Coordinate mobilization and utilization of resources for health activities within the county; Facilitating linkages amongst the stakeholders
Membership	Community representative, government agencies, representatives of development partners, training and research institutions,
Chairperson	The chairperson will be the county executive member for health (CEC)
Meetings	Meetings will be held in quarterly basis

County Assembly committee for Health and Committee for Budget

The county assembly committee for health matters will investigate and table in the assembly policy matters concerning health and sanitation including budgetary allocation in support of implementing the county health strategic and investment plan.

SECTION 5: RESOURCE REQUIREMENTS AND FINANCING

The County will base its requirements using the seven building blocks. These requirements are based on the needs assessment, situational analysis and also on challenges facing the County in service delivery. This section was strongly anchored and incorporated with the Narok CIDP for the period 2023/24 to 2027/28. It highlights how resources are budgeted and allocated per key performance indicators.

Resource requirements

For effective delivery of quality services while ensuring good access to healthcare, all outlined activities should be budgeted for and funded. This table shows the annual resource requirements needed to facilitate all planned activities under the curative & rehabilitative program, health prevention & promotion program and the general administration, planning & support services program.

Table 24:resource requirements

Outcome: Effective and efficient curative and rehabilitative health care services to the county citizens								
Sub Programme	**Output**	**Performance Indicator**	**Annual resource requirements**					**Budget (Ksh. M)***
			Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	
SP1. Clinical and		Number of hospitals with	55.8	18.6	18.6	18.6	18.6	130.20

Diagnostic services	Specialized units equipped	equipped radiology units						
		Number of Ophthalmic Units equipped	-	-	7	7	7	21.00
		Number of Dialysis Centers equipped	47.18	47.18	-	0	0	94.36
		Number of operation theatres equipped	40.603	40.603	13.53	13.53	13.53	121.80
		Number of newborn units equipped	11.63	11.638	5.819	5.819	5.819	40.73
		Number of equipped ICUs	77	77	77	77	77	385.00
		Number of Dental units equipped	13.3	26.6	13.3	13.3	13.3	79.80
		Number of hospitals with equipped ENT Clinics	0.058	0.058	0.058	0.058		0.23
		Number of health centers with	-	0.657	0.876	0.876	0.876	3.29

		functional Oxygen cylinders (26)						
		Number of dispensaries with functional Oxygen cylinder (136)	-	-	0.504	0.504	0.504	1.51
		One bulk liquid oxygen storage tank	32	-	-	0	0	32.00
		No. of health care workers trained on nurturing growth	1.5	1.5	1.5	1.5	1.5	7.50
	Increased availability of basic equipment	Number of new basic laboratories equipped	0	1.911	1.911	1.911	1.911	7.64
		Number of Laboratories with advanced TB testing equipment. (Truenat)	0	7	7	7	7	28.00
		Number of level 2&3 health facilities with basic medical equipment	0	0	15.3226	0.8706	0.8706	17.06

	Expand the range of rehabilitative and habilitative services	A Mental health unit established at NCRH	10		-	0	0	10.00
		Number of Physiotherapy units equipped	0.787	1.574	0.787	0.787		3.94
		Number of occupational therapy units equipped	0.523	1.046	0.523	0.523	-	2.62
		Number of mental health clinics established						0.00
Emergency evacuation and Referral services	Improved capacity (numbers and skill set) of HCWs in all health facilities in the county to provide	Number of health workers trained on basic life support (BLS)	1.5	1.5	1.5	1.5	1.5	7.50
		Number of hospitals with functional Accident and Emergency Centre (casualty units)	-	-	53.0965	-	-	53.10

	healthcare services	Number of functional ambulances	77	98	112	112	112	511.00
		Number of health care workers trained on ETAT	1.5	1.5	1.5	1.5	1.5	7.50
Pharmaceutical services	Reduced stock out of Health products and technologies (HPTs)	Number of health facilities stocked with essential commodities and medical supplies within a quarter.	600	660	726	797.6	878.64	3662.24
	Specialized Health products and technologies availed	Number of hospitals with valid service contracts for specialized equipment	56	28	-	28	-	112.00
		Number of hospitals fully stocked with specialized commodities	320	528	580.8	774.4	851.84	3055.04
		Number of health facilities supplied	156	166	176	186	196	880.00

		with non-EPI vaccines						
Programme Name: PREVENTIVE AND PROMOTIVE								
Objective: To provide effective and efficient preventive and promotive health interventions across the county.								
Outcome: Improved overall health and reduced health cost								
Sub Programme	**Key Output**	**Key Performance Indicators**						**Total Budget (Ksh. M)***
			Cost	**Cost**	**Cost**	**Cost**	**Cost**	
RMNCAH	Increased uptake of family planning services	Proportion of WRA using modern FP methods	5.06	7.2	5	3.34	1.6	22.20
	Reduced maternal and perinatal	No. of Comprehensive emergency obstetric and	6.94	4	6.9	5.2	5.2	28.24

	morbidity and mortality rates.	neonatal care facilities						
		No of Basic obstetric emergency care facilities	6.94	4	4.2	5.2	5.2	25.54
		Proportion of women of reproductive age screened for cervical cancer	5.81	11.64	8.8	5.81	5.8	37.86
		proportion of women with positive lesions treated	0.5	0.5	0.5	0.5	0.5	2.50
		Pregnant women attending at least 4th ANC visit	1.83	1.83	1.7	1.65	1	8.01
		Births attended by skilled health personnel (%)	2.37	3.31	0.2	3.31	0.2	9.39
		Proportion of perinatal deaths audited	0.22	0.22	0.2	0	0	0.64

		proportion of maternal death reported and audited within 7 days	0.22	0.22	0.2	0	0	0.64
		PNC Attendance (3days-6weeks) Coverage	0.2	0.33	0.2	0.19	0.2	1.12
		Advocacy, communication and social mobilization sessions conducted on Maternal and child health in the community	1.67	1.67	1.7	1.67	1.7	8.41
	Increased availability and access to quality adolescent friendly sexual and reproductive health services including information	Proportion reduction of adolescent pregnancies	1.46	3.63	1.5	3.63	1.5	11.72
		Proportion of health facilities providing integrated AYFS	1.2	1.4	1.6	1.7	1.9	7.80
		Number of health management teams updated (CHMT	0.2	0.2	1.2	1.2	1.2	4.00

		and SCHMT) on ASRH						
	Increase level of awareness on cervical cancer prevention at the community level	Proportion of 10-14yr old girls given HPV 2	0.92	0.92	0.9	0.92	0.9	4.56
	Reduced risk of pregnancy associated morbidity and mortality among the adolescents and youth.	Number of maternal deaths reported and audited amongst adolescent(10-19yrs)	0.11	0.51	0.8	2.11	2.5	6.03
	Reduced childhood immunizable illnesses	% Of fully Immunized under one-year children	2.13	2.23	2.75	2.85	2.97	12.93
NUTRITION	Reduced micronutrie	Number of HCWs sensitized on relevant	1.216	0.916	0.9	0.916	0.9	4.85

	nts deficiency	micronutrient guidelines and policies						
		Proportion of children aged 6-59months receiving vitamin A	3.49	3.49	3.49	3.49	3.49	17.45
		Proportion of pregnant & lactating mothers receiving IFAS	1.8	1.96	2.1	2.3	3	11.16
		Number of schools linked for VAS and deworming	0.816	0.816	0.8	0.816	0.8	4.05
		Number of IEC materials developed and disseminated in local language	0.25	0.25	0.25	0.25	0.25	1.25
		Number of stakeholders meetings held on NCDs	0.3	0.3	0.3	0.3	0.3	1.50
		Number of HCWs trained on treatment &	0.9	0.9	0.9	0.9	0.9	4.50

		management of NCDs						
	Improved nutrition status of WRA and children aged 0-59months	Number of trained HCWs on maternal Infant & young child nutrition (MIYCN)	2.2	2.2	2.2	2.2	2,2	8.80
		Number of CMEs conducted at facility level on BFCHI/BFCI (baby friendly HOSPITAL/community initiative)	0	0	0	0	0	0.00
		Number of supervision/mentorship visits to health facilities on MIYCN	1.4	1.4	1.4	1.4	1.4	7.00
		Number of integrated outreaches in hard-to-reach areas	0.8	0.8	0.8	0.8	0.8	4.00
	Reduced prevalence of stunting among	Number of health facilities conducting growth monitoring	0	0	0	0	0	0.00

	children less than 5years	Number of integrated in reaches conducted	15.6	15.6	15.6	15.6	15.6	78.00
	Early diagnosis, treatment & management of SAM & MAM cases in children aged 6-59 months	Number of HCWs trained on IMAM	4.2	4.2	4.2	4.2	4.2	21.00
		Proportion of SAM & MAM cases supported with nutritional supplements	10.1	13	15.7	18.3	20.7	77.80
	Improved Nutrition status of people living with HIV and TB.	Proportion of people living with HIV/TB with BMI less than 17 supported with nutrition supplements	1.2	1.5	1.7	1.9	2.1	8.40
		Number of HIV and TB patients screened and supported with nutrition supplements.	0	0	0	0	0	0.00

	Enhanced commitment and continued prioritization of nutrition in the county agenda	Proportion of health budget allocated to nutrition	0	0	0	0	0	0.00
		Number of county Nutrition Action Plan	3	0	0	0	0	3.00
	Strengthen social mobilization mechanism	Number of important commemorable events like malezi bora, world diabetic day, world breastfeeding day and world kidney day, prematurity day	1.8	1.8	1.8	1.8	1.8	9.00
	Enhance adherence to policies, regulations protecting, promoting and supporting breastfeeding at work place and	Number of functional lactating rooms established in health facilities	0.45	0.6	0.8	0.9	1.1	3.85
		Number of HCW trained on monitoring and enforcement of the breastmilk substitute	0.604	0.374	0.4	0.374	0.4	2.15

	general population	(breastfeeding ACT 2012)						
	Increased consumer awareness on fortified foods	Number of mother-to-mother women groups sensitized on fortified food consumption	0.672	0.672	0.7	0.672	0.7	3.42
	Strengthen supply chain management for IMAM commodities activities	Number of HCWs trained on supply chain management of IMAM	3.4	3.4	3.4	3.4	3.4	17.00
		Number of SAM/MAM clients supported with Nutrition supplies for IMAM (RUTF/RUSF/F100/F75/CSB)	4.455	4.01	3.6	3.1185	2.7	17.88
HIV/AIDS	Increased knowledge of HIV status in the population	Number of clients tested for HIV	0	0	0	0	0	0.00
		Number of health facilities conducting quarterly HIV	1.008	2.016	2	2.024	2	9.05

		integrated outreach services						
		Proportion of contacts of newly diagnosed HIV clients reached through ICT (index client testing)	1.44	1.44	1.4	1.44	1.4	7.12
		Proportion of newly diagnosed HIV positive clients linked to care	0	0	0	0	0	0.00
		Proportion of clients eligible for Prep who are initiated on Prep	0	0	0	0	0	0.00
	Increased ART treatment coverage	Number newly established ART sites	0	0	0	0	0	0.00
		Proportion of HIV infected people receiving ARVs (treatment coverage)	0	0	0	0	0	0.00

		ART Retention rate	0	0	0	0	0	0.00
		Number of new Community ART distribution groups established	0.72	0.72	0.7	0.72	0.7	3.56
		Number of HCWs trained on updated ART guidelines	0	0.936	0.9	0	0.9	2.74
		Number of quarterly mentorship visits to health facilities	6.56	6.56	6.6	6.56	6.6	32.88
	Increased Viral load suppression rate	Proportion of clients done VL timely monitoring (due)	0	0	0	0	0	0.00
		Proportion of clients on ARVs who are virally suppressed	0	0	0	0	0	0.00
		Number of ART health facilities installed with functional Kenya EMR	2	2	2	2	2	10.00

	Improved coordination of HIV services	Number of quarterly HIV stakeholder meeting held	8	8	8	8	8	40.00
	Reduced mother to child transmission of HIV	Proportion of Health facilities offering PMTCT services (including ART initiation)	0	0	0	0	0	0.00
		Proportion of pregnant women receiving a HIV test in the first trimester	0	0	0	0	0	0.00
		Proportion of HIV positive pregnant women receiving HAART	0	0	0	0	0	0.00
		Proportion of HIV exposed infants receiving prophylaxis	0	0	0	0	0	0.00
		Proportion of HEIs done first PCR at 6weeks	0	0	0	0	0	0.00

		Proportion of infants with positive PCR initiated HAART	0	0	0	0	0	0.00
		Number of HCWs trained/updated for PMTCT & EID	1.175	0.905	0.5	0.485	0.5	3.57
TUBERCULOSIS	Improved TB case finding	No of HCWs sensitized on TB diagnosis	0.6	0.38	0.38	0.38	0.4	2.14
		No of facilities reporting on ACF activities (cumulatively)	0	0	0	0	0	0.00
		No of CHPs trained on TB management	6.3	0.33	0.3	0.33	0.3	7.56
		No of HCWs trained on integrated TB management	0.297	0.297	0.297	0.297	0.297	1.49
		No of new diagnostic sites doing TB testing	0	0	0	0		0.00

		No of sites doing Sample networking	0.167	0.167	0.67	0.167	0.167	1.34
		Proportion of contacts of Index TB clients screened for TB (household visits)	1.2	1.2	1.2	1.2	1.2	6.00
		No of under 5yrs whose contacts were screened for TB	0	0	0	0	0	0.00
	Improved DRTB surveillance	Proportion of eligible client sample done Gene XPert & Culture	0	0	0	0	0	0.00
	Improved TB outcome	Proportion of bacteriologically confirmed TB cases cured	0	0	0	0	0	0.00
		Percent of client completed TB treatment	0	0	0	0	0	0.00
		Proportion of TB clients who are LTFU	0	0	0	0	0	0.00

	Improved TB/HIV integration	Proportion of TB client offered HIV Testing	0	0	0	0	0	0.00
		% Of TB/HIV co-infected clients put on ARVs	0	0	0	0	0	0.00
	Improved TPT Uptake	% Of clients eligible for TPT initiated on TPT	0	0	0	0	0	0.00
	Improve DRTB OUTCOME	Proportion of DRTB cases cured	0	0	0	0	0	0.00
		Proportion of DRTB cases completing treatment	0	0	0	0	0	0.00
		Proportion of DRTB Cases receiving support	0	0	0	0	0	0.00
Disease surveillance	Increased epidemic preparedness and	No. of AFP cases detected	3.08	3.08	3.1	3.08	3.1	15.44
		No. of 60-day AFP follow ups done.	0.07	0.07	0.1	0.07	0.1	0.41

	timely response	No of AFP cases validated	0.07	0.07	0.1	0.07	0.1	0.41
		No of AFP samples collected and delivered to the reference Lab	0.08	0.08	0.1	0.08	0.1	0.44
		No of Measles samples collected and delivered to the reference	0.07	0.07	0.07	0.07	0.07	0.35
		No. of outbreaks investigated	0.332	0.332	0.332	0.332	0.332	1.66
		Percentage of reports sent from the health facilities against the expected	0.096	0.096	0.096	0.096	0.096	0.48
		No multisectoral meetings held	0.48	0.48	0.5	0.48	0.48	2.42
		No of Quarterly County One health committee review meetings held	0.2	0.2	0.2	0.2	0.2	1.00

		No. of HCWs trained on IDSR	6.9	6.9	0	0	0	13.80
	Improved personnel capacity to identify and report on priority diseases	No. of CHP's Sensitized on IDSR	1.366	1.366	0	0	0	2.73
	Strengthen community-based surveillance	No of IPC focal persons trained	1.962	1.96	0	0	0	3.92
WASH/IPC	Reduced HAIs	No of IPC focal persons trained	1.962	1.96	0	0	0	3.92
		No of IPC focal persons sensitized	0	0	0.308	0.308	0.308	0.92
		No of facility committee members sensitized on IPC (1 per facility)	0.62	0.62	0.62	0.62	0	2.48
		No of HCWs trained on IPC	1.962	1.962	0	0	0	3.92

	No of IPC Audits done	0.52	0.52	0.5	0.52	0.5	2.56
	No of clinicians trained on antimicrobial stewardship	0.27	0.27	0.27	0.27	0.27	1.35
	No of facilities transporting health care waste for safe management.	0.44	0.44	0.44	0.44	0.44	2.20
Reduced Diarrheal disease incidence	No of villages Delivered ODF	15.2	15.2	15	15.2	15	75.60
	No of CLTS PIT Meetings done	0.44	0.44	0.44	0.44	0.44	2.20
Improved sanitation standards	No of sanitation and hygiene days commemorated	1.7	1.7	1.7	1.7	1.7	8.50
	No of Sanitation and hygiene Plans and policies developed	1.5	3	1.5	1.5	1.5	9.00
	Percentage of HH with basic sanitation	0.5	0.5	0.5	0.5	0.5	2.50

	Percentage of Schools with basic sanitation	0.5	0.5	0.5	0.5	0.5	2.50
	Percentage of health facilities with basic sanitation	0.4	0.4	0.4	0.5	0.2	1.90
Improved WASH stake holder coordination	No of sanitation and hygiene TWG meetings held	0.4	0.4	0.4	0.4	0.4	2.00
	No of Quarterly County WASH/ NTD Meetings Conducted	0.48	0.48	0.48	0.48	0.48	2.40
	No of county WASH annual review meetings held	0.1	0.1	0.1	0.1	0.1	0.50
Improved food safety surveillance	No of officers trained on Food Safety	0.89	0.89	0.89	0	0	2.67
	Procured No of food safety analysis equipment	0	3	0	0	0	3.00

	No of food samples analyzed	1.3	1.7	2.2	2.5	2.9	10.60
Improved Water safety	No of Water samples analyzed	1.3	1.3	1.3	1.3	1.3	6.50
Improved compliance to public health minimum Standards	No of public health Officers sensitized on law enforcement	1.6	1.6	0	0	0	3.20
	No of public health statutory notices served	1.2	1.3	1.3	1.3	1.3	6.40
	No of building plans approved	0.12	0.12	0.12	0.12	0.12	0.60
Reduced rodent and vector related diseases	No of vector control sessions done	0.12	0.12	0.12	0.12	0.1	0.58
Increased Public health and sanitation financing	Percentage of Food and nonfood premises inspected	1.1	1.1	1.1	1.1	1.1	5.50

	Improved public health service delivery	No of County public health review meetings done	0.4	0.4	0.4	0.4	0.4	2.00
		No of Sub County public health review meetings done	1.7	1.7	1.7	1.7	1.7	8.50
Community health services (CHS)	Improved Community health service delivery	No of community units Established	5.1	5.1	5.1	5.1	5.1	25.50
		No of community Health dialogues done	1.6	1.6	1.6	1.6	1.6	8.00
		No of biannual Community Health supportive supervision held	0.5	0.6	0.5	0.5	0.5	2.60
		No. of Community unit kits procured	1.9	1.9	1.9	1.9	1.9	9.50
		Number of Community Score Card Forums Held	1.6	1.6	1.7	1.7	1.6	8.20

		No of (HH)-Indigents enrolled into NHIF	2.1	2.1	2.1	2.1	2.1	10.50
		No of yearly County CHS review meetings	0.4	0.4	0.4	0.5	0.4	2.10
		No of Sub County Quarterly CHS review meetings	1.6	1.6	1.6	1.6	1.7	8.10
	Policy Direction on service delivery	No of CHS plans and Policies developed	2.8	0	0	0	0	2.80
	Improved FP services	No of CBDs trained	0	3.4	3.4	3.4	3.4	13.60
	Improved grievances reporting mechanisms	No. of CHPs trained on GRM	3.4	3.4	3.4	3.4	3.4	17.00
		No. of VMG committees trained on GRM	4	0	4	0	0	8.00
Primary Health Care Services	Improved Primary Healthcare	No of County Stakeholder Forums held For PHC including	2.1	2.1	2.1	2.1	2.1	10.50

	service delivery	Innovation and Learning.						
		No of Primary Care Networks Established	1.68	1.68	0	0	0	3.36
		No of Multidisciplinary Teams (MTDs) established and facilitated	4.27	4.27	4.27	4.27	4.27	21.35
		No of CHMTs and SCHMTs trained on PHC Guidelines	0	2.49	0	0	0	2.49
		No of Primary Health Care Facility HCWs trained on PHC Guidelines including PHC M&E framework.	0	7.05	7.05	0	0	14.10
		No of County and Subcounty Support Supervision conducted for PHC Activities	4.67	4.67	4.67	4.67	4.67	23.35

		No of Sub County Bi annual routine monitoring and performance review meetings conducted for PHC Activities	2.04	2.04	2.04	2.04	2.04	10.20
		No of County Bi annual routine monitoring and performance review meetings conducted for PHC Activities	1.56	1.56	1.56	1.56	1.56	7.80
		Enroll Community Members on NHIF	2.07	2.07	2.07	2.07	2.07	10.35
		No of Community Engagement/Participation meetings/ dialogues conducted on Primary Health Care	2.4	2.4	2.4	2.4	2.4	12.00
		Conduct Facility Population Empanelment	0	4.36	0	0	0	4.36

Trachoma control	Health Care Workers /CHPs/TT trained	No of Healthcare workers trained on PEC	1.3	1.3	0	0	0	2.60
		No of CHPs/TT finders Trained on PEC	4.5	4.5	3.4	0	0	12.40
		No of new TT surgeons trained	0.77	0	0	0	0	0.77
		No of T.T outreaches conducted	0.52	0.052	0.52	0.52	0.4	2.01
	Reduced prevalence of T.T cases to less 5%	No. of MDAs conducted	15	20	25	30	35	125.00
		No. prevalence surveys conducted	0	0	0	0	20	20.00
		No of world sight days commemorated	0.2	0.2	0.2	0.2	0.2	1.00
Deworming	Improved health and	Proportion of School going Children dewormed	2.6	2.6	2.6	2.6	2.6	13.00

	wellbeing of children	No. of sub counties conducting school-based deworming	39	39	39	39	39	195.00
Malaria Control	Reduced malaria burden	Number of LLITNs distributed through health facilities (ANC)	28.86	28.86	28.86	28.86	28.86	144.30
		Number of LLITNs distributed to < 1(CWC)	28.86	28.86	28.86	28.86	28.86	144.30
		No. of nets distributed through mass net campaign.	68	0	0	72	0	140.00
		No. of house units covered with indoor residual spray.	4	4	4	4	4	20.00
		No. of health personnel trained on malaria case management.	8.04	8.04	0	0	0	16.08
		No. of epidemic preparedness and response (EPR) plan developed	0.6	0.6	0.6	0.6	0.6	3.00

		No of weekly malaria thresholds submitted	0	0	0	0	0	0.00
		No of Malaria data quality Audits conducted	3.02	3.02	3.02	3.02	3.02	15.10
		No of Malaria Advocacy meetings conducted	2.5	2.5	2.5	2.5	2.5	12.50
Health promotion	Improved commitment and support of political and religious leaders	Number of health advocacy sessions with the political, administrative and religious leaders held through HPAC meetings	1.8	1.8	1.8	1.8	1.8	9.00
	Increased community awareness on the availability of integrated HIV Services	Number of community sensitizations on integrated HIV Services conducted	0.15	0.15	0.2	0.15	0.2	0.85

	Improved community health knowledge	Number of IEC Materials Design and developed for HIV, TB, Malaria, nutrition, maternal and child health	0.1	0.1	0.1	0.1	0.1	0.50
		Number of IEC Materials printed for HIV, TB, Malaria, nutrition, maternal and child health	1.95	1.95	2	1.95	2	9.85
		Number of IEC Materials distributed for HIV, TB, Malaria, nutrition, maternal and child health	0.08	0.08	0.1	0.08	0.1	0.44
	Increased community health awareness	number of health facilities conducting microteaching	0.0436	0.044	0	0.048	0.1	0.24
	Improved change of behavior in the community	Number of health radio talk shows held	0.81	0.81	0.8	0.81	0.8	4.03

	Increased use of LLINS among the community	Number of households sensitized on the use of LLINS	0.75	1.5	2.3	3	3.5	11.05
	Improved behavior changes in the community	Number of community sensitization conducted through dialogue days	0.48	0.56	0.6	0.64	0.7	2.98
	Increased community health awareness	Number of social mobilization campaigns to mark world health days targeting key markets centers	0.482	0.482	0.5	0.482	0.5	2.45
	reduced risk behaviors among the teenage population	Number of schools sensitized on the risk associated with teenage pregnancies.	0.24	0.28	0.3	0.35	0.4	1.57
	increased health knowledge among	Number of schools reached on hand washing and hygiene messages	0.24	0.28	0.3	0.35	0.4	1.57

	school children							
	Increased community health awareness	Number of community engagement and sensitization through Barazas	0.1	0.15	0.2	0.25	0.3	1.00
	Increased health promotion advocacy meetings	number of health promotion advocacy committee meetings conducted	0.498	0.498	0.5	0.498	0.5	2.49
	Improved male participation in maternal health	proportion of male involvement on skilled birth attendance and ANC visits through sensitization forums at cattle trading centres, water points	0.3	0.4	0.5	0.6	0.7	2.50
	improved immunization awareness level	Number of drama skits/Songs on immunization designed and developed.	0.1	0.2	0.3	0.4	0.5	1.50

	Improved knowledge and skills of health workers	Number of continuous medical education (CME) sessions conducted	3.328	3.328	3.328	3.328	3.328	16.64
	Increased awareness and support for skilled birth attendance among women groups	proportion of women groups sensitization forums on skilled birth attendance conducted	0.1	0.2	0.3	0.4	0.5	1.50
	strengthened ACSM activities	Number of quarterly support supervision visits on ACSM conducted	0.2	0.2	0.2	0.2	0.2	1.00
Programme Name: GENERAL ADMINISTRATION, PLANNING AND SUPPORT SERVICES								
Objective: TO IMPROVE SERVICE DELIVERY BY PROVIDING SUPPORTIVE FUNCTIONS TO IMPLEMENTING UNITS UNDER HEALTH AND SANITATION DEPARTMENT								
Outcome: Improved efficiency in provision of high quality and reliable healthcare.								

Sub Programme	Key Output	Key Performance Indicators						Total Budget (KSh. M)*
			Cost	Cost	Cost	Cost	Cost	
POLICY DEVELOPMENT PLANNING AND RESEARCH	Narok County CIDP IV	Develop CIDP IV	0	0	0	0	4.61	4.61
	Domesticate health act	Health act domesticated	4.89	0	0	0	0	4.89
	Maternal Child health bill	Maternal Child health bill enacted	3.5	0	0	0	0	3.50
	Narok County HRH Training and Development Policy developed	Training and development policy document	4.890.0	0	0	0	-	0.00

	Narok County Health Sector Strategic and Investment Plan	CHSSP III developed	4.710.0	0	0	0	0	0.00
	Other Operational Plans, action plans, sectoral plans and budgets	Annual Work Plan (AWP) developed, PBB, APR, Sector report	5.02988	5.28137	5.545442.7	5.82272	6.113850.58	16.13
	Formulate and train an operation research team	Number of operation research teams constituted and trained	1.09					1.09
		Number of operation research conducted	0	2.6	2.6	3.1		8.30
ADMINISTRATION INFRASTRU	An Effective and	Number of Supportive Supervisions	12.9507	12.9507	12.9507	12.9507	12.950667	64.75

CTURE AND SUPPORT SERVICES	Efficient People Centered Service Delivery	Carried out by CHMT & SCHMT						
		Number of Health facilities assessed on quality improvement and standards (KQMH)	3.630.0	3.8115	4.00075	4.20218	4.4122877	16.43
		Number of QITs and WITs established and operationalized	60	72	85.5	102	121.5	441.00
	Improved service delivery	Number of staff houses constructed	450	320	320	320	320	1730.00
		Number of utility vehicles procured	19.5	19.5	19.5	19.5	13	91.00
		Number of emergency and evacuation vehicles leased	9.57	13.05	13.05	13.05	13.05	61.77
		Number of motorbikes procured	12	4	4	4	4	28.00

		Number of boreholes drilled and equipped	5.5	16.5	16.5	5.5	0	44.00
		Number of generators purchased & installed	22	0	0	0	0	22.00
	Automated HMIS	Number of Health Facilities with automated health management information systems	70	0	0	0	0	70.00
	Ultra-modern mortuaries constructed and equipped	Number of Ultra-Modern Mortuaries Constructed and equipped	40	40	0	0	0	80.00
	Thirty (30) Health Centers and Sixty (61) Dispensaries newly constructed	Number of Health Centers and Dispensaries constructed and operationalized	365	330	330	330	330	1685.00

	and equipped							
	Two (2) Level 5 Hospital Constructed and Equipped	Number of Level 5 Hospitals constructed and equipped	0	3,000	3,000	0	0	6000.00
	Two (2) Maternity units constructed and equipped	Number of Modern Maternity constructed and equipped	0	0	0	100	100	200.00
	One (1) Modern Mother Baby Maternity Wing Constructed and equipped	Mother Baby Maternity Wing Constructed	0	500	0	0	0	500.00
	Nine (9) Modern Incinerator	Number of Modern Incinerator Constructed	45	135	135	90	45	450.00

	Constructed							
	Ninety (90) Placenta Pits and Burning Chambers Constructed	Number of Placenta Pits and Burning Chambers Constructed	5.4	5.4	5.4	5.4	5.4	27.00
	123 Health Facilities Land Titled Deeds Processed and Issued	Number of Health Facilities Land Titled Deeds Processed and Issued	15	15.75	10	0	0	40.75
	123 Health Facilities Fenced	Number of Health Facilities Fenced & gated	0	0	20	20	5.4	45.40
	Asbestos Removed, replaced by Iron Sheets and safely Disposed	Number of Health Facilities Asbestos remove, replaced by Iron Sheets and safely disposed	0	0	0	28	28	56.00
	Parking and Pavement	Number of Health Facilities Parking	0	0	4.5	3	0	7.50

	constructed at TMWSCH, Ololulunga and Nair Regie Enkare Hospitals	and Pavement constructed						
	Five (5) hospitals upgraded to level 4 status	Number of Hospitals upgraded to level 4	75	75	150	-	-	300.00
	Two (2) level 4 Hospitals constructed	Number of level 4 hospitals constructed	-	700	700	-	-	1400.00
	Functional Fire safety equipment installed	Number of Health Facilities with Functional Fire Safety Equipment	0.75	0	0	0	0	0.75
	Health facilities provided with General Office	Number of Health Facilities supplied with GOS	5	6	7	8	9	35.00

	Supplies procured							
	Health facilities provided with Computers, printers and other IT	Number of Health Facilities supplied with Computers, printers and other IT	20	-	20	-	-	40.00
	Health facilities provided with office furniture and fittings	Number of Health Facilities supplied with office furniture and fittings	10	-	-	-	10	20.00
	Nairregie Enkare Kitchen, Laundry and Pead blocks upgraded and equipped	Kitchen, Laundry and Pediatric blocks upgraded and equipped	-	80	-	-	-	80.00
	Utility Vehicles maintained	Number of Utility vehicles serviced and maintained	4.8	4.8	4.8	4.8	4.8	24.00

	and serviced							
	Airtime and Data Bundles Procured	Number of officers provided with Airtime and data bundles	0.84	0.84	0.84	0.84	0.84	4.20
	Eight (8) level 4s, Level 5 CHMT, SCHMT staffs provided with tea, snacks and refreshment	Number of staff provided with tea, snacks and refreshments	12	12	12	12	12	60.00
	Eight (8) level 4s, Level 5 Hospitals patients provided with food and rations	Number of health facilities provided with Food and Rations	134.892	135	136	137	138	680.89
	Finance and Procureme	Number of Finance and Procurement accountable	0.5	0.525	0.56175	0.61925	0.74151	2.95

	nt Accountable documents procured	documents procured						
	Department of Health warehouse constructed and equipped	Number of departments of health warehouse constructed	350	-	-	-	-	350.00
	Construction of County health office block	Number of County health office blocks constructed	100	0	0	0	0	100.00
	Refined Fuels and Lubricants procured	Number of Refined Fuels and Lubricants (liters) procured	72.8	72.9	73	73.1	73.2	365.00
Human Resource for Health	Health Workers Recruited and Adequately deployed	Number of Health Workers recruited and adequately deployed	182	182	182	182	0	728.00

Staff Timely Remunerated monthly	Number of months per year Health staff timely remunerated	1,550	1,561.63	1,577.24	1,593.10	1,608.94	7890.91
CHPs recruited and adequately deployed	Number of CHPs recruited and adequately deployed	83.22	83.22	83.22	83.22	83.22	416.10
Staff trained on short term courses	Number of staff trained on short term courses	21.75	23.925	26.325	28.965	31.86	132.83
Staff trained on Long Term Courses	Number of staff trained on long term courses	2.25	2.4	2.55	2.85	3.15	13.20
Staff Promoted	Number of staff promoted	6.725	6.725	4.035	3.36266	20.175	41.02
Transfer and baggage allowance paid to staff	Number of staff paid transfer and baggage allowance	72.5	21	14.5	0.725	0.725	109.45

Monitoring and Evaluation and Health Information System	Quality health information collected and reviewed	No of Data capture and reporting tools printed	10.842	0	11.7	0	12.474	35.02
		Number of quarterly Data quality audits carried by C/SCHMTs	4.032	4.232	4.232	4.232	4.282	21.01
		No of Quarterly performance review meeting held	3.552	3.552	3.552	3.552	3.552	17.76
	Patient medical record forms printed	Number of patient files printed	8.2083	8.2983	8.5383	11.9844	12.7844	49.81
	Health data entered into national repositories (KHIS and National data warehouse)	No of officers facilitated with airtime (data bundles) for data entry into KHIS.	0.27	0.27	0.27	0.27	0.27	1.35

	Annual work plans reviewed	Number of Annual performance review reports (APR)	2.366	2.366	2.366	2.366	2.366	11.83

Available financing and financing gaps

Common sources of financing for the department of health include revenue from local taxes, government transfers, grants, loans, and partnership with private sector entities.

However, financial gaps have been a bottle neck in achieving financial sustainability. Some of the financial gaps within the department of health include but are not limited to inadequate financial allocation, insufficient own revenue generation among others.

Secured and probable resources

*Table 25:**Secured and probable resources***

Category	**Source of funds**	**Estimated Amounts**	**Purpose (tick where appropriate) ***						
			Service delivery	*Human Resources*	*Health Infrastructure*	*Health Information*	*Health Leadership*	*Health Financing*	*Un-specified*
Public Sources	County Government								
	National Government								
	HSF/HSSF								
	User fees								
	Constituency Development Fund								

	Other (specify)								
Development Partners	Africa Development Bank								
	Clinton Foundation								
	Danish Government (DANIDA)								
	UK Government (DfID)								
	European Commission								
	German Government (GIZ)								
	Italian Government								

	Japanese Government (JICA)								
	Netherlands Government								
	UN agency (UNAIDS)								
	UN agency (UNFPA)								
	UN agency (UNICEF)								
	UN agency (World Bank – WB)								
	UN agency (WHO)								
	US Government (USAID / APHIA 2)								
	Other (specify)								

Community / NGO	NGO / CSO (specify)								
	Kenya Episcopal Conference (KEC)								
	Christian Health Association of Kenya (CHAK)								
	Supreme Council of Kenya Muslims (SUPKEM)								
	Other (specify)								
TOTAL									

Distribution, and financing gaps

Table 26: ***Distribution, and financing gaps***

	Intervention area	**Financing gaps**

Orientation		**Yr. 1**	**Yr. 2**	**Yr. 3**	**Yr. 4**	**Yr. 5**
Service delivery	Community services					
	Outreach services					
	Supportive supervision to lower units					
	On the job training					
	Emergency preparedness planning					
	Patient Safety initiatives					
	Therapeutic committee meetings and follow up					
	Clinical audits (including maternal death audits)					
	Referral health services					
Health Infrastructu	Physical infrastructure: construction of new facilities					

re (physical infrastructure, equipment, transport, ICT)	Physical infrastructure: expansion of existing facilities					
	Physical infrastructure: Maintenance					
	Equipment: Purchase					
	Equipment: Maintenance and repair					
	Transport: purchase					
	Transport: Maintenance and repair					
	ICT equipment: Purchase					
	ICT equipment: Maintenance and repair					
Health Workforce	Recruitment of new staff					
	Personnel emoluments for existing staff					
	Pre-service training					

	In service trainings					
	Staff motivation					
Health information	Data collection: routine health information					
	Data collection: vital events (births, deaths)					
	Data collection: health related sectors					
	Data collection: Surveillance					
	Data collection: Research					
	Data analysis					
	Information dissemination					
Health Products	Procurement of required health products					

	Warehousing / storage of health products					
	Distribution of health products					
	Monitoring rational use of health products					
Health Financing	Costing of health service provision					
	Resource mobilization					
	Health expenditure reviews					
Leadership and Governance	Annual health stakeholders for a					
	Quarterly Coordination meetings					
	Monthly management meetings					
	Annual Work Planning and reporting					

Resource mobilization strategy

Narok County department of health uses different approaches to acquire, manage and utilize resources effectively to achieve its goals. Some of the strategies used include:

Grants: Requesting from government agencies, foundations and other organizations to fund specific projects or initiatives

Corporate partners: Use of public private partnership (PPP)

Diversification of funding sources: Relying on multiple streams of income to reduce dependency on any single source and mitigate financial risks.

- **Own revenue generation:** Use of FIF

Strategies to ensure available resources are sustained

The County health sector relies on three main sources of funding which includes; the county government, National government, and development partners. The budget allocated for the health sector is 22% of the total county expenditure estimate**.** The main expenditure budget is health infrastructure, human resource for health, health products and technologies.

For the county health department to continuously avail and sustain resources, planning upfront is mandatory for sustainability of the sector financing. The resources are planned beforehand by developing county health strategic plans, annual work plans and aligning with county integrated development plans. The sector obtains revenue from the following sources: user, and service fees as guided by facility improvement fund Act. NHIF capitation, development partners donations and grants. The proportion of funds allocated to health is dependent on county assembly legislation

decisions. For accountability, the sector makes budget requisitions and submit to the finance department based on program-based budgets and CIDP.

Strategies to mobilize resources from new sources

This section identifies the feasible resource mobilization and management strategies to address the resource gap. The county health department resource mobilization strategy will involve both internal and external mobilization. The internal strategy will focus on enhancing the department's own Source Revenue while the external strategy will involve engaging external partners and other line departments to finance implementation of the CHSSIP. The strategies to be employed include:

- Enact and adopt new legislation that focus on program areas which will ensure that resources are appropriated as spelled out in the Act
- Fully operationalization of the facility improvement fund (FIF) Act.
- Intensive mobilization of resources from domestic and local partners
- **Promoting resilience:** investing in long term resilience in building measures such as infrastructure improvement, community education and economic development to reduce reliance on external resources during emergencies/crisis.
- **Enhance partnership:** Collaborating with local businesses, NGOs, and other government agencies to pool resources and expertise.
- **Training and capacity building:** investing in training programs for county health staff to enhance their skills in resource mobilization and management

Strategies to ensure efficiency in resource utilization

Prudent asset management will assume a pivotal role in the realization of the strategic objectives outlined in county HSSIP. To effectively leverage the desired economic benefits arising from asset management during the designated implementation period (2023-2027), the department of health will adopt a systematic approach encompassing the acquisition, upgrading, maintenance, and disposal of assets with a keen focus on cost-effectiveness, risk assessment, expenditure analysis, and performance trends. The comprehensive measures to be implemented include:

a. **Assets Planning:** The department of health will proactively enhance asset planning practices to ensure optimal utilization of assets in service delivery while maintaining continuous compatibility within the asset's portfolio composition. This entails incorporating efficient planning mechanisms and processes that guarantee resource availability, facilitate identification of surplus or underperforming assets, and ensure the regularity of maintenance activities.

b. **Legal and Institutional Framework:** The department in collaboration with department of treasury will devise comprehensive guidelines to govern all accounting officers, ensuring seamless updates of Quarterly Assets Returns in strict adherence to existing legal frameworks. Furthermore, extensive capacity building initiatives will be undertaken to equip the entire workforce responsible for handling department assets with the necessary expertise to ensure optimal asset handling and management.

c. Utilizing technology: The health department will establish a sophisticated Asset Management Information System that facilitates inter-departmental asset utilization, thus promoting the optimal use of assets within a shared platform. The primary objective of this initiative is to curtail wastage, mitigate under-utilization, and diligently monitor asset efficiency.

By diligently implementing these measures, the county department of health aims to ensure the effective management of assets, minimize inefficiencies, and maximize the economic benefits derived from asset utilization throughout the designated implementation period.

SECTION 6: MONITORING AND EVALUATION

6.1 Monitoring and Evaluation Plan

This strategic and investment plan has put up checks and measures to ensure the accountability of the objectives set forth in the plan and are achieved efficiently and effectively which is crucial for ensuring that the ideal and meaning of the plan is realized.

6.2 Data architecture

Common data architecture is needed to ensure coordinated information generation, comparable analytical methods are applied, and efficiencies are maximized in information dissemination. The architecture of this document explains the importance of monitoring and evaluation in ensuring the successful implementation of the plan. The data is arranged in a way that is fluid in reading, understanding and making meaningful sense out of the data. The county health department has structured hierarchy of data sources right from the community level (level I) to the level IV with a leverage of data from the Kenya national Bureau of statistics, state department of births and deaths registration and KHIS.

6.2.1 Data and statistics

The information sources for the Health Sector are:

• Facility generated information - Information on Health target and management activities occurring in health facilities, that is collected through the routine HMIS

• Vital events information - Information on vital events occurring in the communities that is collected routinely. These are information on births, deaths and Causes of Death in the community

• Disease surveillance information - The information fast track system for critical health events / notifiable conditions occurring in the community

• Regular surveys - Service delivery, or investment information on health and related activities occurring in the communities that is collected on a regular basis. These include the Demographic and

Health Surveys, AIDS and Malaria Indicator Surveys, Service Provision Assessments, Availability and Readiness assessments

Census - The Kenya National and Housing Census is done every 10 years by the Kenya National Bureau of Statistics.

- Research - Scientific biomedical, and systems research coordinated through the accredited Research Institute and academic institutions.

6.3 Reporting

Reporting of health data is done on a monthly basis using standard MOH data collection and reporting tools. Data are collected, collated and analyzed at Levels 1-4 of service delivery followed by submission to the Sub County Level by the 5th day of the month for uploading onto KHIS. Uploading of data continues up to the 15th of the month. Data review is done monthly at each level and feedback given to the corresponding reporting unit below. Data on KHIS is used for planning and decision making in the sector

6.3.1 Quarterly Performance Reviews

Collection of data and reporting on a monthly basis is prone to extremes in data. The check and balance of this data is through the performance review meetings held on quarterly basis through face-to-face meetings with various data handlers or generators presenting their data. This helps in improving performance by checking the gaps and creating collective corrections.

6.3.2 Annual state of health in Narok County Report

Within the government budget cycle, an annual health sector report will be prepared. This report will contain evaluation of performance in the sector in the previous year and set priorities for inclusion in the subsequent years annual work plan. This annual reports collectively adds up to the period covered by this strategic plan.

6.4 Performance Monitoring and Evaluation

Performance monitoring is a systematic and continuous assessment of whether the set objectives are being met in a timely manner. Performance review is a periodic assessment of M&E activities that

incorporate feedback on the achievements of the set objectives. The health information and M&E system is a single system that is common for all stakeholders in the sector. It satisfies the information and M&E requirements of all the players. The national HMIS has a strong base at the facility and sub-county level. All relevant indicators, data, and information are accessible through one point at each level. All performance reviews and evaluations will contain specific, targeted and actionable recommendations, the process is outlined in the M&E framework and guidelines.

The monitoring and review process will measure the extent to which the objectives, core indicators, and their targets have been achieved. All performance reviews and evaluations will contain specific, targeted and actionable recommendations; the process will be outlined in the County Health M&E framework. The framework for reviewing health progress and performance covers the M&E process from routine performance monitoring, quarterly reviews, annual review, and mid-term and end-term reviews of the SCHSIP. The implementation of the agreed actions will be monitored by the Division of health information and M&E with coordination and oversight from CHMT. Stakeholder collaboration is paramount to the successful implementation of this plan and establishing a common monitoring and evaluation plan with clearly defined responsibilities for each actor and stakeholder.

ANNEXES

Annex 1: List of stakeholders involved in the strategic plan development

S/N	Name	Organization
1	Hon Anthony Namunkuk	CEC Health
2	Madam Jane kiok	Chief Officer Clinical Services
3	Madam Lucy Kashu	Chief Officer Preventive promotive Health services
4	Dr Kiio Francis	County Director Health
5	Mr. Patrobers Sankei	County Health Administrative Officer
6	Mr. Zechiel Sakuda	County Health records information officer
7	Mr. Benard Sananka	County health promotion officer
8	Mr. Dickson Kigwenay	County Aids and STI coordinator
9	Ms. Esteerine Neene	County reproduction health coordinator
10	Mr. John Omondi	County WASH/IPC
11	Mr. Patrick Njoka	COUNTY MALARIA COORDINATOR
12	Mrs. Rachael Tikani	HUMAN RESOURCE OFFICER

13	Mr. Kevin Naite	HEALTH ACCOUNTANT
14	Mr. Stephen Ketere	Supply Chain Officer
15	Ms. Lilian Nairimo	County Clinical officer
16	Mr. Shadrack Beru	County EPI Logistician
17	Ms. Everlyn Ntukusoi	County Standards and Quality Coordinator
18	Dr. Dan Ngere	County Pharmacist
19	Mr. Stephen Kusero	County Medical Laboratory Coordinator
20	Mrs. Margaret Saitoti	Primary Health care Coordinator
21	Ms. Caroline Saitoti	Non-Communicable diseases/Beyond Zero Coordinator
22	Mr. Kelly ole Sidai	County Chief Nursing officer
23	Mr. Edward Tankoi	County Public health Officer
24	Mr. Micah Cheburet	County TB and Leprosy coordinator
25	Mr. Torotich Chesang	Adolescent sexual reproductive Health/GBV coordinator
26	Ms. Miriam Nkirote	Ag. County community Health services Coordinator

27	Mrs. Nancy Kamiti	County Nutrition Coordinator

Annex 2: Annex of community lists

	Code	**Community Unit Name**	**Link health Facility**	**ward**	**sub county**
1	713784	Chilani	Emurua Dikirr H/C	Iikerin	Transmara East
2	713702	Siyiapei	Siyiapei (AIC) Disp	Melili	Narok Central
3	713700	Olelusie	Olelusie Disp	Melili	Narok Central
4	713701	Erusiai	Erusiai Disp	Melili	Narok Central
5	713698	Olesharo	Ereto H/C	Keekonyoki e	Narok East
6	713697	Ewasong'iro	Ewaso Ngiro H/C	Maji Moto/Naroo sura	Narok South
7	713689	Mararianta	Mararianta H/C	Mara	Narok West

8	713690	Leshuta	Leshuta Disp	Naikarra	Narok West
9	713691	Enelerai	Enelerai Disp	Mara	Narok West
10	713692	Aitong	Cmf Aitong H/C	Mara	Narok West
11	713693	Mogoiyuet	Mogoiyuet Disp	Ilmotiook	Narok West
12	713694	Osarara	Osarara Disp	Naikarra	Narok West
13	713695	Ntuka	Naroosura H/C	Maji Moto/Naroosura	Narok South
14	713696	Kisiriri	Enabelbel H/C	Olorropil	Narok North
15	713267	Ololulung'a B	Ololulunga District Hospital	Ololulung'a	Narok South
16	713281	Narosura B	Naroosura H/C	Maji Moto/Naroosura	Narok South

17	712194	Olmesutie	Olmesutie Disp	Loita	Narok South
18	712092	Enaramatishoreki	Enaramatishoreki H/C	Ildamat	Narok East
19	711373	Osega	Ilmotiok Disp	Ilmotiook	Narok West
20	711372	Kaproret	Ilmotiok Disp	Ilmotiook	Narok West
21	711371	Chemwokter	Chemwokter Disp	Ilmotiook	Narok West
22	711370	Olchoro Oirowua	Olchoro Oirowa	Ilmotiook	Narok West
23	711369	Olereut	Ilmotiok Disp	Ilmotiook	Narok West
24	711368	Mogoiyuet	Mogoiyuet Disp	Ilmotiook	Narok West
25	711030	Nkoilale	Nkoilale H/C	Siana	Narok West
26	710513	Mogor	Mogor Disp	Mogondo	Transmara East

27	710032	Oltumusoi	Oltumusoi Disp	Maji Moto/Naroosura	Narok South
28	709639	TAKITECH UNIT	Takitech Disp	Ololmasani	Transmara East
29	709645	KAPWERIA	Kapweria Disp	Ololmasani	Transmara East
30	709766	Soget	Soget Disp	Mogondo	Transmara East
31	708583	Nchurra	Nchurra Disp	Melelo	Narok South
32	708435	topoti	Oloropil Disp	Olorropil	Narok North
33	708436	Empatipat	Oloropil Disp	Olorropil	Narok North
34	708455	Oloolongoi	Olposimoru Disp	Olposimoru	Narok North
35	708456	Olomariko	Olposimoru Disp	Olposimoru	Narok North
36	708460	nchurra	Nkareta Disp	Nkareta	Narok Central

37	708461	Olaimutiai	Nkareta Disp	Nkareta	Narok Central
38	708311	Ereteti B	Erreteti Disp	Ololulung'a	Narok South
39	708312	Ereteti A	Erreteti Disp	Ololulung'a	Narok South
40	708314	Nkoben	Olepolos Disp	Ololulung'a	Narok South
41	708318	Mbene	Nkareta Disp	Nkareta	Narok Central
42	708241	Iseneto	Suswa Disp	Keekonyokie	Narok East
43	708243	Oloshaiki 1	Suswa Disp	Keekonyokie	Narok East
44	708249	Empaash	Suswa Disp	Keekonyokie	Narok East
45	708054	Ndamama	Ndamama Disp	Ololmasani	Transmara East
46	708021	Mogor	Mogor Disp	Mogondo	Transmara East

47	708024	Mogondo	Mogondo Disp	Mogondo	Transmara East
48	708025	Mogoiwet	Mogoiywet Disp	Ololmasani	Transmara East
49	708027	Kuresiet	Kuresiet Disp	Ololmasani	Transmara East
50	708057	Kamaget	Kamaget Disp (Trans Mara)	Iikerin	Transmara East
51	708047	Kiribwet	Kiribwet Disp	Kapsasian	Transmara East
52	708049	Kabalecho	Kabolecho Disp	Kapsasian	Transmara East
53	708038	Ilkerin	Ilkerin Disp (Trans Mara)	Iikerin	Transmara East
54	708037	Emurua Dikirr	Emurua Dikirr H/C	Iikerin	Transmara East
55	707434	Eor-Ekule	Eor-Ekule	Ildamat	Narok East
56	707418	Oloikarere	Ereto H/C	Keekonyoki e	Narok East
57	707419	Enooseyia	Enooseyia Disp	Ildamat	Narok East

58	707424	Olasity	Olasiti (AIC) Disp	Suswa	Narok East
59	707423	Oloolpironito 1	Ololpironito H/C	Ildamat	Narok East
60	707422	Enoosupukia 1	Sintakara Disp	Suswa	Narok East
61	707421	Ilooiboti	Nairagie-Enkare H/C	Keekonyoki e	Narok East
62	707407	Oloosokon	Mosiro Disp	Mosiro	Narok East
63	707409	Mosiro	Mosiro Disp	Mosiro	Narok East
64	707414	Ilaiser	Ilaiser Disp	Ildamat	Narok East
65	707415	Nturumeti	ACK Nturumeti Disp	Mosiro	Narok East
66	707410	Ntulele	Ntulele H/C	Mosiro	Narok East
67	707390	Olepolos	Olepolos Disp	Ololulung'a	Narok South
68	706563	Olorte	Olorte Disp	Loita	Narok South
69	706545	olkinyiei	Entontol Disp	Melili	Narok Central
70	706064	Parkara	Olchorro H/C	Melili	Narok Central

71	706544	Chemamit	Chemamit Disp	Kapsasian	Transmara East
72	705982	Oendeem	Olendeem Disp	Melili	Narok Central
73	705923	Nkararo	Nkararo H/C	Lolgorian	Transmara South
74	705925	Lepolosi	Transmara West Sub County Hospital	Shankoe	Transmara West
75	705931	Lolgorian	Lolgorian Sub County Hospital	Lolgorian	Transmara South
76	705933	Keringani	Keringani Disp	Lolgorian	Transmara South
77	705927	Masurura	Masurura Disp	Lolgorian	Transmara South
78	705926	Kondamet	Kondamet Disp	Angata Barikoi	Transmara South
79	705921	Sitoka	Sitoka Disp	Kimintet	Transmara South
80	705919	Olopito	Narok County Referral Hospital	Narok Town	Narok Central

81	705920	Sankale	Sankale Clarence H ealth Centre	Melili	Narok Central
82	705918	Olelusie	Erusiai Disp	Melili	Narok Central
83	705897	Keyian SDA	Keyian SDA Disp	Keyian	Transmara West
84	705895	Kapune	Kapune Disp	Kilgoris Central	Transmara West
85	705894	Oldanyati Health	Oldanyati H/C	Keyian	Transmara West
86	705790	Osinoni	Osinoni Disp	Shankoe	Transmara West
87	705795	Osupuko	Osupuko Disp	Kilgoris Central	Transmara West
88	705797	Nganayio	Nganayio Disp	Kilgoris Central	Transmara West
89	705791	Oldonyorok	Oldonyorok Disp	Angata Barikoi	Transmara South
90	705789	Shartuka Communtiy Unit	Shartuka Disp	Kilgoris Central	Transmara West

91	705597	Sikawa	Sikawa Disp	Keyian	Transmara West
92	705598	Entargeti	Entargeti Disp	Shankoe	Transmara West
93	705599	Emurutoto	Emurutoto H/C	Lolgorian	Transmara South
94	705503	Engos	Engos H/C Africa Mission Services	Lolgorian	Transmara South
95	705436	Iltirben	Ololulunga District Hospital	Ololulung'a	Narok South
96	705206	Mausa Health	Mausa Disp	Loita	Narok South
97	705207	Mausa	Mausa Disp	Loita	Narok South
98	705208	Saire	Saire Disp	Sagamian	Narok South
99	705209	Saptet	Saptet Disp	Sagamian	Narok South
100	705212	Elangat Enterit Community Health Unit	Elangata Enterit Disp	Maji Moto/Naroosura	Narok South

101	705213	Endonyo Ngiro	Olmekenyu H/C	Melelo	Narok South
102	705214	Melelo A	Olmekenyu H/C	Melelo	Narok South
103	705215	Sagamian Lower	Sogoo H/C	Sogoo	Narok South
104	705216	Nkaroni B	Sogoo H/C	Sogoo	Narok South
105	705217	Nkaroni A Community Health Unit	Sogoo H/C	Sogoo	Narok South
106	705237	Sogoo B	Sogoo H/C	Sogoo	Narok South
107	705238	Narok county Referral	Narok County Referral Hospital	Narok Town	Narok Central
108	705226	Limanet	Narok County Referral Hospital	Narok Town	Narok Central
109	705128	Olokurto Health center	Olokurto H/C	Olokurto	Narok North
110	705221	Olokurto	Olokurto H/C	Olokurto	Narok North

111	704419	Enkutoto	Enkutoto Disp	Maji Moto/Naroosura	Narok South
112	704421	Enkutoto	Enkutoto Disp	Maji Moto/Naroosura	Narok South
113	704422	Ilkerin	Ilkerin Disp (Narok South)	Loita	Narok South
114	704424	Ilkerin	Ilkerin Disp (Narok South)	Loita	Narok South
115	704282	Sakutiek	Sakutiek H/C	Melili	Narok Central
116	704283	Enaibor Ajijik Disp	Enaibor Ajijik Disp	Melili	Narok Central
117	704288	Enaibor Ajijik Disp	Enaibor Ajijik Disp	Melili	Narok Central
118	704294	Ewaso Ngiro Disp	Ewaso Ngiro Disp	Narok Town	Narok Central
119	704296	Ewaso Ngiro	Ewaso Ngiro Disp	Narok Town	Narok Central

120	704286	Fountain Medical centre	FLC Fountain of life hospital	Narok Town	Narok Central
121	704284	Fountain	FLC Fountain of life hospital	Narok Town	Narok Central
122	701488	Naikara	Naikara H/C	Naikarra	Narok West
123	701487	Talek	Talek H/C	Siana	Narok West
124	701486	Oderkesi	Olderkesi Disp	Naikarra	Narok West
125	701485	Salabwek	Salabwek Disp	Mara	Narok West
126	701484	Baraka	Baraka Hospital	Mara	Narok West
127	602334	Kapsasian	Kapsasian Disp	Kapsasian	Transmara East
128	602192	Kurangurik	Kurangurik H/C	Iikerin	Transmara East
129	601107	Oletukat	Oletukat Disp	Ildamat	Narok East

130	602231	Morijo Loita	Morijo Loita H/C	Loita	Narok South
131	601130	Olkinyei	Olkinyei Disp	Siana	Narok West
132	601105	Nkareta	Nkareta Disp	Nkareta	Narok Central
133	601135	Sekenani	Sekenani H/C	Siana	Narok West
134	601124	Megwara	Megwara Disp	Siana	Narok West
135	601104	Naisoya	Naisoya Disp	Nkareta	Narok Central
136	601195	Shankoe	Shankoe Disp	Shankoe	Transmara West
137	601133	Ololulunga	Ololulunga District Hospital	Ololulung'a	Narok South
138	601102	Inkoirienito	Inkoirienito Disp	Suswa	Narok East
139	601117	Entesekera	Entasekera H/C	Loita	Narok South

140	602413	Kimintet	Kimintet Disp	Kimintet	Transmara South
141	601103	Kojong'a	Kojonga Disp	Mosiro	Narok East
142	601136	Sogoo	Sogoo H/C	Sogoo	Narok South
143	602420	Emarti	Emarti H/C	Kimintet	Transmara South
144	601110	Olosho Onyok Cbo Sintakara	Nairagie-Enkare H/C	Keekonyoki e	Narok East
145	601101	Enabelbel	Enabelbel H/C	Olorropil	Narok North
146	601193	Enoosaen	Enoosaen H/C	Keyian	Transmara West
147	601127	Naroosura	Naroosura H/C	Maji Moto/Naroo sura	Narok South
148	601192	Angata	Angata H/C	Angata Barikoi	Transmara South
149	601123	Majimoto	Maji Moto Disp (Narok South)	Maji Moto/Naroo sura	Narok South

150	601120	Ilmotiok	Ngito H/C	Ilmotiook	Narok West
151	601131	Olmekenyu	Olmekenyu H/C	Melelo	Narok South
152	601106	Olchorro	Olchorro H/C	Melili	Narok Central
153	601194	Romosha	Romosha H/C	Kilgoris Central	Transmara West
154	601111	Olposimoru Community Health Workers Self Help Group	Olposimoru Disp	Olposimoru	Narok North
155	601112	Ongata Naado	Ongata Naado Disp	Mosiro	Narok East
156	601125	Mulot	Mulot H/C	Ilmotiook	Narok West
157	601108	Olloropil	Oloropil Disp	Olorropil	Narok North
158	602219	Njipiship	Njipiship Disp	Ololmasani	Transmara East

Annex 3: List of all health facilities

Code	Name	Owner type	Sub county	Ward
31493	Equity Afya Narok	Private Practice	Narok Central	Narok Town
31207	Eserian Family Hospital	Private Practice	Narok Central	Narok Town
30674	Sanaito Health Care	Private Practice	Narok Central	Narok Town
30424	Maiccodo Enkabaani Olturoto Dispensary	Non-Governmental Organizations	Narok Central	Melili
30428	Bethany Hillcrest Clinic Olchorro	Private Practice	Narok Central	Melili
29981	Olelusie Dispensary	Ministry of Health	Narok Central	Melili
28918	Diagnostic Hospital Annex Limited	Private Practice	Narok Central	Narok Town
26997	The Shepherd Hospital Limited	Private Practice	Narok Central	Narok Town

26707	The Evan Medicare center	Private Practice	Narok Central	Narok Town
26364	Suncare Medical Clinic	Private Practice	Narok Central	Narok Town
25890	Tree of life healthcare limited	Private Practice	Narok Central	Narok Town
24963	Erusiai Dispensary	Ministry of Health	Narok Central	Melili
24782	Aga Khan Health Service	Private Practice	Narok Central	Narok Town
24670	Sankale Clarence H ealth Centre	Private Practice	Narok Central	Melili
23956	Medicross Kenya	Private Practice	Narok Central	Narok Town
23703	Narok medical care clinic	Private Practice	Narok Central	Narok Town
22773	Heartlands Medical Center	Private Practice	Narok Central	Narok Town
22090	Lemara medical services	Private Practice	Narok Central	Narok Town

22055	Naramat Medical and Dental Clinic	Private Practice	Narok Central	Narok Town
20990	Narok Beyond Zero Campaign Clinic	Ministry of Health	Narok Central	Narok Town
20549	Ebenezer Reproductive health clinic	Private Practice	Narok Central	Narok Town
20548	Narok Cottage Hospital	Private Practice	Narok Central	Narok Town
18784	Medicatia Hospital	Private Practice	Narok Central	Narok Town
18767	Marps Drop In Medical Centre	Non-Governmental Organizations	Narok Central	Narok Town
18299	Maasai Mara University College Clinic	Ministry of Health	Narok Central	Narok Town
17802	Olchekut Community Based Clinic	Private Practice	Narok Central	Narok Town
17221	Enesampulai Dispensary	Ministry of Health	Narok Central	Melili
14484	Ewaso Ngiro Dispensary	Ministry of Health	Narok Central	Narok Town

16330	Olenkasurai Dispensary	Faith Based Organization	Narok Central	Melili
15363	Nkareta Dispensary	Ministry of Health	Narok Central	Nkareta
15516	Sakutiek Health Centre	Ministry of Health	Narok Central	Melili
14523	GK Prisons Dispensary	Ministry of Health	Narok Central	Narok Town
14502	FLC Fountain of life hospital	Faith Based Organization	Narok Central	Narok Town
15279	Naisoya Dispensary	Ministry of Health	Narok Central	Nkareta
15599	Siyiapei (AIC) Dispensary	Faith Based Organization	Narok Central	Melili
14454	Enaibor Ajijik Dispensary	Ministry of Health	Narok Central	Melili
15311	Narok County Referral Hospital	Ministry of Health	Narok Central	Narok Town
15397	Olendeem Dispensary	Faith Based Organization	Narok Central	Melili

15389	Olchorro Health Centre	Ministry of Health	Narok Central	Melili
14471	Entontol Dispensary	Ministry of Health	Narok Central	Melili
29585	Eor-Ekule	Ministry of Health	Narok East	Ildamat
28554	Ilkirragarien Dispensary	Ministry of Health	Narok East	Suswa
26781	Osiligi Dispensary	Ministry of Health	Narok East	Mosiro
26832	Suswa Dispensary	Ministry of Health	Narok East	Keekonyokie
26201	Sintakara Dispensary	Ministry of Health	Narok East	Suswa
25419	St Loui Medical Clinic	Private Practice	Narok East	Suswa
25192	THE MAYIAN MATERNITY AND NURSING HOME SUSWA	Private Practice	Narok East	Suswa
25142	Mayian Brilliant Medical Centre	Private Practice	Narok East	Mosiro

25046	Olasiti Medical Clinic	Private Practice	Narok East	Keekonyokie
21130	Enooseyia Dispensary	Ministry of Health	Narok East	Ildamat
20915	Enaramatishoreki Health Centre	Ministry of Health	Narok East	Ildamat
17807	St Joseph's the Worker Dispensary	Faith Based Organization	Narok East	Keekonyokie
17750	Ilkiremisho Dispensary	Ministry of Health	Narok East	Mosiro
15439	Ongata Naado Dispensary	Ministry of Health	Narok East	Mosiro
14562	Ilaiser Dispensary	Ministry of Health	Narok East	Ildamat
15387	Olasiti (AIC) Dispensary	Faith Based Organization	Narok East	Suswa
15422	Ololpironito Health Centre	Ministry of Health	Narok East	Ildamat
15401	Oletukat Dispensary	Ministry of Health	Narok East	Ildamat

16329	Inkoirienito Dispensary	Ministry of Health	Narok East	Suswa
15293	Nalepo Medical Clinic	Private Practice	Narok East	Mosiro
15369	ACK Nturumeti Dispensary	Faith Based Organization	Narok East	Mosiro
15367	Ntulele Health centre	Ministry of Health	Narok East	Mosiro
14476	Ereto Health Centre	Ministry of Health	Narok East	Keekonyokie
14973	Kojonga Dispensary	Ministry of Health	Narok East	Mosiro
15277	Nairagie-Enkare Health Centre	Ministry of Health	Narok East	Keekonyokie
15227	Mosiro Dispensary	Ministry of Health	Narok East	Mosiro
31517	Amelias Medical Centre	Private Practice	Narok North	Olposimoru
31516	Nkokolani Dispensary	Ministry of Health	Narok North	Olposimoru

23825	Bethany Hill Crest Hospital	Private Practice	Narok North	Olposimoru
21132	Olepolos Dispensary Narok North	Ministry of Health	Narok North	Olorropil
17552	Oloropil Dispensary	Faith Based Organization	Narok North	Olorropil
15431	Olposimoru Dispensary	Ministry of Health	Narok North	Olposimoru
15420	Olokurto Health Centre	Ministry of Health	Narok North	Olokurto
14470	Entiyani Dispensary	Ministry of Health	Narok North	Olokurto
14453	Enabelbel Health Centre	Ministry of Health	Narok North	Olorropil
15666	St Teresa Olokirikirai Dispensary	Faith Based Organization	Narok North	Olorropil
31027	Ololoipang'i Dispensary	Ministry of Health	Narok South	Ololulung'a
30104	Nkaroni Dispensary Narok South	Ministry of Health	Narok South	Sogoo

29795	Red Tribe Maasai Health Care Clinic	Faith Based Organization	Narok South	Loita
27056	Masaantare Medical & Diagnostic Centre	Private Practice	Narok South	Ololulung'a
25919	Nchurra Dispensary	Ministry of Health	Narok South	Melelo
24964	Naroosura Medical Services	Private Practice	Narok South	Maji Moto/Naroosura
24142	Saptet Dispensary	Ministry of Health	Narok South	Sagamian
22622	Oltumusoi Dispensary	Ministry of Health	Narok South	Maji Moto/Naroosura
21128	Mausa Dispensary	Ministry of Health	Narok South	Loita
21126	Saire Dispensary	Ministry of Health	Narok South	Sagamian
17925	Erreteti Dispensary	Ministry of Health	Narok South	Ololulung'a

17784	Enkutoto Dispensary	Ministry of Health	Narok South	Maji Moto/Naroosura
17752	Ngoswani Community Health Centre	Faith Based Organization	Narok South	Maji Moto/Naroosura
14485	Ewaso Ngiro Health Centre	Faith Based Organization	Narok South	Maji Moto/Naroosura
15636	St Elizabeth Health Centre	Faith Based Organization	Narok South	Maji Moto/Naroosura
15222	Morijo Loita Health Centre	Ministry of Health	Narok South	Loita
14479	Entasekera Health Centre	Ministry of Health	Narok South	Loita
15415	Olmesutie Dispensary	Ministry of Health	Narok South	Loita
14563	Ilkerin Dispensary (Narok South)	Ministry of Health	Narok South	Loita

14427	Elangata Enterit Dispensary	Ministry of Health	Narok South	Maji Moto/Naroosura
15312	Naroosura Health Centre	Ministry of Health	Narok South	Maji Moto/Naroosura
15423	Ololulunga District Hospital	Ministry of Health	Narok South	Ololulung'a
15113	Maji Moto Dispensary (Narok South)	Ministry of Health	Narok South	Maji Moto/Naroosura
15428	Olorte Dispensary	Ministry of Health	Narok South	Loita
15399	Olepolos Dispensary	Ministry of Health	Narok South	Ololulung'a
15414	Olmekenyu Health Centre	Ministry of Health	Narok South	Melelo
15605	Sogoo Health Centre	Ministry of Health	Narok South	Sogoo
31051	Olare-Orok Dispensary	Ministry of Health	Narok West	Mara

30595	Enkishon Dispensary	Private Practice	Narok West	Naikarra
30584	Naboisho Care Clinic	Private Practice	Narok West	Siana
30352	Huduma Hopecare Clinic	Private Practice	Narok West	Siana
30353	Oltalet Medical Clinic	Private Practice	Narok West	Siana
30354	Talek Medical Clinic	Private Practice	Narok West	Siana
29303	Enelerai Dispensary	Ministry of Health	Narok West	Mara
28590	Ositeti Dispensary	Ministry of Health	Narok West	Naikarra
28312	Mogoiyuet Dispensary	Ministry of Health	Narok West	Ilmotiook
26652	Sidai Baare Medical Clinic	Private Practice	Narok West	Mara
26650	Enturoto Community Medical Clinic	Private Practice	Narok West	Mara

25618	AGC Lions Ngoswani Hospital	Faith Based Organization	Narok West	Siana
25191	Mulot Medical Clinic	Private Practice	Narok West	Ilmotiook
25190	Maasai Mara Medical Centre	Private Practice	Narok West	Mara
24647	Straight up Medical Clinic	Faith Based Organization	Narok West	Siana
23823	Naishorua Medical Clinic	Private Practice	Narok West	Mara
22968	Emayian Medical Clinic	Private Practice	Narok West	Mara
22967	Vital Solutions Health Centre	Non-Governmental Organizations	Narok West	Siana
21323	Olchoro Oirowa	Ministry of Health	Narok West	Ilmotiook
21322	Ilmotiok Disp	Ministry of Health	Narok West	Ilmotiook
21127	Nkoilale Health Centre	Ministry of Health	Narok West	Siana

19738	Olesere Dispensary	Ministry of Health	Narok West	Mara
18265	Losho Dispensary	Ministry of Health	Narok West	Siana
17923	Walking With Maasai Community Health Clinic (Olort	Non-Governmental Organizations	Narok West	Siana
17783	Leshuta Dispensary	Ministry of Health	Narok West	Naikarra
17782	Chemwokter Dispensary	Ministry of Health	Narok West	Ilmotiook
17781	Rongena Dispensary (Narok West)	Ministry of Health	Narok West	Mara
17780	Salabwek Dispensary	Ministry of Health	Narok West	Mara
17776	Osarara Dispensary	Ministry of Health	Narok West	Naikarra
17757	Baraka Hospital	Non-Governmental Organizations	Narok West	Mara
17746	Endoinyo Narasha	Ministry of Health	Narok West	Siana

17740	Mulot Health Centre	Ministry of Health	Narok West	Ilmotiook
15128	Mararianta Health Centre	Faith Based Organization	Narok West	Mara
15626	St Anthony Lemek Dispensary	Faith Based Organization	Narok West	Mara
14462	Enkitoria Dispensary	Faith Based Organization	Narok West	Siana
15364	Nkorinkori Dispensary	Ministry of Health	Narok West	Ilmotiook
15251	Mulot Catholic Dispensary	Faith Based Organization	Narok West	Ilmotiook
15168	Megwara Dispensary	Ministry of Health	Narok West	Siana
15276	Naikara Health Centre	Faith Based Organization	Narok West	Naikarra
15408	Olkinyei Dispensary	Ministry of Health	Narok West	Siana
15411	Olkoroi Dispensary	Ministry of Health	Narok West	Naikarra

15541	Sekenani Health Centre	Ministry of Health	Narok West	Siana
14457	Endoinyo Erinka Dispensary	Ministry of Health	Narok West	Mara
14394	Cmf Aitong Health Centre	Faith Based Organization	Narok West	Mara
15348	Ngito Health Centre	Faith Based Organization	Narok West	Ilmotiook
15702	Talek Health Centre	Faith Based Organization	Narok West	Siana
15392	Olderkesi Dispensary	Faith Based Organization	Narok West	Naikarra
23955	Hillsview medical centre	Private Practice	Transmara East	Ololmasani
22325	Mogondo Dispensary	Ministry of Health	Transmara East	Mogondo
22083	Kelonget Dispensary	Ministry of Health	Transmara East	Ololmasani
18045	Soget Dispensary	Ministry of Health	Transmara East	Mogondo

17328	Chemamit Dispensary	Ministry of Health	Transmara East	Kapsasian
17325	Ndamama Dispensary	Ministry of Health	Transmara East	Ololmasani
14564	Ilkerin Dispensary (Trans Mara)	Ministry of Health	Transmara East	Iikerin
14667	Kamaget Dispensary (Trans Mara)	Ministry of Health	Transmara East	Iikerin
15356	Njipiship Dispensary	Ministry of Health	Transmara East	Ololmasani
15002	Kurangurik Health centre	Ministry of Health	Transmara East	Iikerin
15700	Takitech Dispensary	Ministry of Health	Transmara East	Ololmasani
14797	Kapweria Dispensary	Ministry of Health	Transmara East	Ololmasani
16326	Kuresiet Dispensary	Ministry of Health	Transmara East	Ololmasani
14626	Kabolecho Dispensary	Ministry of Health	Transmara East	Kapsasian

16328	Olchobosei Clinic	Private Practice	Transmara East	Ololmasani
15627	St Antony's Abossi Health Centre	Faith Based Organization	Transmara East	Ololmasani
14754	Kapsasian Dispensary	Ministry of Health	Transmara East	Kapsasian
16327	Mogoiywet Dispensary	Ministry of Health	Transmara East	Ololmasani
14937	Kiribwet Dispensary	Ministry of Health	Transmara East	Kapsasian
15615	Sosiana Dispensary	Ministry of Health	Transmara East	Mogondo
14452	Emurua Dikirr Health centre	Ministry of Health	Transmara East	Iikerin
30758	Iltolish Dispensary	Ministry of Health	Transmara South	Kimintet
25921	Alen Wales Lolgorian Medical Clinic	Private Practice	Transmara South	Lolgorian
24926	Emurutoto Health Centre	Ministry of Health	Transmara South	Lolgorian

24515	Oldonyorok Dispensary	Ministry of Health	Transmara South	Angata Barikoi
21173	Enkipai Dispensary	Ministry of Health	Transmara South	Kimintet
21172	Ngendalel Dispensary (Transmara)	Ministry of Health	Transmara South	Angata Barikoi
17910	Engos Health Centre Africa Mission Services	Faith Based Organization	Transmara South	Lolgorian
17322	Sitoka Dispensary	Ministry of Health	Transmara South	Kimintet
15068	Lolgorian Sub County Hospital	Ministry of Health	Transmara South	Lolgorian
16689	Narolong Dispensary (Trans Mara West)	Ministry of Health	Transmara South	Lolgorian
16325	Mashangwa Dispensary	Ministry of Health	Transmara South	Angata Barikoi
15151	Masurura Dispensary	Ministry of Health	Transmara South	Lolgorian
15123	Mara Serena Dispensary	Private Practice	Transmara South	Kimintet

14985	Kondamet Dispensary	Ministry of Health	Transmara South	Angata Barikoi
14873	Kimintet Dispensary	Ministry of Health	Transmara South	Kimintet
14859	Kichwa Tembo Dispensary	Private Practice	Transmara South	Kimintet
14835	Keringani Dispensary	Ministry of Health	Transmara South	Lolgorian
15668	St Theresia of Jesus	Private Practice	Transmara South	Kimintet
15362	Nkararo Health Centre	Ministry of Health	Transmara South	Lolgorian
14205	Angata Health Centre	Ministry of Health	Transmara South	Angata Barikoi
14442	Emarti Health Centre	Ministry of Health	Transmara South	Kimintet
15237	Mpata Club Dispensary	Private Practice	Transmara South	Kimintet
31029	Akedejoe Family Therapy and Cottage Medical Centre	Private Practice	Transmara West	Shankoe

30608	Little Sisters of St. Joseph Olesentu Mission Hospital	Faith Based Organization	Transmara West	Kilgoris Central
30603	Kilgowest Medical Clinic	Private Practice	Transmara West	Shankoe
25784	Sikawa Dispensary	Ministry of Health	Transmara West	Keyian
25785	Olongoloto Dispensary	Ministry of Health	Transmara West	Kilgoris Central
24903	Breetons Medical Centre	Private Practice	Transmara West	Shankoe
21206	KYC Transmara	Non-Governmental Organizations	Transmara West	Shankoe
18251	Illikeek Oodupa Clinic	Private Practice	Transmara West	Shankoe
17327	Keyian SDA Dispensary	Faith Based Organization	Transmara West	Keyian
17324	Shartuka Dispensary	Ministry of Health	Transmara West	Kilgoris Central
17321	Kapune Dispensary	Ministry of Health	Transmara West	Kilgoris Central

17320	Entargeti Dispensary	Ministry of Health	Transmara West	Shankoe
16690	Ololchani Dispensary	Ministry of Health	Transmara West	Shankoe
16688	Meguara Dispensary	Ministry of Health	Transmara West	Kilgoris Central
15558	Shankoe Dispensary	Ministry of Health	Transmara West	Shankoe
15451	Osupuko Dispensary	Ministry of Health	Transmara West	Kilgoris Central
15448	Osinoni Dispensary	Ministry of Health	Transmara West	Shankoe
15491	Romosha Health centre	Ministry of Health	Transmara West	Kilgoris Central
15337	Nganayio Dispensary	Ministry of Health	Transmara West	Kilgoris Central
15740	Transmara Community Hospital	Private Practice	Transmara West	Kilgoris Central
14194	Akemo Nursing Home	Private Practice	Transmara West	Kilgoris Central

14466	Enoosaen Zh Clinic	Private Practice	Transmara West	Keyian
14865	Kilgoris Medical Centre	Private Practice	Transmara West	Kilgoris Central
15400	Olereko Dispensary	Ministry of Health	Transmara West	Shankoe
15647	St Joseph Hospital	Faith Based Organization	Transmara West	Shankoe
15739	Transmara West Sub County Hospital	Ministry of Health	Transmara West	Shankoe
15736	Tororek Dispensary	Ministry of Health	Transmara West	Kilgoris Central
15390	Oldanyati Health Centre	Ministry of Health	Transmara West	Keyian
14465	Enoosaen Health Centre	Ministry of Health	Transmara West	Keyian

Table 27:The table below categorizes the County health department stakeholders;

Stakeholder Category	**Names**	**Role in CHSSIP**
State actors	Ministry of health	Policy formulation & regulations
	State department of Gender	
	Ministry of Education	Support control of GBV, FGM, early marriages and gender empowerment Policy implementation Control of early marriages Empowering communities through education
	Ministry of Interior and National government administration	Resource mobilization Maintain Security & order Resource mobilization Stakeholder involvement
County actors	Narok County Government	Policy implementation Resource allocation Governance and leadership

	Other county sectors	Stakeholders' engagement Resource mobilization
Non-State Actors in Health and Sanitation	Clinton health access initiative (CHAI)	Child Health
	Walter Reed Project (HJF-MRI)	HIV/AIDS, TB, M&E
	World concern	Deworming
	Kenya Red Cross Society (KRCS)	Emergency and disaster Response, Disease surveillance, nutrition commodities
	DESIP	Family Planning
	MAA TRUST	Maternal, newborn and child health
	Narok Youth SRH network	SRH
	Community Health Partners	Curative, RMNCAH, HIV/AIDS

	DANIDA	UHC/PHC
	COVAW	GBV
	CREAW	GBV
	UNICEF	Nutrition and WASH
	ADS south rift	Curative, Nutrition, RH
	JHPIEGO	RH
	Global Fund	HIV/AIDS, TB, Malaria
	WORLD VISION	TB, Emergency response
	AFYA UGAVI	Malaria, HPTs
	Operation eyesight universal	Trachoma, WASH
	Sight savers international	WASH and Trachoma
	AMREF	TB, WASH

	PSK	RH, M&E
	WHO	Disease surveillance, Emergency response, child health
	Helen Keller	Nutrition
	NPI Expand	RH
	Kenya Conference of Catholic Bishops (KCCB)	HIV/AIDS, TB, RH
	Lifenet international	M&E
	Forum CIV	CHS
	Jacaranda Health	RH
	Evidence action	School based deworming
	LIXIL	WASH
	USAID	WASH

	Afya Afrika	Policy and Advocacy, GBV, child marriage, adolescent SRHR
	Youth anti FGM (YANK)	Anti FGM
	Creaw kenya	women Empowerment
	LINDA ARTS	Entertainment
	World Food Program (WFP)	Food safety & Quality control
	Inelera + Kenya Community Health Africa Trust	HIV & Covid 19 Reproductive Health
CLIENTS / CONSUMERS	Individuals, Families & communities	Receive/consume services Provide feedback Resource mobilization

Roles, Functions and Responsibilities

Table 28:Roles, Functions and Responsibilities of various Teams in Implementation of NCHSSIP

Key actors	**Roles, Functions and Responsibilities**
County Executive Committee Member for Health and sanitation	1. **Providing leadership in the departmental governance, development, and administration based on the departmental policies and plans;** 2. **Resource Mobilization and Management** 3. **Collaboration with other health-related sectors** 4. **The link between the department and the Legislature**
Chief Officers of Health (Clinical Services and Preventive & Promotive)	**a. The County chief officers shall be responsible to the respective county executive committee member for the administration of a county department** **b. The county chief officers shall be the authorized officers in respect of the exercise of delegated power.** **c. Leadership in the mobilization of resources and partners in the process.**
County Director of health	a. Be the technical advisor to the county executive on all matters relating to health within the County; b. Chair meetings of the County Health Management Team; c. Coordinate technical supervision of all curative, rehabilitative, preventive and promotive health services within the County;

	d. Prepare and share reports or any other health related information within the County; e. Report periodically to the Director-General for health on all emergency public health occurrences including disease outbreaks, disasters and any other health matters; and f. Perform any other duties as may be assigned by the appointing authority and any other written law.
County Health Management Team	a. Coordinating implementation of national and County health policies in the County b. Providing supervision and support to the management of all health facilities in the county and the sub-county health management teams; c. Exercising disciplinary measures over health personnel working in the county d. Reviewing and monitor the implementation of this plan and advising the executive on appropriate measures to be adopted for the effective implementation of this plan; e. Facilitate health facilities in the county to comply with the established professional ethics and standards ; f. Carrying out any other county Health function as may be assigned by the executive;
Sub-county Health Management Team	a. Coordinating implementation of this plan other health policies in the sub-county; b. Provide leadership and governance at the sub-county levels c. Planning and implementation of health activities at the sub-county levels

	d. Providing technical supportive supervision and support to the management of the all health facilities in the sub-county; e. Coordinate health activities with other related sectors in the sub county; f. Carrying out needs and capacity assessment for health facilities and capacity building to the implementing units g. Review and monitoring the implementation of this plan; advising the department on appropriate measures to be adopted for the effective implementation of this plan in the sub county; h. Resource Mobilization and management i. Exercise disciplinary measures over health personnel working in the sub-county; j. In consultation with the county health management team, facilitate capacity building of health personnel at the sub-county; k. Facilitate health facilities in the sub county to comply with the established professional ethics and standards; and l. Carry out any other function as may be assigned by the County Health Management Team
Hospital Management Committees	● Consider and submit for approval to the chief officer the annual facility work plan and budget; ● Consider and submit for approval to the chief officer the facility quarterly budgets; ● Ensure the quarterly implementation plans and budgets are based on available resources;

	● Monitor the utilization of facility improvement financing and take corrective action in relation to implementation challenges identified that hinder efficient absorption of funds; ● Ensure all financial procedures and reporting requirements are met by the facility in-charges and conform to the Public Finance Management Regulations; ● Ensure strict adherence to procurement rules as prescribed in the Public Procurement and Asset Disposal Act; ● Ensure public awareness on administration of the facility improvement financing through public participation during annual planning and budgeting; ● Receive the audit report and initiate response to management queries; ● Implement the recommendations of the Auditor General made pursuant to section 31(3) (a) of the Public Audit Act; ● Implement the recommendations of the Senate and the respective county assembly on the,relevant report of the Auditor-General; ● Implement the relevant recommendations of the Controller of Budget on the facility; and ● Act as liaison between the health facility and the community to strengthen delivery of quality health services.
Health facility management teams	● Prepare and present the annual hospital work plan and budget; ● prepare monthly, quarterly and annual financial reports; ● Monitor the performance target of the facility improvement financing and other sources of funds to the facility;

	● Undertake resource mobilization for the hospital; ● Ensure internal audits are periodically undertaken to mitigate financial risks; ● Ensure external audits are undertaken on a timely basis; ● Ensure efficient and effective utilization of resources paid into the facility improvement financing; and ● Receive reports and monitor collection, waivers, exemptions, expenditure and use of funds
Development and Implementing Partners/stakeholders	1. Support in planning and implementation of health activities 2. Capacity building to the implementing units 3. Support in Monitoring and Evaluation 4. Resource Mobilization and Management 5. The hiring of Technical staff 6. Advocacy for health services
Community Units	● Create awareness and conduct health education at household level; ● Offer basic primary health care services at the community level strictly within their mandate and level of training and; ● Referral from the community to link health facilities