



REPUBLIC OF KENYA
NAROK COUNTY GOVERNMENT

ANNUAL WORK PLAN

FY YEAR 2024-2025

DEPARTMENT OF HEALTH AND SANITATION

JUNE 2024

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ABBREVIATION AND ACRONYMS

ACF - Active Case Finding
ACLS - Advanced Cardiac Life Support
ACSM - Advocacy Communication Social Mobilization
AFP - Acid Flaccid Paralysis
ALOS - Average Length of Stay
ANC - Ante Natal Clinic
ART - Antiretroviral Therapy
ARV – Antiretroviral
ATLS - Advanced Trauma Life Support
AWP - Annual Work Plan
AYP - Adolescents and Young People
AYSRH - Adolescent and Youth Sexual Reproductive Health
BEmONC - Basic Emergency Obstetric and Newborn Care
BFCI - Baby Friendly Community Initiative
BFHI - Baby Friendly Health Initiative
BLS - Basic Life Support
BOM - Board of Management
CDOH - County Director of Health
CEmONC - Comprehensive Emergency Obstetric and Newborn Care
CHMT - County Health Management Team
CHP - Community Health Promoter
CIDP - County Integrated Development Plan
CLTS - Community Led Total Sanitation
CME - Continuous Medical Education
CYP - Couple Year Protection
DM - Diabetes Mellitus
DMPA - Deoxy Medroxy Progesterone Acetate
DQA - Data Quality Audit
DRTB - Drug Resistant TB
DSA - Daily Subsistence Allowance
eCHIS - Electronic Community Health Information System
EHR - Electronic Health Records
EID - Early Infant Diagnosis
EMR - Electronic Medical Record
ENT - Ear Nose Throat
EOC - Emergency Operations Centre
EPI - Expanded Program on Immunization
EPR - Epidemic Preparedness and Response
FANC - Focused Ante Natal Care

FGM - Female Genital Mutilation
FIF - Facility Improvement Funds
FIT - Facility Improvement Tool
FP - Family Planning
FY - Financial Year
GBV - Gender Based Violence
GRM - Grievance Redress Mechanism
HCW - Health Care Worker
HH – Household
HIV - Human immunodeficiency virus
HJFMRI - Henry Jackson Foundation Medical Research International
HPTs - Health Products and Technologies
HRH - Human Resource for Health
HTN - Hypertension
HTS - HIV Testing Services
ICT - Information Communication Technology
ICU - Intensive Care Unit
IDSR - Integrated Disease Surveillance and Response
IEC - Information Education Communication
IFAS - Iron Ferrous and Vitamin A supplementation
IFMIS - Integrated Financial Information System
iHRIS - Integrated Human Resource Information System
IMAM - Integrated Management of Acute Malnutrition
IPC - Infection Prevention Control
JHPIEGO - John Hopkins Program for International Education in Gynecology and Obstetrics
KECHN - Kenya Enrolled Community Health Nurse
KEPH - Kenya Essential Package for Health
KHIS - Kenya Health Information System
KMC - Kangaroo Mother Care
KMTC - Kenya Medical Training College
KQMH - Kenya Quality Model for Health
KWS - Kenya Wildlife Services
LLITN - Long Lasting Insecticidal Treated Nets
LTFU - Lost to Follow Up
MAM - Moderate Acute Malnutrition
MDA - Mass Drug Administration
ME - Monitoring and Evaluation
MNH - Maternal Neonatal Health
MOH - Ministry of Health
MOU - Memorandum Of Understanding

MRI - Magnetic Resonance Imaging
MTP - Medium Term Plan
NCD - Non-Communicable Diseases
NCRH - Narok County Referral Hospital
NHIF - National Hospital Insurance Fund
NTD - Neglected Tropical Diseases
ODF - Open Defecation Free
OJT - On Job Training
OPD - Out Patient Department
ORS - Oral Rehydration Salt
PAC - Post Arbotal Care
PBB - Program Based Budget
PCN - Primary Healthcare Networks
PFA - Psychological First Aid
PHC - Primary Health Care
PHT - Public Health Technicians
PMTCT - Prevention of Mother to Child Transmission
PnP - Permanent and Pensionable
PPE - Personal Protective Equipment
PPP - Public Private Partnership
PS - Kenya Population Services Kenya
QIT - Quality Improvement Team
RCCE - Risk Communication and Community Engagement
RCO - Registered Clinical Officer
RMNCAH - Reproductive Maternal Neonatal Child Adolescent Health
SAM - Severe Acute malnutrition
SBCC - Social Behavior Change Communication
SCHMT - Sub County Health Management Team
SDGs - Sustainable Development Goals
SHIF - Social Health Insurance Fund
SOP - Standard Operation Procedure
SRH - Sexual Reproductive Health
SWOT - Strengths, Weaknesses, Opportunities and Threats
TB – Tuberculosis
TWG - Technical Working Group
UHC - Universal Health Care
VMG - Vulnerable Marginalized Group
WASH - Water Sanitation Hygiene
WIT- Work Improvement Team
WRA - Women of Reproductive Age
WWF - World Wide Fund

EXECUTIVE SUMMARY



This annual work plan 2024/2025 has been developed and categorized in seven chapters envisioning strengthening health systems and attaining the highest possible standards of health for those seeking health services in Narok county as enshrined in the Article 43A of the Constitution of Kenya. The vision of the department is to have a responsive and efficient people-centered Narok County health care system while its mission is to ensure optimal community awareness and provision of equitable, quality, acceptable and affordable health care services meeting population needs for sustainable development.

This plan has considered to meet national and global commitments including the Sustainable Development Goals, reorientation towards Universal Health Coverage and commitment to global, national and county partnerships.

The total health budget in this work plan is Ksh. 4.2 billion with the Narok County Government committing Ksh 3.2 billion while the remaining Ksh 921 million will be contributed by the Development partners.

This document has several chapters examining the current health situation, analysing our health investment, achievements and targets including staffing level which stands as 1426.

The plan also highlights achievements which includes ongoing upgrading of Narok County Referral Hospital from level 4 to level 5, operationalization of five level four hospitals, ongoing construction of 30 maternity wings in level 2 and 3, opening of KMTC adjacent to Narok County Referral Hospital despite the challenges of inadequate staff among others. Allocation of adequate funds for HPTS and PHC will be key priorities in FY 2024/25 to overcome over 5 top ten commonest outpatient health conditions namely disease of the skin, diarrhea, arthritis, joint pains etc. amoebiasis, intestinal worms, eye infections.

In conclusion, the department looks forward to attain the highest possible health care services to the residents of Narok County.

A handwritten signature in black ink, appearing to read 'Anthony S. Namunkuk'.

Hon. Anthony S. Namunkuk
County Executive Committee Member – Health and Sanitation
NAROK COUNTY GOVERNMENT

FOREWORD



We are honored to present the Narok County Department of Health Annual Work Plan for the financial year 2024/2025. This document represents Narok county Government unwavering commitment to enhancing the health and well-being of all residents of Narok County.



A thorough and consultative approach that involved several meetings with key stakeholders, including health professionals, community leaders, non-governmental organizations, and the community members themselves, directed the creation of this action plan. As a result of this inclusive approach, the work plan has been able to address the most important health issues affecting the County while also being in line with the strategic health goals.

This annual work plan focuses on several critical areas that include strengthening primary healthcare services, improving maternal and child health, combating communicable and non-communicable diseases, and enhancing access to clean water and sanitation facilities among others. Each of these areas are crucial for achieving the vision of healthier residents of Narok County.

In conclusion, the sector not only seeks to modernize health service delivery but also tackle the issues of access and utilization through investment in human resources for health, service delivery, infrastructure, equipment, health financing, commodities and technologies.

A handwritten signature in blue ink, appearing to read 'Jane Kiok'.

Ms. Jane Kiok
Chief Officer – Clinical Services
NAROK COUNTY GOVERNMENT

A handwritten signature in blue ink, appearing to read 'Lucy Kashu'.

Ms. Lucy Kashu
Chief Officer-Preventive and Promotive Health Services
NAROK COUNTY GOVERNMENT

ACKNOWLEDGEMENT



The development of the Narok County Department of Health and Sanitation Annual Work Plan for FY 2024/2025 has been a collaborative effort involving numerous dedicated individuals and organizations.

Firstly, I express my heartfelt appreciation to the Narok County Department of Health leadership for their unwavering support, funding and guidance throughout the process. Their commitment to improving the health and well-being of our residents has been instrumental in shaping this work plan.

I also acknowledge the contributions of the County Health Management Team, Sub County Health Management Teams and staff within the Narok County Department of Health, whose insights and feedback helped refine and enhance the work plan.

Special thanks go to the county health partners and stakeholders including JHPIEGO, PS Kenya and HJFMRI among others, whose financial support was vital in bringing this work plan to fruition.

I would also like to recognize the input from the community members of Narok County. Their voices, experiences and engagement during the consultative process ensured that this plan is truly reflective of the community's needs.

Finally, I would like to extend my sincere gratitude to all who contributed their time, expertise, and resources to this important document.

Thank you.

A handwritten signature in blue ink, appearing to read 'F. Kiio', positioned above the printed name.

Dr. Francis Kiio
County Director of Health
NAROK COUNTY GOVERNMENT

INTRODUCTION AND GENERAL BACKGROUND OF THE COUNTY

1.4 Introduction

The annual work plan was developed by the County Department of health and sanitation in collaboration with key stakeholders to operationalize the County Health Sector Strategic and Investment Plan and County Integrated Development Plan (CIDP) 2023/2027.

1.5 Background

Narok County is situated in the Southern part of the Great Rift Valley. It lies between latitudes 0° 50' and 1° 50' South and longitude 35° 28' and 36° 25' East. The county borders the Republic of Tanzania to the south and six counties namely, Nakuru county to the North, Bomet, Nyamira and Kisii counties to the West, Migori County to the South West and Kajiado county to the East.

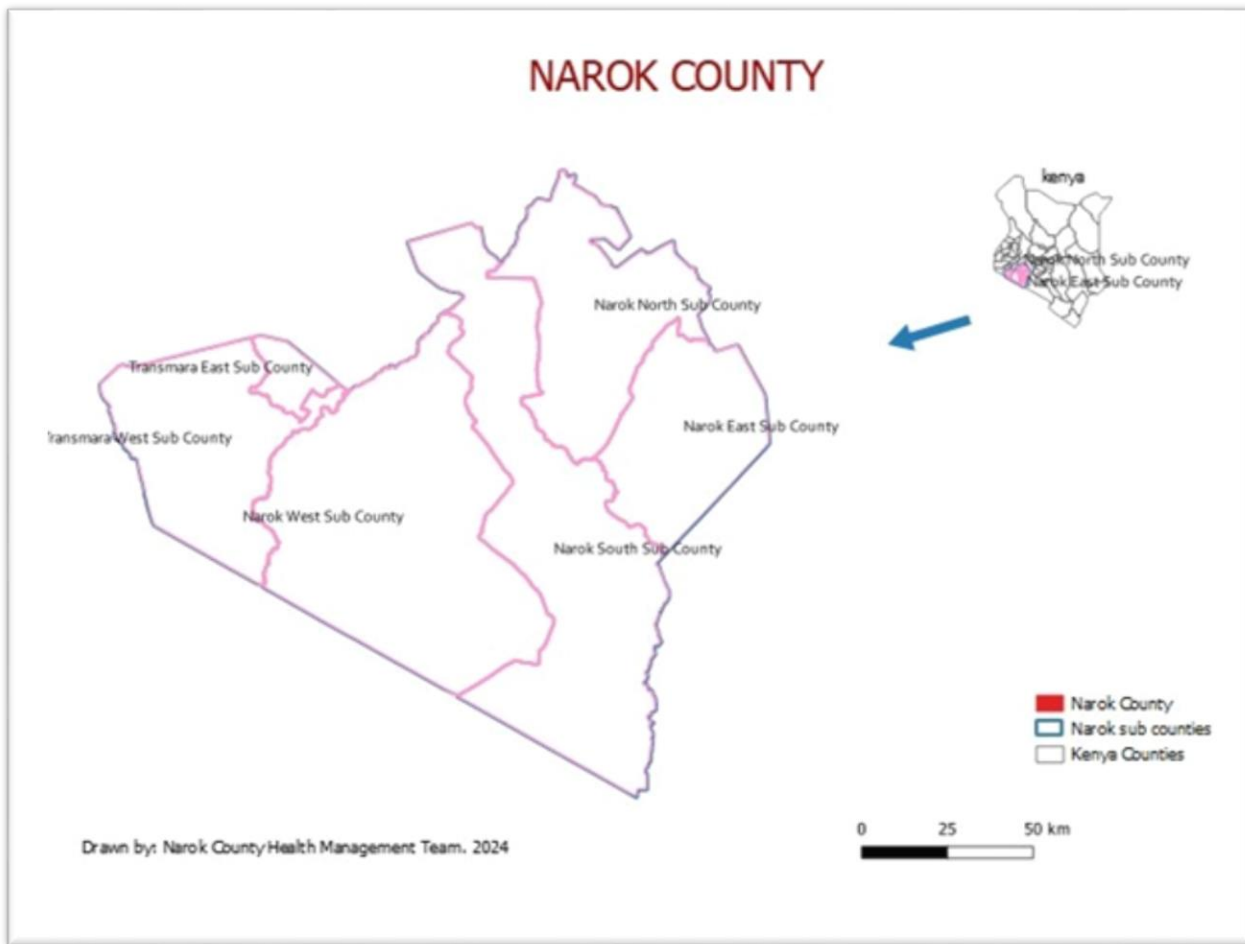
The total area of the county is 17,921.20 km² representing 3.1 per cent of the total surface area of Kenya and hence the eleventh largest County in the Country. It has a projected population of 1,410,258 consisting of 689,962 males and 694,921 females. This is an increase from 850,920 persons as per the 2019 census. Administratively, Narok County has 8 sub-counties, 30 wards, 72 locations that are further subdivided into 178 sub-locations. However, one additional sub county has been recently gazetted.

The main economic activities in the county include livestock farming, crop farming, tourism and trade among other activities undertaken in 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 229 health facilities distributed in the eight sub-counties to ensure equity and equality in provision of effective and efficient healthcare in the county. These 229 health facilities are; 13 hospitals, 44 health centres and nursing homes and 172 dispensaries and clinics. There are 190 functional community health units.

1.6 Map of County

Figure 1: Narok County Administrative Unit



1.7 Process for Developing the year 2024-2025 Annual Work Plan (AWP)

This Annual work plan was developed through a wide consultative process that involved key actors and stakeholders from the health sector. The Department of Economic Planning spearheaded the process by ensuring that the development intentions for the targeted period are clearly expressed while factoring the development aspirations of the Narok County Government. The health sector working groups (SWG) submitted its inputs for this plan, before analysis and compilation and subsequent submission. The 2024-2025 AWP was prepared taking into consideration the priorities stipulated in the CIDP 2023-2027, the County Health Sector Strategic and Investment Plan FY 2023/2027, the MTP IV, the Sustainable Development Goals (SDGs), Africa Agenda 2063. It is prudent to note that the development priorities of the health sector have been in-cooperated in the plan. The plan was prepared in accordance with the requirement of Section 126 of the Public Finance Management Act 2012, which provides that; 1. Every county government shall prepare a development plan in accordance with Article 220 (2) of the Constitution of Kenya for approval by the County Assembly.

Consolidation of this annual work plan was initiated by the County Health Management Team in a review meeting whereby performance by programs and sub programs was analyzed. Various sources of data were consulted including community units, health facilities, sub county and County levels with consideration of the global context.

1.8 Basic Demographic population data/ Population description

Narok County projected population for the financial year 2024-2025 stands at 1,410,258 with a majority of the population falling under the cohort below 15 years of age who account for 48.9% followed by adults of the age bracket 25-59 years who account for 33.2%. From the demographics, the least population are the elderly who account for only 4.3% (60+).

Women of child bearing age (15-49 years) account for 22.07% while the adolescent population (15-24 years) account for 19.47% of the total population. The number and composition of households stands at an estimated 5 persons per household and 282052 households respectively. Narok County is divided into eight sub counties with Narok South Sub County being the most populated with a population of 280,394 and Trans South Sub County being the least populated at 47,085.

1.9 County Population and Demographics

The table below provides summary statistics that describe the county population and demographics at a glance. This information has been compiled using data obtained from the Kenya Health Information System and comparing it with the Kenya National Bureau of Statistics.

Table 1:Population Breakdown and Description

S/N	Description	Population Segment Estimates	County Projected Population 2023/2024	County Projected Population 2024/2025
1	Total population in County		1,360,317	1,410,258
2	Total Number of Households		272,063	282,052
3	Children under 1 year (12 months)	3.55%	48,291	50,064
4	Children under 5 years (60 months)	16.23%	220,779	228,885
5	Under 15-year population	48.91%	665,331	689,757
6	Women of child bearing age (15 – 49 Years)	22.07%	300,222	311,244
7	Estimated Number of Pregnant Women	3.78%	51,420	53,308
8	Estimated Number of Deliveries	3.67%	49,924	51,756
9	Estimated Live Births	3.67%	49,924	51756
10	Total number of Adolescent (15-24)	33.21%	264,854	468347
11	Adults (25-59)	33.21%	451,761	468347
12	Elderly (60+)	4.33%	58,902	61064

Source: KHIS

1.10 Health Sector Catchment Population for the County

The highlight of population outpatient trends for the 2022-2023 by Sub- County is illustrated in table 2 below. The number of new outpatients plus revisits for the last 12 months and outpatient utilization rate for the same period has been illustrated in the same table. Trans Mara South Sub county had the highest outpatient utilization rate of 2.6 followed by Narok Central Sub County with outpatient utilization rate of 2.5. The Sub County with the least outpatient utilization rate was Narok West with the rate of 0.23

Table 2:Sub- County Population and Utilization

S/N	Sub County	Population for 2022-2023	Number of New + Revisits Outpatients (past 12 months) 2022-2023	Outpatient Utilization Rate (Number of visits per Person per Year) 2022-2023
	(A)	(B)	(C)	(D)= C/B
1	Narok Central	90,433	225,679	2.5
2	Narok East	135,386	132,413	0.98
3	Narok North	120,440	27,358	0.23
4	Narok South	280,394	171,945	0.61
5	Narok West	229,553	308,553	1.34
6	Trans Mara East	130,213	245,050	1.88
7	Trans Mara South	47,085	120,176	2.55
8	Trans Mara West	241,970	140,665	0.58

CHAPTER TWO: OVERALL SITUATIONAL PERFORMANCE ANALYSIS AND MORTALITY

1.11 2.1 Major Causes of Morbidity and Mortality

Pneumonia and disease of the skin accounts for the highest commonest outpatient health conditions among the under 5 years in the county. The burden of disease pattern shows that pneumonia is the commonest disease condition with an occurrence of 20.44 % of the total cases while the disease of the skin and Lower Respiratory Tract Infections each accounting for 11.56 %. The information is illustrated in table 3. Table 4 illustrates the commonest outpatient health conditions among the over 5 years is the disease of the skin accounting for 10.12 %, followed by Diarrheal condition at 6.66% of the total outpatient occurrence.

Table 3: Under 5 Years Top Ten Outpatient Health Conditions in the County

S/N	Condition (In order of priority relevance to the county)	Occurrence (Quantitative or Proportion of total cases)	%
1	Pneumonia	31,905	20.44
2	Disease of the skin	18,043	11.56
3	Lower Respiratory Tract Infections	10,304	11.56
4	Eye Infections	10,304	6.60
5	Intestinal worms	8,180	5.24
6	Severe pneumonia	4,891	3.13
7	Gastroenteritis	4,597	2.95
8	Diarrhea with some dehydration	4,221	2.70
9	Confirmed Malaria (only Positive cases)	4,025	2.58
10	Ear Infections/ Conditions	3,883	2.49
11	All other diseases	57,043	36.55
	Total	156,080	100

Source: KHIS Tracker

Table 4:Over 5 Top Ten Commonest Outpatient Health Conditions

S/N	Condition (In order of priority relevance to the county)	Occurrence (Quantitative or Proportion of total cases)	%
1	Disease of the skin	45731	10.12
2	Diarrhea	30068	6.66
3	Arthritis, Joint pains etc.	26386	5.84
4	Amoebiasis	23942	5.30
5	Intestinal worms	20928	4.63
6	Eye Infections	13346	2.95
7	Confirmed Malaria (only Positive cases)	12482	2.76
8	Hypertension	10254	2.27
9	Asthma	9185	2.03
10	Brucellosis	8614	1.91
11	All other diseases	250751	55.51

Source: KHIS Tracker

1.12 2.2 Causes of Mortality

Pneumonia, organism unspecified and sepsis of fetus or newborn are among the main causes of mortality in under 5 years old. Pneumonia and organism unspecified is also ranked the highest cause of mortality in over 5 years. The information is detailed in table 5 and table 6 below.

Table 5:Under 5 Years Causes of mortality

S/N	Condition/Issue (In order of priority relevance to the county)	Occurrence (Quantitative or Proportion of total cases)
1	Pneumonia, organism unspecified	9
2	Sepsis of fetus or newborn	4
3	Severe birth asphyxia	3
4	Anemias or other erythrocyte disorders, unspecified	2
5	Preterm newborn, unspecified	2
6	Hypovolemic shock	1
7	Harmful effects of drugs, medicaments or biological substances, not elsewhere classified	1
8	Acute malnutrition in infants, children or adolescents	1
9	Chronic ischemic heart disease, unspecified	1
10	HIV disease clinical stage 3 without mention of tuberculosis or malaria	1
11	Neonatal hyperbilirubinemia, unspecified	1

Source: KHIS Tracker

Table 6: Over 5 Years Top Ten Causes Of Mortality

S/N	Condition/Issue (In order of priority relevance to the county)	Occurrence (Quantitative or Proportion of total cases)
1	Pneumonia, organism unspecified	27
2	Respiratory tuberculosis, without mention of bacteriological or histological confirmation	9
3	Other specified infectious meningitis not elsewhere classified	9
4	Anemias or other erythrocyte disorders, unspecified	9
5	Cardiopulmonary arrest	8
6	Essential hypertension, unspecified	7
7	Sepsis of fetus or newborn	7
8	Dehydration	6
9	Acute kidney failure, stage unspecified	6
10	Chronic kidney disease, stage unspecified	5

Source: KHIS Tracker

The County's healthcare system is structured in a hierarchical manner that begins with primary healthcare, with the lowest unit being the community, and then graduates, with complicated cases being referred to higher levels of healthcare. Primary care units consist of dispensaries and health centers. The current structure consists of the following levels: Level 1: Community, Level 2: Dispensaries, Level 3: Health centers, Level 4: Primary referral facilities and Level 5: Secondary referral facilities. The delivery of the county health care services consists curative and rehabilitative service, preventive and of promotive health services, General Administration, Planning, Management, Support and Coordination services, which are provided at all the KEPH levels mentioned above. Narok County SWOT analysis in respect of strengths, weakness, opportunities and identified threats are outlined in the table below. The key achievements and challenges have been documented.

Table 7: Analysis of the health Department (SWOT Analysis)

<p>Strengths</p> <ol style="list-style-type: none"> 1. A well-established governance structure and leadership, county, sub-county, and health facilities management teams. 2. Existence of a dedicated, skilled health workforce 3. Timely remuneration of staff. 4. Existence of Level IV, III, and II facilities across the county 5. Community health service is in place with 190 functional community health units and one PCN established. 6. Existence of specialized services in the County referral hospital i.e. renal services, critical care (ICU), radiology and Specialize outpatient clinics 7. Regular supplies of essential medicines and medical supplies. 8. Existence of FIF Act 2023 	<p>Weakness</p> <ol style="list-style-type: none"> 1. Shortages of technical health workforce 2. Centralization of most decision making of finance and procurement functions 3. Long walking distances due to few health facilities 4. Inadequate community health services coverage (65%). 5. Inadequate social amenities e.g. low access to water, hygiene and sanitation. 6. High open defecation status 7. Inadequate medical and surgical equipment 8. Weak evacuation and referral services 9. Partially operational level four health facilities and hubs
<p>Opportunities</p> <ol style="list-style-type: none"> 1. Medical training institutions e.g. Maasai Mara University, 2 KMTC Campuses and WE College. 2. Availability of health development partners. 3. Availability of policies and guidelines 4. One Health Concept 5. Political goodwill. 6. Availability of learning and internship centers e.g. county referral hospital 7. Introduction of SHIF from NHIF system 8. Receptive community members 	<p>Threats</p> <ol style="list-style-type: none"> 1. Food insecurity and natural calamities i.e. drought, floods 2. Human-wildlife conflicts 3. Harmful traditional practices e.g. FGM, child marriages and food taboos 4. Emergence and re-emergence of diseases 5. Low literacy levels 6. High Poverty index 7. Poor health-seeking behavior 8. Poor road network 9. lack of power connectivity to health facilities; not connected to the national grid. 10. Lack of title deeds for health facilities 11. Industrial action among health workers 12. Displacement of population 13. Inter-clan conflicts 14. Climate change

Key Achievements

1. Ongoing upgrading of county Referral hospital from level 4 to level 5
2. Ongoing construction of level 2 health facilities
3. Ongoing construction of 30 maternity wings in level 2
4. Opening of KMTC adjacent to County Referral Hospital

Main Challenges:

1. Lack of title deeds for NCRH and most facilities
2. Inadequate technical staff
3. Most facilities are not power connectivity to national grid
4. Some of the major projects are incomplete.

1.13 2.3 Major Health Conditions/Issues Observed in the County

This section identifies the health problems/issues that account for the commonest morbidities and mortalities in the county and proposes prioritization for focusing in the next FY 2024/2025. It highlights key issues and challenges affecting access to quality care for Communicable conditions, NCDs, violence & injuries, essential medical services, health risk factors and ways of collaborating with other health related sectors. It also highlights prioritized interventions that are aimed and targeted to address/mitigate the issues in the next FY 2024/25.

Table 8: Major Health Conditions/Issues Observed in the County

Area of Health	Key Issues/ challenges* Relate to access (demand side) to care and/or quality (supply side) of service delivery	Priority Interventions to address identified challenges (Maximum of 5 per challenge)
Eliminate Communicable conditions	Poor hygiene and sanitation practices	<ul style="list-style-type: none"> - Scale up community-led total sanitation - Provide safe drinking water through construction of dams, protection of springs and sinking of boreholes - Strengthen food quality control - Scale up waste management system for solid and liquid waste - Develop the regulation of the environmental and sanitation Act of 2017
	Negative effects of social cultural and economic factors	<ul style="list-style-type: none"> - Conduct risk communication and community engagement forums (RCCE) - Address socio-cultural hindrances through advocacy & strengthen health education
	Poor response to disease alerts	<ul style="list-style-type: none"> - Strengthen disease surveillance response - Develop epidemic, preparedness and response plan (EPR)
	Long distances between facilities	<ul style="list-style-type: none"> - Increase primary health care facilities - Increase number of integrated mobile outreaches - Increase the number of community units - Establish primary healthcare networks (PCNs)
	Low immunization coverage	<ul style="list-style-type: none"> - Increase immunization outreach sites - Intensify defaulter tracing through the use of community health promoters (CHPs) - Create digital platform for SMS reminders for clients

		<ul style="list-style-type: none"> - Conduct immunization campaigns - Increase primary health care facilities with cold chain - Increase awareness and advocacy to increase coverage - Ensure sustained availability of commodities (Vaccines & related supplies)
	Low coverage of community units	<ul style="list-style-type: none"> - Operationalize all the community units - Establish more community units - Digitalization through eCHIS - Ensure enactment of the CHS Bill, 2023
Halt, and reverse increasing burden of non-communicable conditions	Late detection of Non-Communicable Diseases	<ul style="list-style-type: none"> - Sensitize healthcare workers on routine screening. - Empower CHPs to conduct screening and early referrals - Increase community awareness through behavior change communication - Disseminate and utilize guidelines
	Increased incidences of mental health	<ul style="list-style-type: none"> - Increase awareness creation for both HCWs and community - Offer Counseling and psychological first aid (PFA) - Train more health care workers on mental health management
	Insufficient data on NCDs	<ul style="list-style-type: none"> - Provision of adequate data collection and reporting tools - Sensitize CHPs on data management
	Poor nutritional Practices	<ul style="list-style-type: none"> - Conduct nutrition education and screening - Food fortification (adding essentials vitamins and minerals) - Stakeholders involvement in strengthening nutritional services - Address socio-cultural practices that affect good nutrition practices
	Poor health seeking behavior	<ul style="list-style-type: none"> - Health education and promotion - Conduct risk communication and community engagement forums (RCCE) - Increase health facility coverage
	Economic burden of NCDs at household level	<ul style="list-style-type: none"> - Mobilization for enrolment on social health security (social health insurance fund and social security for the elderly)
	Inadequate screening and diagnostic equipment	<ul style="list-style-type: none"> - Avail adequate basic screening and diagnostic equipment to all healthcare delivery units - Maintain serviceable medical equipment
	Erratic commodity supply	<ul style="list-style-type: none"> - Timely ordering - Consistent supply of commodities - Proper quantification of commodities - Redistribution of commodities where applicable
Reduce the burden of Violence & Injuries	High prevalence of road traffic accidents amongst motorcycle riders	<ul style="list-style-type: none"> - Training of health care workers on emergency pre-hospital care, BLS, ACLS, and ATLS.
	High level of substance abuse	<ul style="list-style-type: none"> - Increased advocacy on dangers of substance use. - Strengthen multi-sectoral collaboration - Establishment of rehabilitation centers
	High incidences of gender-based violence especially amongst women and teenage pregnancy	<ul style="list-style-type: none"> - Form support groups & rehabilitation programs for survivors. - Sensitize healthcare workers on GBV SOPs - Community advocacy on GBV - Strengthen multi sectoral approach in addressing GBV - Implement the AYSRH policy

		<ul style="list-style-type: none"> - Improve linkage and bilateral referrals - Implementing and enforcing laws regarding GBV
	Socio cultural barriers e.g. early marriages & FGM	<ul style="list-style-type: none"> - Conduct community forums involving key cultural leaders as well as community opinion leaders - Conduct targeted male forums at different levels - Conduct targeted forums for Adolescent and young people (AYP) - Multisectoral involvement in addressing those barriers
	Human- wildlife conflicts and animal bites	<ul style="list-style-type: none"> - Collaboration with KWS/WWF and conservancies in addressing mitigation - Promote responsible dog ownership - Mass vaccination of dogs using the one health approach - Procurement & availing vaccines (anti snake venom, anti-rabies) to all health facilities - Strengthen one health approach - Public awareness and campaigns to educate communities about local wildlife and how to avoid contacts - Improve documentation and reporting of wildlife conflicts and bites - Policy and regulation on human wildlife conflicts - Establish physical barriers and deterrents where applicable
Provide essential medical services	Inadequate allocation of funds	<ul style="list-style-type: none"> - Prompt quantification and timely orders - County government to prioritize allocation and ensuring availability of funds - Implementation of the FIF Act 2023 in all health facilities
	Inadequate data management and reporting	<ul style="list-style-type: none"> - Avail appropriate data collection & reporting tools - Capacity built HCW and CHPs on data management - Conduct quarterly DQA - Conduct monthly data review meetings - Automation of medical records (EMR)
	Inadequate staffing	<ul style="list-style-type: none"> - Recruit more HCW - Task shifting where applicable - Correct replacement of exiting staff
	Inconsistent and erratic supply of essential medicines and supplies	<ul style="list-style-type: none"> - Correct quantification and forecasting - Timely orders and requisition - Redistribution where applicable
Minimize exposure to health Risk factors	Inadequate coordination of infection prevention and control	<ul style="list-style-type: none"> - Strengthen infection prevention and control teams at all levels - Capacity built HCW and CHPs on IPC - Provision of IPC supplies and tools - Ensure implementation of IPC measures - Multidisciplinary approach in IPC coordination - Weak QIT/WITs to assess facilities using QMH tool - Inadequate use of set standards and guidelines to continuously improve service delivery.
	Exposure to zoonotic diseases	<ul style="list-style-type: none"> - Strengthen ONE health Initiative - Establish physical barriers and deterrents to avoid human and wildlife contact - Enforce use of PPEs

	Air and water pollution	<ul style="list-style-type: none"> - Embrace climate resilient mitigation strategies - Adherence to policies and regulations - Conduct continuous monitoring and evaluation - Community education and increasing awareness
Strengthen collaboration with Health-Related Sectors	Inadequate public private partnership	<ul style="list-style-type: none"> - Strengthen PPP - Strengthen multi sectoral and stakeholder engagement - Develop strong legal and regulatory framework

CHAPTER THREE: ANALYSIS OF COUNTY DEPARTMENT OF HEALTH INVESTMENT, ACHIEVEMENTS AND TARGETS

The Narok County Government is in advanced stages of upgrading Narok County Referral Hospital to level 5 status and a Medical Training College. In addition, the following three health facilities are in the process of being upgraded to Level 4 status: Lolgorian Subcounty Hospital, Emurua Dikirr Health Centre, and Nairragie Enkare Health Centre. Construction and equipping of an oxygen plant at trans Mara west sub county hospital is complete and operational. This information is shown in the table below.

Table 9:Health Sector Flagship Projects

S/N	Project Description	Estimated cost	Year of Onset	Level of completion (%)
1	Construction of New Hospital Wing and Modern Mortuary at Narok County Referral Hospital	1,088,796,458.20	2020	80%
2	Construction of Narok Kenya Medical Training College (KMTC)	392,171,788	2020	95%
3	Upgrading of Lolgorian Sub County Hospital to Level 4 status	267,089,626	2019	~ Phase 1-99% ~ Phase 2-1%
4	Upgrading of Emurua Dikirr Health Centre to Level 4 sub county hospital	172,533,605	2019	~ Phase 1-99% ~ Phase 2-1%
5	Upgrading of Nairragie -Enkare Health Centre to Level 4 sub county hospital	173,606,278	2017	~ Phase 1-99% ~ Phase 2-1%
6	Oxygen plant at Trans Mara west Sub County Hospital	60,000,000	2021	100%
	TOTAL COST	1,762,025,967.20		

1.14 3.1 Organization of Service Delivery

Improvement in health care service delivery requires a deliberate focus on quality of health services that involves providing effective, efficient, safe, client-centered care, that is timely and equitable right from the community level to other levels of care. Although the county is faced with a challenge of inadequate functional primary care networks, the availability of 190 functional community units presents an opportunity to leverage on improving service delivery at community level. In addition, the availability of facility quality improvement teams will also ensure improved quality of health care service delivery.

Table 10:Health Service Delivery and Quality

S/N	Intervention	Level				Sub-County Level	County level target for 2022/2023	County level target for 2024/2025
		I	II	III	IV/V			
1	Number of target primary care networks	x	0	0	0	8	0	8
2	Number of functional primary care networks (PCNs)		0	0	0	0	0	8
3	No of community units linked to PCN		17	4	1	22	148	291
4	No of people referred from community unit to health facility		6,268	3,035	0	125110	200510	220100
5	% of clients referred from the community unit reaching the facility		6,268	3,035	0	125110	200510	220100
6	No of outreaches held from facility to community		190	120	30	0	388	400
7	Number of facilities conducting at least one outreaches a month from facility to the community		100	27	4	8	131	180
8	No of Community dialogue days held	811					592	760
9	No. of Sub counties implementing National Action Plan for Health Security						0	8
10	Health Emergency Operations Centre (EOCs) in the country						0	1
11	Operational Ambulance command center						0	1
12	No of facilities inspected at least once in two years by the independent regulatory authority for quality standards		6	15	8	2	31	223
13	No of existing laboratories accredited (ISO 15189 :2022)		0	0	0	0	0	4
14	Proportion of health facilities with functional facility quality improvement team (QITs/WITs)		4%	48%	53..8%	38%	100%	100%
15	Number of clinical audit meetings		0	0	0	8	0	8
16	No of Maternal Mortality meetings to be held in the next 12 months		0	1	14	16	2	10

17	Number of outbreaks investigated within 48 hours	0	1	1	1	1	4	0
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1.15 3.2 Distribution of Tracer Health Infrastructure Elements

Health infrastructure is critical in improving health care service delivery, it requires a deliberate focus on accessibility of services that involves provision of sufficient health facilities, adequate beds, and availability of critical services at all levels of health care delivery.

The table below details the baseline and projected infrastructure at different levels of health care in a given population.

Table 11:Infrastructure Per Level(only functional infrastructure)

S/ N	Infrastructure	Number Available by Provider Type 2022-2023				Number projected by Provider Type 2024-2025			
		Level				Level			
		V	IV	III	II	V	IV	III	II
1	Total Number of Facilities	0	13	40	166	1	15	50	182
2	Total Number of health facility beds	0	332	302	90	600	382	380	100
3	Number of Cancer treatment centers *	0	0	0	0	1	0	0	0
4	Number of ICU Beds	0	6	0	0	18	5	0	0
5	Number of HDU Beds	0	3	0	0	6	6	0	0
6	Number of Renal Beds	0	5	0	0	10	3	0	0
7	Number of Delivery Beds	0	7	25	85	9	15	30	90
8	Number of Maternity Beds	0	87	125	10	51	186	130	20
9	Number Operating Theatres	0	2	0	0	4	5	1	0
10	Number of facilities Providing MRI services	0	0	0	0	1	0	0	0
11	Number of facilities Providing CT-Scan Services	0	1	0	0	1	1	0	0
12	Number of facilities providing basic X-Ray services	0	2	0	0	1	4	0	0
13	Number of facilities providing Ultrasound services	0	2	0	0	1	4	3	0
14	Number of facilities with Tertiary Laboratories (Class c or D)	0	3	0	0	1	4	0	0
15	Number of facilities with Secondary Laboratory Services (Class B)	0	0	26	0	0	0	29	0
16	Number of facilities with Basic Laboratory Services (Class A)	0	0	0	0	0	0	0	0

Source: CIDP,2023-2027/AWP 2023/2024

The table below details the proportion of health facilities, hospital beds and ICU beds in the indicated population within the county.

Table 12:Health Infrastructure density

Infrastructure	Baseline 2023-2024	Targets 2024/2025
Number of Health facilities per 10,000 population	1.6	1.76
Number of Hospital Beds per 10,000 population	8	14.3
Number of ICU beds per 100,000 population	0.44	1.63

Source: KMHFL

1.16 3.3 Distribution of Health Workforce

The county has a total of 1426 health staff distributed in the 8 sub-counties and four level 4-hospitals across the county. In addition, the national government has engaged 2910 CHPs to boost community health services. Further, the national government has employed a total of 167 contractual staff under the universal health program (UHC) over a two-year period, which has since been renewed. In the year under review, the county released 39 (Thirty-nine) health care workers in different cadres to undertake master’s degrees and higher diplomas in various fields; 13 (thirteen) of them have since reported back to work on completion of their studies.

Although the number of health workers have improved, it is still inadequate as per HRH norms and standard recommended by WHO. The capacity to recruit and retain qualified health workers remains a great a challenge in the county.

The key challenge has been a high number of staff attritions without replacement which have created gaps leading to a serious staff shortage resulting in burnout and demotivated workforce.

Table 13:Health Workforce Indicator and Targets

Indicator	Achievement 2022/2023	Target 2024/2025
Core Health Worker density per 10,000 Population (Nurses, Doctors, RCOs)	4.53	10
Number of Doctors per population ratio (per 10,000 population)	0.56	1.5
Number of Nurses per population ratio (per 10,000 population)	3.4	5.6
Overall technical staff density (number per 10,000 population)	4.52	6.7
Density of community health Promoters (per 5 000 population)	0.33	0.58
Number of CHPs in the county	1638	2910
Number of Health workers trained on Health Management system	330	480
Staff attrition rate (%)	0.7	1.34

Source: iHRIS/HRH Staff Data Base

Table 14: Health Workforce Distribution Baseline and Targets

S/N	Staff cadres	Numbers of HCWs 2022/23		Number Required		Gap/Surplus 2024/25		County /Sub County Management
		Total Available level (1- 3) Primary care health facilities	Total Available facilities level 4+	Primary level	Level 4 +	Primary level	Level 4 +	
1	Medical Specialist	-	20	0	40	0	20	4
2	Medical officers	0	35	10	35	0	0	6
3	Dental Officers	0	2	5	10	0	8	0
4	Dental Technologists	1	4	2	3	4	8	0
5	Public Health Officers	10	15	130	10	15	130	21
6	Assistant Public Health Offices	2	0	10	20	10	15	5
7	Public Health Assistants	50	21	40	20			5
8	Pharmacists	0	20	10	20	10	10	10
9	Pharm. Technologist	11	21	92	42	81	21	0
10	Lab. Technologist	17	47	71	160	54	113	11
11	Lab Technicians	0	3	0	0	0	0	0
12	Orthopedic Technologists	0	5	11	20	11	15	0
13	Nutritionist Officers	5	9	10	5	5	4	11
14	Nutrition & Dietetics Technologists	20	15	40	30	20	15	0
15	Nutrition & Dietetics Technicians	5	2	20	30	15	28	0
16	Radiographers	0	14	0	33	0	19	0
17	Physiotherapists	0	7		28	0	21	0
18	Occupational Therapists	0	8		32	0	24	0
19	Orthopedic Trauma Technologist (Rehabilitative)	0	2	1	10	0	8	0
20	Orthopedic Technologist(Plaster)	0	5	1	16	0	11	0
21	Health Records & Information Officers	13	28	30	65	17	37	0
22	Bio-Medical Engineering Technologist	4	7	0	38	4	31	0
23	Bio-Medical Engineering Technicians	2	1	0	0	0	0	0
24	Mortuary Attendants	0	9	0	22	0	13	0
25	Drivers	0	23	0	0	0	0	0
26	Accountants	0	7	0	16	0	9	0
27	Administrators	0	18	0	22	0	4	0
28	Clinical Officers (specialists)	0	37	0	25	0	10	3
29	Clinical Officers (general)	74	63	30	289	44	126	19

30	Nursing Officers (BSN)	8	30					12
31	Nursing staff (KRCHNs)	100	180	300	1142	165	970	13
32	Nursing staff (KECHN)	55	43	150	531	83	468	
33	Specialists (Nurses)	5	35	30	60	25	25	3
34	Laboratory technicians	0	3	0	0	0	0	0
35	Community Oral Health Officers	5	0	28	5	23	5	0
36	Secretarial staff / Clerks	7	28	0	10	0	18	0
37	Attendants / Nurse Aids	0	0	0	0	0	0	0
38	Cooks	0	11	9	20	9	9	0
39	Cleaners	0	7	48	60	40	53	0
40	Security	0	0	0	0	0	0	0
41	Community Health Extension Workers (PHT's, social workers, etc)	33	28	0	6	0	6	0
42	Community Health Assistants	50	10	0	0	40	0	6
43	Community Health Officers	0	6	50	0	44	0	1
44	Health Promotion Officers							9
45	Community Health Promoters	34	0	1630	0	2910	0	0
46	Casual workers/staff	48	0					0
47	Telephone Operator	0	1	0	0	0	0	0
48	Public Communications Officers	0	1	0	0	0	0	0
49	Housekeeper	0	1	0	0	0	0	0
50	Human Resource Officers	0	9	0	12	0	3	1
51	Clinical Psychologists	0	2	0	8	0	0	0
52	ICT Officers	0	7	0	20	0	13	1
53	Accountants		7	0	20	0	13	1
54	Supply Chain Officers	0	13	0	20	0	7	1
55	Other (specify)							

Source: iHRIS/HRH Staff Data Base

Table 15: Segregation of specialist

S/N	Staff Cadres	Target 2022/2023			
		Target 2024/2025	PnP	Contract	Part-Time
1	Obstetrician/Gynecologist	2	1	0	0
2	Radiologist	5	1	0	0
3	General Surgeon	4	3	0	0
4	Public Health	2	1	0	0
5	Epidemiologist	1	2	0	0
6	Physician	4	1	0	0
7	Family Physician	4	1	0	0
8	Intensive Care	1	0	0	0
9	Anesthesiologists	2	0	0	0

10	ENT Specialists	2	1	0	0
11	Pediatricians	4	2	0	0
12	Orthopedic Surgeons	4	2	0	0
13	Psychiatrist Specialist	1	0	1	0
14	Ophthalmologist	2	0	0	0
15	Critical Care Specialist	3	0	0	0
16	Critical Care Nurse	12	9	0	0
17	Nephrology	10	4	0	0
18	Pediatric Nurse	5	2	0	0
19	Pediatric ICU	5	1	0	0
20	Ophthalmic Nurse	12	7	0	0
21	Psychiatric Nurse	20	6	0	0
22	Midwifery	0	1	0	0
23	Oncology Nurse	10	1	0	0
24	Reproductive Health Nurse	10	4	0	0
25	Sign Language Nurse	5	1	0	0
26	Theatre Nurse	3	4	0	0
27	ENT RCO	15	4	0	0
28	Audiology	5	1	0	0
29	Lung & Skin	16	5	0	0
30	Ophthalmology	12	6	0	0
31	Reproduction Health	10	1	0	0
32	Anesthetists	28	13	0	0
33	Pediatrician RCO	10	0	0	0
34	Chest Specialist	5	0	0	0
35	Orthopedic Clinician	2	1	0	0
36	Critical Care Clinical Officer	3	2	1	0
37	Oncology RCO	4	2	0	0
38	Audiology RCO	2	1	0	0
39	ENT RCO Specialists	4	3	0	0
40	Psychiatrist RCO	5	1	0	0

Source: iHRIS/HRH Staff Data Base

1.17 3.4 Health Products and Technologies

In FY 2022/23, the expenditure on HPTs was much lower than the amount needed. This resulted in stock-out of tracer medicines, medical supplies and laboratory products. Allocation of adequate funds for HPTs will be a key priority in FY 2024/25. The table below shows the expenditure on health products and technologies for FY 2022/2023 and the projected expenditure for FY 2024/2025. The gaps/surplus are also shown.

Table 16:county Projected Expenditure- Health Products and Technologies

Commodities	Government Expenditure (Ksh) 2022/23	Gap/Surplus	Government Expenditure (Ksh) 2024/25	Gap /Surplus
Pharmaceuticals Supplies	274,921,070	27,437,507	390,539,435	-58,872,740
Non-Pharmaceutical Supplies	70,347,475	-109,652,525	169,098,947	-64,704,202
Laboratory Supplies	4,696,051	-8,884,949	7,463,565	-3,5035234
Medical Equipment and Technologies	101,089,352	-737,024,648	313,380,316	-46,074,065
Environmental / Public Health Supplies	0.00	-21,014,248	0.00	-21,632,458
Other Medical Supplies (Oxygen etc.)	12,848,374	9,693,374	13,103,566	-3,823,889
Patient Food	53,273,808	-18,726,192	47,500,000	-20,765,696
Fuel and Lubricants	2,000,000	2,000,000	3,019,891	-1,891,310
Total	535,494,327	-805,258,236	936,314,916	

Sources: Integrated Financial Information System (IFMIS) and Narok CIDP 2023/2027

The table below shows the performance indicators for HPTs for baseline FY (2023/2024) and targets for FY 2024/2025

Table 17:County Performance -Health Products and Technologies

S/N	Indicator	Baseline 2022/2023	Target 2024/2025
1	Average Order fill rate of the 22 tracer medicines by quantity (%)	85%	100%
2	Average Order fill rate of the 23 tracer medical supplies by quantity (%)	69%	100%
3	Average Order fill rate of the 14-tracer laboratory diagnostic supplies by quantity (%)	93%	100%
4	Average Order fill rate of the 2-tracer radiology supplies by quantity (%)	50%	100%
5	Proportion of Health facilities with stock out of any of the 23 tracer medical supplies for 7 consecutive days in a month.	30%	0%
6	Proportion of Health facilities with stock out of any of the 22 tracer medicines for 7 consecutive days in a month.	30%	0%
7	Proportion of Health facilities with stock out of any of the 14-tracer laboratory supplies for 7 consecutive days in a month.	45%	0%
8	Proportion of Health facilities with stock out of any of the 2-tracer Radiology supplies for 7 consecutive days in a month.	0	0%
9	Proportion of health facilities submitting timely and complete HPT MOH 647 reports	63%	90%
10	Proportion of hospitals with functional Medicines and Therapeutic Committees	16%	50%
11	Counties with functional HPT Unit (Y/N)	Yes	Yes

Sources: KHIS, KEMSA & MEDS Issues Report

1.18 3.5 Health Information Management Systems/ Monitoring and Evaluation

Over the years health department through the support of partners has endeavored to improve health care and service delivery at all levels of health care through HMIS. 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 overtime despite the data capture tools shortages.

Table 18:County Health Information Management System/Monitoring and Evaluation

S/ N	Reporting	Level					Sub- County	Baseline and Targets		
		CU	II	III	IV/ V	Achievement 2022/2023		Achievement 2023/2024	Target 2024/2 5	
1	No of Community Units /facilities providing complete monthly reports	80	1 4 7	46	12	8	213	213	223	
2	No of hospitals reporting on inpatient morbidity and mortality			0	4	4	4	4	12	
3	No of all deaths (Health facility and Community) reported	566	1 5	22	450	0	566	640	0	
4	No of hospital deaths having certified cause of death	0	0	0	450			450		
5	Number of quarterly performance review meetings held	0	0	0	0	8	28	32	32	
6	Number of Quarterly performance reports prepared, and discussed by (level) management committee	0	0	0	0		1	2	4	
7	Number of Quarterly DQAs conducted	0	0	0	0	0	16	2	4	
8	Number of facilities with an end to end Electronic Health Records (EHR)		0	0	0	1	1	1	4	
9	Functional health research									
10	committees in place (Yes/No)									
11	MOUs on research with at least one academic institution (Yes/No)									

1.19 3.6 Health Sector Management, Coordination, Leadership and Governance

Management of health services in the county is key in achievement of sector vision, mission and objectives. coordination and governance is done at all levels of health services provision. This encompasses community level, health facility level and the overall county policy formulation and guidance level.

The table below contains a review of management, coordination, leadership and governance activities carried out during the period under review.

Table 19:county Health Management, Coordination, Leadership and Governance

S/ N	Intervention	Level				Sub- Count y Level	County level baselin e 2022/2 3	County Level Target 2024/25
		I	II	III	IV/V			
1	Emergency and contingency plans	0	0	0	0	0	0	9
2	Health service charter is available, and is displayed		yes	yes	yes	Yes	130	163
3	No of Drugs and Therapeutic Committee meetings held in past 12 months				16	16	16	24
4	No of Quarterly Supportive supervisions conducted					32	32	32
5	No of Management Team meetings (CHMT, SCHMT, HMT) held in past 12 months ***		396	108	16	32	556	568
6	No of Quarterly Hospital Boards, Facility Health committee/Community Health Committee meetings held in past 12 months				16	0	0	24
7	No of Quarterly stakeholder meetings held in past 12 months	0	0	0	0	0	1	4
8	Annual Work Plan available for past year	0	0	0	0	0	1	1
9	Annual Performance Report available past year 2022/23	0	0	0	0	6	1	1
10	No of Registered Complaints	0	0	0	0	0	0	218
11	No of complains addressed within 72 hours (%)	0	0	0	0	0	0	0
12	Number of Health Managers trained in Health Leadership & Governance	0	0	0	0	0	18	30
13	No of annual client satisfaction survey conducted	0	0	0	0	0	0	1
14	No of employee and work environment survey conducted annually	0	0	0	0	0	0	1

1.20 3.7 Health Research and Development

Health research and development agenda is critical for learning and provision of informed decision making in health department. There has not been a research committee at the county level due to lack of guidelines to advance the agenda. The department of health and sanitation is convinced that there is need to prioritize and action research at all implementation levels to guide on improved services at the county. Therefore, there are plans to establish and operationalize health research and development committee and also learn from the counties that have the research committee to inform the next steps.

Table 20:Health Research and Development

S/N	Intervention	Baseline 2022/2023	Target 2024/2025
1	County health research committees formulated	0	1
2	County level staff capacity build on knowledge translation	0	10
3	Proportion of health budget allocated to research (%) increased	0	2%
4	Policy briefs to inform on evidence developed	0	4
5	MOUs on research between counties with at least one academic institution developed	8	1

CHAPTER FOUR: HEALTH OUTPUTS: ACCESS, DEMAND, CAPACITY AND UTILIZATION, ACHIEVEMENTS AND TARGETS

This section provides highlights for the health outputs in the county in regard to service capacity, access, demand and utilization based on the situation in the FY 2022/23. More importantly, it analyzes the capacity of health facilities to address both Basic % Comprehensive Emergency Obstetric care and the utilization of in-patient services.

Table 22 highlights the level of quality and safety of care provided especially for maternal & child health, malaria, TB and HIV which accounts for the highest levels of morbidity and mortality.

Table 21: Health Outputs: Service Capacity Access, Demand and Utilization

S/N	Indicator	Baseline 2022/2023	Target 2024/2025
Access, Demand			
1	Average distance to Nearest Health Facility	15	5
2	Service Availability and Readiness Index	0	1
3	Health Facility density (number per 10,000 population)	1.6	1.76
4	Inpatient beds per capita, relative to a maximum threshold of 18 per 10,000 population	10.08	18
5	Access to specialized health care in management of lifestyle diseases (Renal, Cancer, Diabetes and Cardiovascular Diseases)	2	8
Capacity			
6	Percentage of delivery facilities providing all 7 Basic Emergency Obstetric Care (BEmONC) services	50%	100%
7	Proportion of hospitals providing CEmONC services (public, private, primary, secondary & Tertiary)	80%	100%
Utilization			
8	OPD per capita utilization rate	1.075	3
9	% Of inpatients (admissions) Under 5	14%	30%
10	% Of inpatient (admissions) Over 5	86%	70%
11	% Bed occupancy rate	79	85

1.21 4.1 Improving Quality of Care

Table 22: Quality and Safety of Care

No.	Quality and safety of care	Baseline 2022/2023	Target 2024/2025
1	Caesarean section rate (%)	6.6	10
2	% of Emergency surgical cases operated on within one hour	10	18
3	Proportion of malaria test positivity rate (confirmed malaria cases)	6.9	5
4	Number of Maternal deaths audited	14	100%
5	Facility maternal deaths per 100,000 deliveries	57	0
6	Fresh Stillbirth rate per 1,000 births in institutions	9	0
7	Road traffic fatalities per 100,000 population	52.8	25
8	Average Length of stay (ALOS) Medical Ward	5	3
9	% of Maternal deaths Audited	100	100%
10	ART Retention Rate	67%	95%
11	TB Treatment Success Rate	89%	90%

CHAPTER FIVE: HEALTH OUTCOMES, ACHIEVEMENTS AND TARGETS

1.22 5.1 Problem Analysis and Priority Interventions

The table below shows some of the selected health indicators under strategic objectives. There was notable improvement on a few indicators such as clients on ARVs, number of children under 1 year and pregnant women issued with Long Lasting Insecticide Treated Nets (LLITNs), total confirmed malaria cases [per 1,000 persons per year] among others.

Table 23: Health Outcome Indicators Performance and Targets

S/N	Strategic Objectives	Baselines 2021/22	Baselines 2022/23	Target 2024/25
A	Eliminate Communicable Conditions			
1	Proportion HIV+ pregnant mothers receiving preventive ARV's to reduce risk of mother to child transmission (PMTCT)	97	96	100
2	% of children under 1 year of age fully immunized	72	61	80
3	% of children receiving three doses of Penta3 vaccine (HIB/Hib/DPT3)	92.7	87	100
4	% of TB patients completing treatment	89%	89%	90%
5	Number of newly diagnosed TB cases	1466	1694	1760
6	% of eligible HIV clients on ARVs	54%	56%	95%
7	Proportion of HIV +ve cases identified	86%	86%	95%
8	% of children under five years treated for diarrhea with ORS & Zinc	59.3	58.7	100
9	% of school age children dewormed	19.9	15.2	30.4
10	Proportion of pregnant women receiving TT2 Plus immunization	51.7%	61.8%	70%
11	Number of pregnant women receiving IPT2	0	0	0
12	Number of children under 1 issued with Long Lasting Insecticide Treated Nets (LLITNs) in endemic and epidemic districts	55,466	50,378	53,400
13	Number of pregnant women issued with Long Lasting Insecticide Treated Nets in endemic and epidemic districts	43,520	49,810	57,405
14	Total confirmed malaria cases [per 1,000 persons per year]	8.6	11.1	5.0
15	Proportion of people receiving MDA for schistosomiasis	0	0	0
B	Halt and Reverse Increase in Non-Communicable Conditions			
16	% of Women of Reproductive Age screened for cervical cancer	0.5%	0.06%	5%
17	Number of new outpatients with mental health conditions per 100,000 population	173	151	200
18	Number of new outpatients diagnosed with high blood pressure per 100,000 population	669	697	1000
19	Number of new outpatients diagnosed with diabetes per 100,000 population	277	402	1000
20	Proportion of adult OPD clients with BMI more than 25	0.41	0.28	0.5
21	Proportion of adolescent girls vaccinated with HPV vaccine	4.6%	22.4%	32%
C	Reduce the Burden of Violence and Injuries			
22	% of new outpatient cases attributed to gender-based violence	0.5	0.3	

23	Road traffic injuries in OPD as a % of all diagnoses	0.16	0.2	0
24	% of new outpatient cases attributed to other injuries	2.61		
25	% of Patients with injury related conditions dying in the facility	27.3	13.2	0
D	Provide Essential Health Care			
26	% of pregnant women attending at least 4 ANC visits	35.5%	36.1%	
27	% of Women of reproductive age (WRA) receiving family planning (FP) commodities	25.3%	32.1%	45%
28	Proportion of pregnant women getting IFAS supplements at 1st ANC visit	65.7	71	80
29	% of deliveries conducted by skilled attendants in health facilities	52.2%	58.5%	70%
30	Number of children Under 5 dying in health facilities	102	106	
31	Fresh stillbirth rate per 1,000 births in health facilities	8.3	9	0
32	Number of facility maternal deaths per 100,000 deliveries	88	57	0
33	% of surgical cold cases operated	4	10	
34	Proportion low birth weight in health facilities rate per 1,000 births	4.2%	4.7%	0%
35	Proportion of children under 5 years attending Child Welfare Clinics for growth monitoring (new cases)	23	23	30
36	Proportion of households provided with health promotion messages	33%	56%	70%
37	Proportion of clients tested for HIV amongst 1st ANC attendees	89%	82%	100%
38	Couple Year Protection (CYP) (Million)	85007.4	95,445	113,796
E	Minimize exposure to health risk factors			
39	Percentage of children 0-5 (<6 months) months who were exclusively breastfed	80.3	74.1	80.3
F	Strengthen Collaboration with Health-Related Sectors			
40	Proportion of children under 5 years attending Child Welfare Clinics who are underweight	1.5	1.9	
41	Proportion of children under 5 years attending Child Welfare Clinics who are stunted	0.8		
42	% of households with functional toilets	72	75.3	80.3
43	% of households with hand washing facilities	70	57.6	62.6
44	% of households using improved sanitation facilities	72	48.4	53.4
45	% of households using improved safe water facilities	31	51	56
46	% of health facilities with access to source of power	68%	68%	70%
47	% of women completed secondary education	No data	No data	No data

Source: KHIS

CHAPTER SIX: FINANCING AND ANNUAL PROGRAM BASED WORK PLAN

This section provides an overview of department Program bases budgeting framework in respect to required resources for financing planned activities in the AWP. It also gives a detailed description of key intervention areas including specific activities targeted and link with the program-based planning process. Probable timeline for activity implementation with a corresponding source of funding and the responsible person has also been highlighted. The budgeting process anticipated the contribution of the Health Development Partners, and the resource envelop from the County Government.

The PBB will be used to advocate for improved coordination amongst stakeholders and to institutionalize integration across the programs and the sub programs so as to establish synergies and maximize on limited resources. The criteria used for apportioning the county resource envelop across the sub programs was based on department budget ceiling as provided by the department of finance and economic planning. Other considerations included discretionary and non-discretionary expenditures such as Personnel emoluments and the accompanying benefits and allowances; County Development Priorities drawn from CIDP/Governor's Manifesto and the department prioritized activities.

The total anticipated proposed budget (expenditure) for this FY 2024-2025 AWP is Ksh, 6,153,188.894.89 billion against the allocation of Ksh. 4,259,234,535.05 billion leaving a gap of Ksh. 1,893,954,359.84 billion.

The following assumptions have been taken into consideration that:

- ~ Health will continue to be a priority of the County government in terms of resource allocation with no further reduction in budgetary allocations.
- ~ Enough political support and funding are provided for implementation.
- ~ Stakeholders will commit to supporting the implementation of this AWP.
- ~ Operationalization of FIF act 2023 will be implemented across the County health facilities.
- ~ The spirit of integration will be embraced across the programs and the sub programs to maximize on limited resources
- ~ The activities previously supported by the Development Partners will be integrated into County long-term development plans and process so that sustainable implementation and scaling up is secure.

1.23 6.1 County Health Financing

This section is a review of the County Health financing in the FY 2022-2023 by Program and sub-program. It provides a summary of health financing and overall sector allocations by program, expenditures, total resources required and gaps during the implementation AWP FY 2022-2023. The County's Health financing comprises of the Equitable allocation and Conditional and Grants. The overall budget for the department has remained the same as for the previous year.

Table 24: County Health financing 2022-2023 by Program and sub-program

Program	Item	GoK/ County Govt (Equitable Allocation)	GoK (Condi tional Grants)	User Fees	Other Govt Source s (CDF/ WDF etc)	Local Dono rs/ Partn ers	Total
Program 1: Curative and Rehabilitative Services	Amount allocated	1,066,621,447	-	-	-	-	1,066,621,447
	Amount Received	900,000,000	-	-	-	-	900,000,000
	Expenditure	888,472,378	-	-	-	-	888,472,378
	Actual Requirements	729,060,216	-	-	-	-	729,060,216
	Gap/Surplus	159,412,162	-	-	-	-	159,412,162
Program 2: Preventive and Promotive Services	Amount allocated	206,461,616	-	30,000,000	-	-	236,461,616
	Amount received	280,218,657	-	30,000,000	-	-	310,218,657
	Expenditure	143,617,593	-	30,000,000	-	-	173,617,593
	Actual Requirements	508,505,089	-	30,000,000	-	-	538,505,089
	Gap/Surplus	- 364,887,496	-	-	-	-	-364,887,496
Program 3: General Administratio n, Coordination, Panning Budgeting and M&E	Amount allocated	1,508,726,937	-	-	-	-	1,508,726,937
	Amount received	2,085,245,27. 3	-	-	-	-	2,085,245,273
	Expenditure	744,768,460	22,756, 380	-	-	-	767,524,840
	Actual requirements	2,670,503,226	22,756, 380	-	-	-	2,693,259,606
	Gap/Surplus	-1,925,734,766	-	-	-	-	- 1,925,734,766
Total for County Department of Health (CDoH)	Amount allocated	2,781,810,000	-	30,000,000	-	-	2,811,810,000
	Amount received	3,265,463,930	-	30,000,000	-	-	3,295,463,930
	Expenditure	1,776,858,431	22,756, 380	30,000,000	-	-	1,829,614,811
	Actual requirements	3,908,068,531	22,756, 380	0,000,000	-	-	3,960,824,911
	Gap/Surplus	-2,131,210,100	-	-	-	-	- 2,131,210,100

Table 25: Health Financing FY 2022-2023 and 2024-2025

S/N	Health Finance Performance Indicator	Allocations 2022/2023	Projections 20244/2025
1	Total County Budget	12,109,240,000	15,208,973,232
2	Total Health Budget allocated to Development (%)	981,400,000	495,740,926
3	Total Health Budget allocated to Recurrent (%)	2,781,810,000	2,845,783,951
4	County Government allocation to health as a proportion of the total County government budget (%)	31	22
5	PHC expenditure as a proportion of current health expenditure at the County level (%)	No data	No data
6	Total funds allocated to health by government (budget support)	3,763,210,000	3,341,524,877
7	Proportion of health funds allocated by government (budget support)	3,763,210,000	3,763,210,000
8	Total resources projected from off-budget sources	No data	No data
9	Proportion of outreach allocations supported by GoK	No data	No data
10	Proportion of funds allocated for health products and technologies	18	30
11	Proportion of funds allocated for HRH	35	39
12	Amount of FIF Collected	103,575,000	No data
13	Proportion of FIF collected as a percentage of projected FIF collection	47	No data
14	Proportion of insurance claims that were reimbursed by NHIF	65	No data
15	Proportion of /value of claims that were reimbursed -NHIF-Linda mama	No data	No data
16	Number of clients waived in the previous year	No data	No data
17	Amount (in KSh) waived	No data	No data
18	Number of clients exempted in the previous year	No data	No data
19	Amount exempted (KSh) in the previous year	No data	No data

1.24 6.2 Program Based Annual Work Plan

This section of the plan outlines the programs and sub programs in a tabular form and a summary of all the priority activities planned for the financial year. It details the activities and expected outputs, implementation timelines and the estimated budget for each of the activities within a sub program and program. The estimates of resource requirements and budget is presented in the tables below i.e. table 26 (Curative and Rehabilitative Health Services), table 27 (Preventive and Promotive Health Services) and table 28 (General Administration, Planning, Management, Support and Coordination). Further, the tables outline the budget required per each activity versus the amount allocated, source of funds and the responsible person for implementation. The sign X indicates the quarter the activities are planned for implementation.

1.25 Program 1: Curative and Rehabilitative Health Services

Program Outcome: Effective and efficient curative and rehabilitative health care services to the county citizens

Objective: To provide effective and efficient curative and rehabilitative at all health service delivery units.

Table 26: Curative and Rehabilitative Health Services

Key intervention areas	Outputs	Activities	Q 1	Q 2	Q 3	Q 4	Total Budget Required	Total Budget Allocated	Source of Funds	Responsible person
Sub - Program 1: Curative and Rehabilitative Health Services										
Clinical and Diagnostic services	Improve customer satisfaction	Procure of 52 oxygen gas (50kg) and accessories for level 3 & 4 health facilities.	x	x	x	x	2,600,000	563,380	NCG	CP
		Procure of 29 nitrous gas for NCRH, TWSCH, LSCH, Nairegi-Enkare HC, Emurua Dikirr HC	x	x	x	x	5,040,000	1,092,090	NCG	CP
		Procure of 100 oxygen gas cylinders and accessories (6.4kg) for all dispensaries	x	x	x	x	1,820,000	394,366	NCG	CP
		Refill of 100 oxygen gas cylinders (6.4kg)	x	x	x	x	680,000	147,345	NCG	CP
		Gas refill for level 3 & 4s	x	x	x	x	1,996,800	432,676	NCG	CP
		Procure Gas cylinder accessories		x			792,000	171,614	NCG	CP
		Refill one bulk liquid oxygen storage tank at NCRH	x	x	x	x	9,745,120	2,111,616	NCG	CP
	Improve capacity (numbers and skill set) of HCWs in all	Train 48 HCWs in key child health departments on ETAT+ Provider course	x	x			3,300,000	715,059	NCG	CCO
		Train 48 HCWs on IMNCI		x	x		3,000,000	650,053	NCG	CCO
		Train 48 HCWs on Oxygen therapy and pulse oximetry		x	x		3,000,000	650,053	NCG	CCO
Train 48 HCWs on nurturing growth			x	x		3,000,000	650,053	NCG	CCO	

health facilities in the county to provide healthcare services	Train 24 HCWs on pediatric quality of care standards	x	x	x	x	1,500,000	325,027	NCG	CCO
	Training 70 HCWs on commodity management		x	x		8,482,000	1,837,918	NCG	CP
	Training 240 HCWs on GRM and reporting	x	x	x	x	14,778,000	3,202,163	NCG	CCNO
Expand the range of rehabilitative services	Procure assorted Occupational therapy equipment for Emurrua Dikirr HC, LSCH, TWSCH (list attached)		x	x	x	1,725,900	373,976	NCG	PO
	Establish mental health unit at NCRH		x			11,000,000	2,383,529	NCG	CCO
	Procure assorted Physiotherapy equipment for NCRH, TWSCH, LSCH	x	x	x	x	2,597,100	562,751	NCG	PO
	Conduct outreaches for specialized medical disability assessment teams	x	x	x	x	1,670,000	361,863	NCG	CCO
	Procure newborn equipment for NESCH, NCRH, OSCH	x	x	x	x	17,457,000	3,782,661	NCG	CCNO
Reduced waiting time/turnaround time	Procure dental chair and assorted equipment for NCRH, TWSCH, LSCH		x	x		39,900,000	8,645,711	NCG	PO
	Procure 15 microscopes	x	x	x	x	4,800,000	1,040,086	NCG	CMLC
	Procure assorted lab equipment for Ilkirragarian and Eor Ekule HC, Emurtoto HC		x		x	9,400,000	2,036,834	NCG	CMLC
	Procure radiology equipment for LSCH, Emurua Dikirr, Nairegie HC, NCRH	x	x	x	x	55,800,000	12,090,994	NCG	PO
	Procure TrueNut TB diagnostic machines for Emurrua Dikirr SCH, LSCH		x	x		4,700,000	1,018,417	NCG	CMLC
	Procure biosafety cabinets for Olchoro HC,Emurrua Dikirr HC,Kurankurik HC,Enoosaen HC,Ntulele HC,Sekenani HC		x	x	x	9,000,000	1,950,160	NCG	CMLC
	Equip one dialysis unit at LSCH		x			47,180,000	10,223,174	NCG	CCNO
	Procure theatre equipment for LSCH, Nairegi Enkare, NCRH,Emurrua Dikirr,TWSCH,OSCH	x	x	x	x	81,200,000	17,594,780	NCG	CCNO
	Procure equipment for ICU (LSCH)	x	x	x	x	77,000,000	16,684,705	NCG	CCNO
	Procure blood fridges and other assorted blood satellite equipments(platelet agitator, tube sealer, sample centrifuge, double door fridge)		x			6,445,000	1,396,531	NCG	CMLC
	Procure assorted equipment for 33 new dispensaries	x	x	x	x	44,907,905	9,730,846	NCG	CCNO
	Procure assorted equipment for 35 Maternity unite	x	x	x	x	75,041,600	16,260,350	NCG	CCNO
	Procure BeMONC equipment for 27 health centers	x	x	x	x	8,100,000	1,755,144	NCG	CCNO
	Procure post rape kit	x	x	x	x	2,400,000	520,043	NCG	CP
	Procure I- Care tonometer		x			550,000	119,176	NCG	NTDC
	Procure keratometer NIDEK 500		x			1,500,000	325,027	NCG	NTDC
	Procure 2 Slit lamps Zeiss type		x			1,300,000	281,690	NCG	NTDC
	Procure electric bipolar cautery		x			120,000	26,002	NCG	NTDC
	Procure 2 rechargeable ophthalmoscopes		x			80,000	17,335	NCG	NTDC
	Procure 50 cataract kits	x				1,250,000	270,856	NCG	NTDC
Procure 5 Titanium cataract sets		x	x		1,250,000	270,856	NCG	NTDC	
Procurement of anthropometric equipment	x				200,000	43,337	NCG	CNC	

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		Procure HPV kits for 4500 clients	x	x	x	x	7,500,000	1,625,134	NCG	PMTCT FP
		Procure (2) food safety Testing Machine	x		x		3,000,000	650,053	NCG	CFSC
		Procure assorted KMC equipment for 6 Hospitals and 27 Health centers (Room heaters, water bottles, mattresses, bedsheets, blankets, pillows, electric kettle, thermos flask, melamine cups, measuring cups, domestic fridges, branded lessos)	x	x	x	x	1,100,000	238,353	NCG	CRHC
		Tool kit for biomedical engineers (6 mechanical and 4 electrical tool kits)		x			410,000	88,841	NCG	CP
		Procure ENT equipment for NCRH, TWSCH, Emurrua Dikirr, Narok East SCH	x	x	x	x	1,200,000	260,021	NCG	CCNO
		Procure 35 Electric EPI Refrigerators	x	x	x	x	15,750,000	3,412,781	NCG	CEPI
		Procure CeMONC Equipment for 5 hospitals	x	x	x	x	3,000,000	650,053	NCG	CCNO
	Expand the range of specialized services	Service contracts for equipment/machines	x	x	x	x	61,600,000	13,347,764	NCG	CMLC
		Maintenance of specialized equipment	x	x	x	x	50,000,000	10,834,224	NCG	Accountant
Sub Program 1: Total							709,868,425	153,817,472		
Sub-program 2: Pharmaceutical Services										
Health Products and Technologies	Reduced stock out of Health products and technologies (HPTs)	Procurement and regular supply of medical drugs (pharmaceuticals, Eye, Nutrition and Renal commodities)	x	x	x	x	424,009,175	424,009,175	NCG	CP
		Procure Dressings and Non-Pharmaceuticals, Dental and Radiology	x	x	x	x	233,803,149	233,803,149	NCG	CP
		Procure medical Laboratory supplies	x	x	x	x	103,841,316	103,841,316	NCG	CP
		Procure 500 Community Health Promoters kits		x		x	20,000,000	20,000,000	NCG	CCHSC
		Distribute CHP commodities to Sub Counties and Link Health Facilities	x	x	x	x	1,600,000	1,600,000	NCG	CPHARM
		Procure 190 Fridge tags	x	x	x	x	3,800,000	3,800,000	NCG	CEPI
		Procurement of Program commodities (ARVs, TB commodities, Malaria commodities, FP commodities)	x	x	x	x	582,101,008	582,101,008	Global Fund	CP
Sub-Program 2: Total							1,369,154,648	1,369,154,648		
Sub Program 3: Emergency evacuation and Referral Services										
Emergency evacuation and Referral Services	Improved capacity (numbers and skill set) of HCWs in BLS and ALS	Train 30 ICU staff on ACLS		x		x	3,630,000	786,565	NCG	CCO
		Train 60 HCWs from NCRH, TWSCH, LSCH, OSCH, N/Enkare HC, Emurrua Dikirr HC on BLS	x	x	x	x	3,300,000	715,059	NCG	CCO
	Increase availability of safe blood	Carry out Blood donation activities (blood drives, fuel, lunches, donor refreshments, DSA outside the county)	x	x	x	x	2,200,000.00	476,706	NCG	CMLC
Sub-Program 3: Total							9,130,000	1,978,329		
Program 1: Total							2,088,153,073	1,524,950,449		

1.26 Program 2: Preventive and Promotive Health Services

Program Outcome: Effective and efficient preventive and promotive health interventions within the county

Program Objective: To provide effective and efficient preventive and promotive health interventions across the county

Table 27: Preventive and Promotive Health Services

Key intervention Area	Outputs	Activities	Q 1	Q 2	Q 3	Q 4	Total Budget Required	Total Budget Allocated	Source of Funds	Responsible person
Sub Program 1: Reproductive, Maternal, Neonatal, Child and Adolescent Health Services (RMNCAH)										
Reproductive, Maternal, Neonatal, Child And Adolescent Health Services (RMNCAH)	Increase the proportion of Pregnant women attending at least 4 ANC visits from 38% to 43%	Sensitization of 20 HCP per quarter on quality Antenatal Care	x	x	x		1,200,000	260,021	NCG	CRHC
		Form and supervise 2 mother-to-mother support groups per sub county including 1 support group per VMG site			x		675,000	675,000	UNFPA	CRHC
		Enroll 9180 pregnant and postnatal women to 2WAY SMS platform	x	x	x		499,200	499,200	JACARANDA	CRHC
		Revolving Laboratory Services in Narok East Sub County	x	x	x		1,920,000	1,920,000	Afya Usalama	CMLC
		Sensitise 90 mother to mother support groups to mobilize /advocate for early initiation of ANC visits		x	x		1,067,500	1,067,500	Uzazi Salama	CRHC
		Sensitise 90 mother to mother support groups to mobilize /advocate for early initiation of ANC visits (12 per sub county and 1 per 4 VMG sites)		x	x		1,067,500	1,067,500	UNFPA	CRHC
	Increase the proportion of Women of reproductive age (WRA) receiving family planning (FP) commodities from 33.3% to 50%	Commemorate world contraceptive day		x			157,750	157,750	Uzazi Salama	CRHC
		Commemorate world contraceptive day		x			157,750	157,750	UNFPA	CRHC
		National World contraceptive day Commemoration (In Narok County)		x			700,000	700,000	NCG	CRHC
		Self-care training		x			350,000	350,000	URADCA	CRHC
		Disseminate self-care guidelines /standards		x			350,000	350,000	A360	CRHC
		Conduct assessment and mentorship on FP standards		x			1,500,000	325,027	NCG	CRHC
		Conduct FP standards assessment in high volume facilities		x	x		1,600,000	346,695	NCG	CQASFP
		Conduct integrated FP outreaches	x	x	x		444,000	444,000	DANIDA Level 2&3	CRHC
		Train 50 Health Care Workers on New and Lesser used FP methods (HIUD & DMPA SC)		x			6,000,000	1,300,107	NCG	CRHC
		Conduct FP TWG meeting	x	x	x		800,000	800,000	TCI	CRHC
	Conduct FP commodity TWG meeting	x	x	x		800,000	800,000	TCI	CRHC	
	Increase the proportion of	Re-orient 300 traditional birth attendants (TBAs) to mother companions		x	x		255,000	255,000	Uzazi Salama	CRHC

deliveries conducted by skilled attendants in health facilities from 58.5%-70%	Conduct Maternity Open days in 12 selected health facilities under performing in skilled deliveries		x	x			927,800	927,800	UNFPA	CRHC
	Conduct respectful maternity care training of HCW			x			286,200	286,200	UNFPA	CRHC
	Conduct training of HCW on EmONC			x			2,840,000	2,840,000	Child.Org	CRHC
	Conduct training of HCW on EmONC		x				2,840,000	2,840,000	Uzazi Salama	CRHC
	Conduct structured mentorship training on EmONC	x	x	x			1,500,000	1,500,000	JACARAND A	CRHC
	Procure 500 mama kits	x	x	x	x		1,437,500	1,437,500	Uzazi Salama	CRHC
	Procure 8,000 mama kits		x	x			22,300,000	4,832,064	NCG	CRHC
	Support Sub County Conduct Quarterly maternal and perinatal death audit meetings (Narok East).	x	x	x	x		300,000	300,000	Uzazi Salama	CRHC
	Support County and Sub Counties Conduct Quarterly maternal and perinatal death audit meetings.	x		x	x		450,000	450,000	UNFPA	CRHC
	Train 80 HCW on maternity friendly initiative-MNH		x	x			4,800,000	1,040,086	NCG	CRHC
	Train 120 health workers on FANC for 5 days (20pax per sub county)		x	x			1,301,000	1,301,000	UNFPA	CRHC
	Training of 60 HCW on Post abortal care (PAC)		x	x			751,400	751,400	MSK	CRHC
	Conduct 30 school health out-reach services on SRH		x				351,500	76,165	NCG	CRHC
	Conduct RMNCAH TWG meeting	x	x	x			800,000	800,000	UNFPA	CRHC
Sub Total Program 1: Total							60,429,100	30,857,764		
Sub Program 2: Adolescent and Youth Sexual and Reproductive Health Services (AYSRH)										
Adolescent and Youth Sexual and Reproductive Health Services (AYSRH)	Reduce teenage pregnancies	Train HCW on AYFS (Narok west)		x			850,000	850,000	Maa Trust	CASRH C/GBV
		Train HCW on AYFS	x	x			1,350,000	1,350,000	Uzazi Salama	CASRH C/GBV
		Mentorship of HCW on AYSRH and AYFS		x	x		540,000	540,000	UNFPA	CASRH C/GBV
		Conduct Teen mothers' clinics	x	x	x	x	560,000	560,000	Uzazi Salama	CASRH C/GBV
		Initiate and strengthen teens Mother to Mother support groups- Empower them skills with income generating activity (Binti Shupavu model)		x	x		560,000	560,000	A360	CASRH C/GBV
		Initiate and strengthen teens Mother to Mother support groups- Empower them skills with income generating activity (Binti Shupavu model)		x	x		1,025,000	1,025,000	Uzazi Salama	CASRH C/GBV
		Conduct youth champions training (Narok East)		x		x	400,000	400,000	Uzazi Salama	CASRH C/GBV
		Conduct community fair on SRH (Men to men forum)					350,000	350,000	Maa Trust	CASRH C/GBV
		Conduct community fair on SRH (Men to men forum)					350,000	350,000	TCI	CASRH C/GBV
		Conduct community fair on SRH (Men to men forum)		x			400,000	400,000	Uzazi Salama	CASRH C/GBV

		Conduct facility special youth/adolescent day	x	x	x	x	800,000	800,000	Uzazi Salama	CASRH C/GBV
		Conduct facility special youth/adolescent day	x	x	x	x	230,000	230,000	A360	CASRH C/GBV
		Conduct teenage pregnancy TWG Meetings	x	x	x		544,000	544,000	UNFPA	CASRH C/GBV
Sub Total Program 2: Total							7,959,000	7,959,000		
Sub Programme 3: Immunization services										
Immunization Services	Increase the proportion of children under 1 year of age fully immunized from 78 % to 89 %	Support collection and distribution of expanded program on immunization (EPI) commodities from depot(Kitengela)	x	x	x	x	1,646,400	356,749	NCG	CEPIL
		Conduct cold chain Preventive maintenance	x	x	x	x	604,800	131,051	NCG	CEPIL
		Support procurement of gas and assorted accessories for powering EPI fridges	x	x	x	x	1,755,000	380,281	NCG	CEPIL
		Mark world immunization week (24 th-30th April)			x		700,000	151,679	NCG	CEPIL
		Training of Health Workers on Reach Every District/Reach Every Child strategy (one staff in every ward)		x	x		14,660,000	3,176,595	NCG	CEPIL
	Increase the proportion of children receiving three doses of Penta3 (containing vaccine (HIB/Hib/DPT3) from 92 % to 100 %	Conduct integrated outreaches in 182 sites for 12 months	x	x	x	x	8,295,200	1,797,441	NCG	CEPIL
		Conduct immunization defaulter tracing	x	x	x	x	3,276,000	709,858	NCG	CEPIL
		Support EPI communication & operation costs	x	x	x	x	432,000	93,608	NCG	CEPIL
		Support SCHMT to Monitor and Evaluate immunization services using START approach	x	x	x	x	2,492,640.00	540,116	NCG	CEPIL
	Increase the proportion of girls receiving 2 doses of HPV vaccine from 55 % to 60 %	Conduct Mid-level training for SCHMTs on EPI management			x		3,170,800	687,063	NCG	CEPIL
		Conduct operational level training for health care workers on EPI operations			x		13,889,800	3,009,704	NCG	CEPIL
		Conduct Cold Chain Training for Bio-Medical Engineers		x	x		1,759,500	381,256	NCG	CEPIL
		Support quarterly County review meetings with stakeholders	x	x	x	x	5,800,000.00	1,256,770	NCG	CEPIL
		Support quarterly health facility in charges review meetings	x	x	x	x	17,304,000	3,749,508	NCG	CEPIL
	Reduce stock out of vaccines	Undertake annual County target setting and logistic forecasting		x			3,702,000	802,166	NCG	CEPIL
Undertake annual Sub- County target setting and logistic forecasting			x			7,015,800	1,520,215	NCG	CEPIL	
Sub Total Program 3: Total							86,503,940	18,744,061		
Sub Program 4 : Gender Based Violence										
Gender Based Violence	Improve on GBV	Train 100 healthcare workers across the county on GBV management and response	x				3,350,000	3,350,000	HJFMRI	GBVC
		Conduct GBV stakeholder meeting 80 packs	x		x		1,520,000	1,520,000	HJFMRI	GBVC

		Conduct community advocacy meetings and focus group discussions GBV response, referral and prevention (1 forum in 23 wards)	x	x	x		1,315,500	285,048	NCG	GBVC
		Conduct GBV TWG meetings with court users of GBV (NCRH and Trans Mara sub-county)		x	x		892,000	892,000	Accelerate	GBVC
		Procure dignity KIT for 1600 GBV survivors	x	x	x	x	2,400,000	520,043	NCG	GBVC
		Engaging communities on GBV through Local radio	x	x	x		400,000	400,000	Accelerate	GBVC
		Support supervision and mentorship in high volume facilities with biasness to GBV (41 facilities)		x	x	x	725,000	725,000	HJFMRI	GBVC
		Support supervision and mentorship in high volume facilities with biasness to GBV (41 facilities)	x	x	x		725,000	725,000	Accelerate	GBVC
		Conduct school outreaches on GBV and life skills	x	x	x	x	1,250,000	270,856	NCG	GBVC
		Conduct GBV Mentorship in high volume facilities (41 facilities)	x	x	x		1,550,000	335,861	NCG	GBVC
Sub Program 4:Total							14,127,500	9,023,808		
Sub Program 5: Nutrition Services										
Nutrition Services	Reduced micronutrients deficiency	To sensitize 30 per sub county HCWs on relevant micronutrient guidelines and policies	x	x	x	x	6,843,000	1,482,772	NCG	CNC
		Supplement 70% of children aged 6-59months with vitamin A	x		x		10,546,020	2,285,159	NCG	CNC
		To train 30 ECD teachers per sub county on importance of deworming and Vit A supplementation	x	x	x	x	6,843,000	6,843,000	Helen Keller	SCNC
	Improved nutrition status of WRA and children aged 0-59months	Train 30 HCWs on maternal Infant & young child nutrition (MIYCN)	x	x	x	x	6,843,000	1,482,772	NCG	CNC
		Conduct 100 CMEs at facility level on BFCHI/BFCI (baby friendly Hospital/community initiative)	x	x	x	x	520,000	112,676	NCG	SCNC
	Reduced prevalence of stunting among children less than 5years	Strengthen 125 health facilities conducting growth monitoring	x	x	x	x	2,000,000	2,000,000	UNICEF	SCNO
		To Conduct 100 OJT/mentorship to health care workers carrying out nutrition triage services that help to identify stunting for under 5	x	x	x	x	270,000	270,000	UNICEF	SCNO
	Early diagnosis, treatment & management of SAM & MAM cases in children	Commutation of World Breast Feeding Week	x				500,000	108,342	NCG	SCNO
		Train 30 HCWs trained on IMAM	x	x	x	x	6,843,000	1,482,772	NCG	CNC
	Enhanced commitment and continued prioritization of	Come up with one Nutrition Action Plan	x				2,500,000	541,711	NCG	CNC

	nutrition in the county agenda										
Sub Total Program 5: Total							43,708,020	16,609,204			
Sub Program 6: Disease Surveillance											
Disease Surveillance	Increased epidemic preparedness and timely response	Detect 20 AFP cases	x	x	x	x	2,710,800	587,388	NCG	CPHO/C DSC	
		Conduct 60-day AFP follow ups for 20 cases	x	x	x	x	800,000	173,348	NCG	CPHO/C DSC	
		Validate 20 AFP cases	x	x	x	x	700,000	151,679	NCG	CPHO/C DSC	
		Collect and delivered 20 AFP samples to the reference Lab	x	x	x	x	650,000	140,845	NCG	CPHO/C DSC	
		Collect and delivered AFP samples from the detection sites	x	x	x	x	150,000	150,000	WHO	CPHO/C DSC	
		Collect and deliver 28 Measles samples to the reference Lab	x	x	x	x	70,000	15,168	NCG	CPHO/C DSC	
		Conduct 16 outbreaks investigation	x	x	x	x	3,500,000	758,396	NCG	CPHO/C DSC	
		80% of weekly IDSR reports are submitted	x	x	x	x	96,000	20,802	NCG	CPHO/C DSC	
		Hold 16 multi-sectoral meetings on disease outbreaks	x	x	x	x	500,000	108,342	NCG	CPHO/C DSC	
		Conduct 4 Quarterly County One health committee review meetings	x	x	x	x	400,000	400,000	Red Cross	CPHO/C DSC	
		Train One Health Technical working group on One Health		x			1,000,000	1,000,000	Red Cross	CDOPH	
		Develop county one health strategic plan		x			1,900,000	1,900,000	Red Cross	CDOPH	
		Train 145 HCWs on IDSR	x				6,900,000	1,495,123	NCG	CPHO/C DSC	
		Refresher training for 440 CHPs on CBS		x			2,528,835	2,528,835	Red Cross	CPHO/C DSC	
	Joint CBS integration biannual support supervision and mentorship with CHMT & SCHMT/ Vets/MoE and media personnel		x		x	319,800	319,800	Red Cross	CDOPH		
Improved personnel capacity to identify and report on priority disease	Train 1,300 CHPs on Signal/Alerts reporting (EBS)	x	x	x	x	4,800,000	1,040,086	NCG	CPHO/C DSC		
Sub Total Program 6: Total							27,025,435	10,789,811			
Sub Program 7: HIV AIDS Control Interventions											
HIV AIDS Control	Increased knowledge of	Support to implement HIV prevention activities in the county	x	x	x	x	2,597,739	2,597,739	HJFMRI	CASCO	
		Train 150 health providers on the new 3 Test algorithm	x				2,200,000	2,200,000	HJFMRI	CASCO	

	HIV status in the population	Conduct quarterly HTS counselors support supervision meetings targeting 70 HTS providers	x	x	x	x	1,200,000	260,021	NCG	CASCO
		Conduct ICT (index client testing) to all contacts of newly diagnosed HIV clients	x	x	x	x	1,440,000	312,026	NCG	CASCO
		Commemorate world AIDS Day			x		1,450,000	314,192	NCG	CASCO
	Increased ART treatment coverage	Increase no of community ART groups from 60 to 65 (5 new)	x		x		720,000	156,013	NCG	CASCO
		Support for HIV care & treatment services in the county	x	x	x	x	7,469,450	7,469,450	HJFMRI	CASCO
		Conduct 160 mentorship visits to health facilities	x	x	x	x	5,560,000	1,204,766	NCG	CASCO
		Conduct quarterly HIV/AIDS TWG meetings targeting 50pax	x	x	x	x	1820000	394,366	NCG	CASCO
	Reduced mother to child transmission rate of HIV from 21.1% to the desired 5%	Train 150 HCW on PMTCT & EID			x	x	855,000	185,265	NCG	PMTCT FP
		Conduct monthly community PMTCT through integrated outreaches utilizing the beyond zero track for 150 Hard to Reach areas in all the 8 sub-counties	x	x	x	x	2,520,000	2,520,000	HJFMRI	PMTCT FP
		Conduct quarterly PMTCT Taskforce meetings targeting 50pax	x	x	x	x	1820000	1,820,000	HJFMRI	PMTCT FP
	Reduced burden of cervical cancer amongst WCBA	Screen 35,328 women of child bearing age for cervical cancer	x	x	x	x	2,500,000	541,711	NCG	PMTCT FP
		Conduct PAP smears to 3900 women who are aged 50 to 74	x	x	x	x	6,900,000	1,495,123	NCG	PMTCT FP
Conduct cervical cancer screening launch as 1 st lady flagship				x		10,000,000.00	2,166,845	NCG	PMTCT FP	
Conduct histopathology for 38 women with suspected cancer lesions		x	x	x	x	218,532	47,352	NCG	PMTCT FP	
Support for PMTCT services		x	x	x	x	1,486,650	1,486,650	HJFMRI	PMTCT FP	
Sub Program 7: Total							50,757,372	25,171,520		
Sub Program 8: TB Control Interventions										
TB Control	Improved Case Finding	Conduct HCWs one day sensitization on ACF for 240 pax	x	x	x	x	1,152,000	249,621	NCG	CTLC
		Support for TB activities	x	x	x	x	1,613,372	1,613,372	HJFMRI	CTLC
		Conduct CHPs training on TB management of 48 pax	x	x	x	x	1,452,000	1,452,000	AMREF	CTLC
		Conduct sensitization HCWs on integrated TB management of 48 pax	x	x	x	x	921,600	921,600	Global Fund	CTLC
		Conduct mentorship and sensitization on new TB diagnostic tools LF TB LAM, TB LAMP, Truant and Genexpert	x	x	x	x	297,000	297,000	Global Fund	CTLC
		Conduct and Sustain 65 sites doing sample networking	x	x	x	x	1,670,000	1,670,000	HJFMRI	CTLC
		Conduct contact management of TB Bacteriologically confirmed cases, contact tracing for 1059 -CHP incentives	x	x	x	x	1,059,000	1,059,000	AMREF	CTLC
		Conduct TB education on high burden schools in 20 schools per sub county	x	x	x	x	1,164,000	1,164,000	AMREF	CTLC
		Conduct community targeted ACF outreach and TB screening in 8 sub counties	x	x	x	x	1,153,200	249,881	NCG	CTLC
		Conduct contact management of TB CASES under 5 years (contact tracing) home visits 15% of ALL forms of TB	x	x	x	x	315,000	68,256	NCG	CTLC
		Conduct Mentorship on TB/HIV indicators in 94 TB sites	x	x	x	x	352,800	352,800	HJFMRI	CTLC

	Improved TB outcome	Conduct follow ups for all forms of TB -completed treatment from 89% to 90%	x	x	x	x	128,000	27,736	NCG	CTLC
		Conduct LTFU tracing-reduce LTFU 7% to 4%	x	x	x	x	80,000	17,335	NCG	CTLC
	Improved TPT Uptake	Conduct mentorship on TPT at 4 High volume facilities per sub county	x	x	x	x	482,000	482,000	HJFMRI	CTLC
	Improved DRTB surveillance	Conduct surveillance to eligible DRTB client	x	x	x	x	80,000	80,000	CHS	CTLC
	Improved DRTB Out Come	Conduct follow up to DRTB clients to increase Cure rate from 80% to 90%	x	x	x	x	96,000	96,000	AMREF	CTLC
		Conduct one day sensitization on DR TB short term regimen Bpalm for 120 HCW	X	x	x	x	576,000	124,810	NCG	CTLC
		Provide social support DRTB clients treatment completion from 85% to 100%	x	x	x	x	1,440,000	1,440,000	Global Fund	CTLC
		Conduct Integrated TB Quarterly review meeting in 8 sub counties	x	x	x	x	3,640,000	3,640,000	HJFMRI	CTLC
		Conduct county World TB Day	x				795,100	172,286	NCG	CTLC
	Sub Program 8: Total							18,467,072	15,177,695	
Sub Program 9: Malaria Control Interventions										
Malaria Control	Reduced Malaria Burden	Distribute 53000 long lasting insecticide treated mosquito nets to children under one year	x	x	x	x	53,000,000	53,000,000	Global Fund	CMCC
		Conduct indoor residual spraying for Malaria Control to 10,000 Households .	x	x	x	x	25,000,000	5,417,112	NCG	CMCC
		Distribute 50,200 long-lasting insecticide treated mosquito nets		x		x	50,200,000	50,200,000	Global Fund	CMCC
		Carry out health facility-based malaria case management mentorship sessions	x	x	x	x	3,640,000	788,732	NCG	CMCC
		Conduct bi-annual vector surveillance	x	x	x	x	2,100,000	455,037	NCG	CMCC
		Carry monthly out malaria diagnosis quality control Assurance	x	x	x	x	3,200,000	693,390	NCG	CMLC
		Enhance the capacity of the county malaria reference lab.	x		x		4,350,000	942,577	NCG	CMLC
		Conduct quarterly malaria data quality improvement planning sessions	x	x	x	x	4,800,000	1,040,086	NCG	CMCC
		Conduct monthly malaria diagnosis quality assurance sessions	x	x	x	x	2400000	520,043	NCG	CMCC
		Develop Malaria epidemic preparedness and response (EPR) plan		x			2600000	563,380	NCG	CMCC
Carry out dissemination of malaria communication strategy	x				1,200,000	260,021	NCG	CMCC		
Sub-Program 9: Total							152,490,000	113,880,378		
Sub Program 10: Neglected Tropical diseases										
Service delivery	Increase the proportion of school age Children dewormed	Carry out an MDA on deworming in school going children in the county		x		x	2,644,220	572,961	NCG	CPHO
		Sensitize 90 HCWs on NTDs		x	x		300,000	65,005	NCG	NTDC
		Hold WASH and NTDS forum quarterly	x	x	x	x	240,000	52,004	NCG	NTDC
		Commemorate world sight Day		x			500,000	108,342	NCG	PEC

		Sensitize CHPs on NTDs		x	x			300,000	65,005	NCG	NTDC	
Trachoma control	Reduce prevalence of blinding trachoma (TT) to <1/1000 population and other causes of avoidable blindness	Conduct community mobilization	x	x	x	x		1,300,000	281,690	NCG	PEC	
		Train and certify 6 TT surgeons.	x	x	x	x		4,500,000	975,080	NCG	PEC	
		Carry out one integrated surgical outreach quarterly	x	x	x	x		2,700,000	585,048	NCG	PEC	
		Train 120 CHPs (6 sessions) to identify surgical cases and assist in follow ups	x	x	x	x		800,000	173,348	NCG	PEC	
		Conduct Follow up on operated patients to determine the success of surgery.	x	x	x	x		300,000	65,005	NCG	PEC	
		Hold meetings to sensitize stakeholders at sub county, divisional and community	x	x	x	x		1,300,000	281,690	NCG	PEC	
	Reduced prevalence of T.T cases to less 5%	Conduct MDAs in Narok South, Narok East, Narok West Sub counties	x	x	x	x		15,000,000	3,250,267	NCG	PEC	
Sub Total Program 10: Total								29,884,220	6,475,447			
Sub Program 11: Infection Prevention (IPC) Services												
Infection Prevention (IPC) Services	Strengthen IPC services	Train 90 IPC focal persons	x	x				1,962,000	425,135	NCG	CIPCC	
		Sensitize 45 H/facility committee on IPC	x					620,000	134,344	NCG	CIPCC	
		Sensitize 45 HCWs committee on IPC		x	x				1,500,000	325,027	NCG	CIPCC
		Training on waste management Shredder			X				400,000	86,674	NCG	CIPCC
		Train 90 HCW on IPC	x	x					1,962,000	425,135	NCG	CIPCC
		Conduct 2 IPC Audits			x	x			520,000	112,676	NCG	CIPCC
		Train 30 HCW on antimicrobial stewardship		x					1,800,000	390,032	NCG	CIPCC
		Transport health care waste for safe management from 40 health facilities.	x	x	x	x			940,000	203,683	NCG	CIPCC
Sub Total Program 11: Total								9,704,000	2,102,706			
Sub Program 12: Environmental Health, Water and Sanitation Interventions												
Environmental Health, Water and Sanitation	Reduced Diarrheal disease incidence	Deliver 380 ODF villages	x	x	x	x		25,500,000	5,525,454	NCG	CWASH	
		Deliver ODF villages	x	x	x	x		4,000,000	4,000,000	Amref N2S	CWASH	
		Deliver ODF villages	x	x	x	x		2,000,000	2,000,000	Maa Trust	CWASH	
		Deliver ODF villages	x	x	x	x		12,650,000	12,650,000	UNICEF	CWASH	
		Conduct 16 CLTS PIT Meetings quarterly	x	x	x	x		1,440,000	312,026	NCG	CWASH	
		Train HCWs (20) on CLTS Certification			x				1,005,000	217,768	NCG	CWASH
	Improved sanitation standards	Commemorate 4 sanitation and hygiene days		x		x			1,800,000	390,032	NCG	CWASH
		Develop one Sanitation and hygiene Plan	x						1,500,000	325,027	NCG	CWASH
		Transit 7,000 HH on a basic sanitation to improve sanitation	x	x	x	x			500,000	108,342	NCG	CWASH
		Transit HH and institutions on basic sanitation to improve sanitation							20,000,000	20,000,000	Amref N2S	CWASH
		Train 60 school health committees on SLTS	x	x	x	x			400,000	86,674	NCG	CWASH
		Train 50 facility in charges on WASHFIT	x						1,800,000	390,032	NCG	CWASH
	Improved WASH stake holder coordination	Hold 4 sanitation and hygiene TWG meetings	x	x	x	x			680,000	147,345	NCG	CWASH
		Procure WASH IEC materials		x		x			320,000	69,339	NCG	CWASH
		Hold one County WASH annual review meetings	x	x					890,000	192,849	NCG	CWASH
		Train of 30 PH officers on Food Safety	x	x	x	x			1,300,000	281,690	NCG	CFSC

	Improved food safety surveillance	Collect and transport 400 Food samples		x	x			1,500,000	325,027	NCG	CFSC		
		Conduct four food and safety Stakeholders sensitization				x		1,500,000	325,027	NCG	CFSC		
		Sensitize 20 per sub county School H/Ts and BOM on food safety	x	x	x	x			1,200,000	260,021	NCG	CFSC	
	Improved Water safety	Collection and transportation of 280 Water samples for analysis	x	x	x	x			1,600,000	346,695	NCG	CFSC	
	Improved compliance to public health minimum Standards	Sensitize 45 public health Officers on law enforcement			x	x	x			1,200,000	260,021	NCG	CPHO
		serve 200 public health statutory notices	x	x	x	x				120,000	26,002	NCG	CPHO
		Supervise 100 approved building plans	x	x	x	x				120,000	26,002	NCG	CPHO
	Reduced rodent and vector related diseases	Carry out 50 vector control sessions	x	x	x	x				1,100,000	238,353	NCG	CPHO
	Increased Public health and sanitation financing	Ensure 100% of all food and nonfood premises are inspected					x			600,000	130,011	NCG	CPHO
	Improved public health service delivery	Hold one County public health review meetings					x			426,000	92,308	NCG	CPHO
Hold Sub County public health Quarterly review meetings						x			1,700,000	368,364	NCG	CPHO	
Sub Total Program 12: Total								86,851,000	49,094,409				
Sub Program 13: Health Promotion Interventions													
Health Promotion	Improved commitment and support of political and religious leaders	Hold stakeholders meeting	x	x	x	x			2,118,400.00	459,024	NCG	CHPO	
		Radio talk shows	x	x	x	x				2,650,400.00	574,301	NCG	CHPO
	Increased community health awareness, including availability of integrated HIV Services, mental, RHMCAH	support monthly mass media campaigns including radio show segment on popular local radio stations	x	x	x	x				116,000.00	116,000	Safaricom Afya ya Uzazi	CHPO
		Activation of radio spots in 2 local languages(Maasai and Kalenjin)FM radio	x	x	x	x				712,000.00	154,279	NCG	CHPO
Improved community health knowledge	Distribution of IEC to 8 sub counties and health facilities including market centres	x				x			166,800.00	36,143	NCG	CHPO	
	Design, Translate and print assorted IEC materials	x				x			2,125,000.00	460,455	NCG	CHPO	

		Design and deploy appropriate IEC materials for community and health care workers	x		x			1,000,000.00	1,000,000	Safaricom Afya ya Uzazi	CHPO	
	Increased community health awareness	Hold health promotion advocacy committee meetings every quarter	x	x	x	x		548,000.00	118,743	NCG	CHPO	
	Improved public health awareness	Conduct world health days Celebration including Pre-world health days ACSM	x	x	x	x		2,712,800.00	587,822	NCG	CHPO	
	Increased community health awareness	Select and trained 2 Health Champions from each Ward for 2 days	x		x			391,000.00	84,724	NCG	CHPO	
	improved capacity building of HPOs	Conduct training of HPOs on SBCC			x			523,200.00	113,369	NCG	CHPO	
	Increased community health awareness	Train 10 HPOs and Media officers on co-production	x					334,000.00	72,373	NCG	CHPO	
	Improved male participation on maternal health	conduct male sensitization on maternal health	x	x	x			180,000.00	39,003	NCG	CHPO	
	strengthened ACSM activities	Conduct ACSM activities in 8 sub counties			x			1,964,800.00	425,742	NCG	CHPO	
Sub Total Program 13: Total								15,542,400	4,241,977			
Sub Program 14: School Health Interventions												
School Health	Scale up school health services to improve health pupils' schools	Conduct 150 school inspections	x	x	x	x		600,000	130,011	NCG	CSHC	
		Conduct 40 school WASH sessions in schools	x	x	x	x		960,000	208,017	NCG	CSHC	
		Conduct annual WASH in Schools festival				x		2,500,000	2,500,000	Amref N2S	CSHC	
		Conduct WASH sessions in schools			x	x			2,000,000	2,000,000	Maa Trust	CSHC
		Conduct WASH sessions in schools	x	x	x	x			2,000,000	2,000,000	Amref N2S	CSHC
		Supervision of Wash in schools			x		x		1,000,000	1,000,000	Amref N2S	CSHC
		Conduct integrated TB awareness and screening in 20 schools per sub county	x	x	x	x			1,500,000	325,027	NCG	CSHC
		Conduct school health education and promotion sessions	x	x	x	x			960,000	208,017	NCG	CSHC
		Conduct school health program on SRH (20 schools per sub county)	x	x	x	x			1,205,000	261,105	NCG	CSHC

		Draw wall murals in schools	x	x	x	x	2,000,000	2,000,000	Amref N2S	CSHC
		Draw wall murals in schools in 30 schools		x			1,214,000	263,055	NCG	CSHC
	Scaling up health awareness and well-being in schools	Train 1 health Teacher on health promotion schools (60 schools)		x			1,069,000	231,636	NCG	CSHC
Sub Total Program 14: Total							14,508,000	8,626,867		
Sub Program 15: Community Health Strategy										
Community Health Strategy	Improved Community Health Services	Establish 50 Community Health Units (500 New CHPs)		x	x	x	15,100,000	3,271,936	NCG	CCHSC
		Train 500 CHPs on IDSR		x	x	x	7,900,000	1,711,807	NCG	CCHSC
		Train 300 CHPs on PEC		x	x	x	4,500,000	4,500,000	OES	OCO
		Train 120 CHVs for CBD for DMPA		x	x		13,400,000	2,903,572	NCG	CCHSC
		Train 400 Community Maternal and Newborn Care		x	x	x	5,600,000	1,213,433	NCG	CCHSC
		Train 1638 CHPs on Community PMTCT	x	x	x	x	12,000,000	2,600,214	NCG	CCHSC
		Conduct quarterly community dialogues in Narok South, Narok West, Trans Mara East and Trans Mara West Sub Counties on CP3				x	600,000	600,000	KRCS	CCHSC
		Conduct quarterly male dialogue forum in Narok East Sub County				x	70,000	70,000	AMREF	CCHSC
		Conduct 40 CHPs FP community dialogue				x	880,000	880,000	JHPIEGO	CCHSC
		Conduct 10 quarterly RMNCAH dialogue meetings (Uzazi Salama) in Narok East Sub County				x	320,000	320,000	AMREF	CCHSC
		Conduct 760 quarterly community Health dialogues	x	x	x	x	1,600,000	346,695	NCG	CCHSC
		Conduct biannual Community Health supportive supervision	x			x	1,500,000	325,027	NCG	CCHSC
		Conduct 760 Community Score Card Forums	x	x	x	x	1,900,000	411,701	NCG	CCHSC
		Conduct County Yearly CHS review meetings		x		x	2,400,000	520,043	NCG	CCHSC
		Support 100 CHPs for monthly based evidence-based CHP Review Meetings				x	2,550,000	2,550,000	AMREF	CHRIO
		Conduct CHPs FP review meetings		x	x	x	474,000	474,000	JHPIEGO	CHRIO
		Conduct FP male champions review meeting			x		180,900	180,900	JHPIEGO	CHRIO
		Conduct Quarterly Sub County CHS review meetings	x	x	x	x	3,600,000	780,064	NCG	CCHSC
		Train 50 CHVs on Grievances Redress Mechanism				x	3,400,000	736,727	NCG	CCHSC
		Train 80 VMG committees on GRM				x	4,000,000	866,738	NCG	CCHSC
Train 912 Community Health Promoters on eCHIS	x	x	x	x	10,000,000	2,166,845	NCG	CCHSC		
Capacity build CHP on CHP Equipment and commodities				x	6,000,000	1,300,107	NCG	CCHSC		
Sensitize CHPs on AYSRH				x	3,600,000	3,600,000	UNFPA	CASHH C/GBV		
Sub Total Program 15: Total							101,574,900	32,329,808		
Sub Program 16: Non-Communicable Disease Control										
Non-communicable Disease	Increase the proportion of Women of Reproductive	Conduct cervical cancer screening to 4000 women in the 8 Sub counties through 16 integrated outreaches.	x	x	x	x	3,095,360	670,716	NCG	CNCDc o
		Train 240 HCW on cervical ca screening from 8 sub counties	x	x	x	x	4,264,000	923,943	NCG	CNCDc o

	Age screened for cervical cancer from 2850 to 4000											
Increase the proportion of new Outpatients diagnosed with high blood pressure from 667 to 5000	Sensitize 240 HCW on screening of NCDs (DM/HTN) from 8 Sub counties	x	x	x	x	1,768,000	1,768,000	Uzazi salama	CNCDco			
	Train 2810 CHPs on screening/referral of NCDs (HTN/DM)	x	x	x	x	19,050,200	4,127,883	NCG	CNCDco			
	Commemorating World Diabetic Day		x			200,000	43,337	NCG	CNCDco			
	Conduct 16 Quarterly support supervision in the 8 Sub counties		x		x	598,080	129,595	NCG	CNCDco			
	Conduct BZ outreaches 2 per Sub County	x	x	x	x	5,186,880	1,123,916	NCG	CBZCo			
	Train 100 CHPs on screening/Referral of NCDs (HTN and DM)	x	x			669,900	669,900	Uzazi Salama	CNCDco			
Sub Total Program 16: Total						34,832,420	9,457,290					
Sub Program 17: Primary Health Care												
Primary Care Networks	Improved Primary Care Networks	Establish 5 primary Care Networks	x	x	x	x	21,323,500	4,620,472	NCG	CPHCC		
		No of Multi-disciplinary Teams Established and Operationalized	x	x	x	x	16,374,000	3,547,992	NCG	CPHCC		
		Roll out of SHIF to 159 facilities and 2910 CHPs (sensitization of 159 in charges and 2910 CHPs)	x	x	x	x	18,537,000	4,016,680	NCG	CPHCC		
		Carry out quarterly facility-based support and mentorship on SHIF to 159 Health facilities	x	x	x	x	1,253,600	271,636	NCG	CPHCC		
		Sensitization on SHIF to county and sub county teams (138 pax)	x	x	x	x	2,038,000	441,603	NCG	CPHCC		
Sub Total Program 17: Total						59,526,100	12,898,382					
Program 2: Total						813,890,478.82	373,440,127.59					

1.27 Program 3: General Administration, Planning, Management Support and Coordination

Program Outcome: Sustainable administrative, planning and support function within the county

Program Objective: To provide effective and efficient administrative, planning and support function across the county

Table 28: General Administration, Planning, Management, Support and Coordination

Key intervention Area	Outputs	Activities	Q 1	Q 2	Q 3	Q 4	Total Budget Required	Total Budget Allocated	Source of Funds	Responsible person	
Sub-Program 1: Policy Development Planning, Research and Adoption											
Policy Development, Planning and Research	Disseminate County HR policy	Conduct Dissemination/trainings of the HR policy documents.		x			3,000,000	650,053	NCG	CHAO	
	Develop and enact CHS Bill 2024	Sensitize CHMT and County Health committee members on CHS Bill 2024			x		5,800,000	1,256,770	NCG	CCHSC	
	Develop and operationalize Operational Plans, action plans, sectoral plans and budgets, Annual Work Plan (AWP) developed	Develop one AWP	x		x		5,281,374	1,144,392	NCG	CHRIO	
	Formulate and train an operation research team	Constitute and train research teams			x			1,090,000	236,186	NCG	CHRIO
		Conduct operational research				x		2,600,000	563,380	NCG	CHRIO
Sub Program 1 Total							17,771,374	3,850,781			
Sub-Program 2: Quality Improving and Health Standards											
Kenya Quality Model for Health (KQMH) and Continuous Quality Improving	An Effective and Efficient People Centered Service Delivery	Conduct 36 supportive supervision by CHMT/SCHMT	x	x	x	x	12,950,670	2,806,209	NCG	CQSC/CHAO	
		Conduct supportive supervision in Narok East Sub County by CHMT	x				400,000	400,000	Amref	CQSC/CHAO	
		Train 120 HCWs on KQMH	x	x	x	x	4,000,000	866,738	NCG	CQSC	
		assess 130 health facilities on (KQMH)	x	x	x	x	3,800,000	823,401	NCG	CQSC	
		Benchmark, establish, operationalize and mentor 40 QITs and WITs	x	x	x	x	2,000,000	433,369	NCG	CQSC	
		Conduct CMEs on KQMH to 100 Health care workers in level 4 and level 3 facilities	x	x	x	x	500,000	108,342	NCG	CQSC	

		Capacity Build Sub county Quality improvement focal persons and QIT for 8 Sub counties and Train 140 health Care Workers on continuous quality improvement	x	x			2,500,000	541,711	NCG	CQSC	
Sub Program 2 Total							26,150,670	5,979,771			
Sub-Program 3: Administration, Infrastructure and Support Services											
Administrati on	Facilitate ownership of Health facility land	Facilitate issuance of 63 land title deeds	x	x	x	x	15,750,000	3,412,781	NCG	CHAO	
	Scale up quality of PHC services and RMNCAH at level 2 & 3 Health facilities	DANIDA PHC support for Operations & Maintenance (O&M) costs at gazette level 2&3 Health facilities		x		x	12,382,000	12,382,000	DANI DA Level 2&3	CPHC C	
		County Counterpart fund for Operations & Maintenance (O&M) costs at gazetted level 2&3 Health facilities		x		x	30,000,000	30,000,000	NCG	CPHC C	
	Improved service delivery	supply 32 health facilities with office furniture and fittings		x	x	x	x	5,000,000	1,083,422	NCG	PHC FP
		Provide 130 officers with airtime		x	x	x	x	3,025,000	655,471	NCG	CHAO
		Procure accountable documents for Public health and 130 health facilities		x				1,670,000	361,863	NCG	PO
Support Services	Improved service delivery	Procure 3 utility vehicles for trans Mara East, Narok South& Trans Mara South	x	x			19,500,000	4,225,347	NCG	CHAO	
		Procure 30 motorbikes	x	x	x	x	12,000,000	2,600,214	NCG	CHAO	
		Automate 1 (TWSCH)			x		14,000,000	3,033,583	NCG	CHRIO	
		Lease 15 ambulance vehicles	x	x	x	x	156,600,000	156,600,000	NCG	CHAO	
		Procure and install 65 computers to level 2 and 3			x	x	14,630,000	3,170,094	NCG	PHC FP	
		Procure 912 Android mobile phones			x		13,680,000	2,964,244	NCG	CCHS	
		Service and maintain 13 utility vehicles	x	x	x	x	4,800,000	4,800,000	NCG	CHAO	
		Procure fuel and lubricants for 13 department vehicles	x	x	x	x	12,000,000	2,600,214	NCG	CHAO	
		Provide food and ration to 6 health facilities	x	x	x	x	166,800,000	36,142,972	NCG	CHAO	
		Water and sewerage charges	x	x	x	x	8,048,252	1,743,931	NCG	PO	
		Electricity Bill	x	x	x	x	24,742,169	5,361,244	NCG	PO	
Procure 30 Laptops			x		7,800,000	1,690,139	NCG	PO			
Infrastructure	Improved infrastructure Development	Drill and equip 1 borehole for TWSCH			x		5,500,000	1,191,765	NCG	CHAO	
		Construct 30 Staff Houses	x	x	x	x	120,000,000	26,002,138	NCG	CHAO	
		Construct and equip Kitchen and laundry at NCRH		x			450,000,000	97,508,017	NCG	CHAO	
		Construct 9 placenta pits	x	x	x	x	2,700,000	585,048	NCG	CHAO	
		Construct 9 burning chambers.	x	x	x	x	2,700,000	585,048	NCG	CHAO	
		Construct 3 modern incinerators	x	x	x		9,000,000	1,950,160	NCG	CHAO	
		Number of Ultra-modern mortuaries constructed and equipped at N/Enkare and OSCH			x	x	100,000,000	21,668,448	NCG	CHAO	
		Install and Operationalize of Shredder at NCRH			x		20,000,000	4,333,690	NCG	CHAO	

		Installation of 3 phase national grid at Nairegi-Enkare, Ololulung'a and Emuruwa Dikirr Sub County Hospitals		x				5,000,000	1,083,422	NCG	CHAO
Sub Program 3: Total								1,237,327,421	427,735,254		
Sub Program 4: Human Resource for Health											
Human Resource for Health	Recruitment, Deployment, remuneration and capacity building of Department of health HR	Recruit and deploy 200 health workers.	x	x	x	x		250,000,000	250,000,000	NCG	CHRO
		Payment of contracted Security Guards	x	x	x			32,000,000	32,000,000	NCG	CHAO
		Timely Remuneration of staff on the payroll	x	x	x	x		1,450,000,000	1,450,000,000	NCG	CHRO
		Timely remuneration of 244 HJFMRI) program who are working within the county	x	x	x	x		104,342,070	104,342,070	HJFM RI	CHRO
		Provide induction training to 200 newly recruited Health care workers	x	x	x	x		6,000,000	1,300,107	NCG	CHRO
		Recruit and provide incentive to 2910 County CHPs	x	x	x	x		87,300,000	87,300,000	NCG	CHRO
		Train 1450 staffs on short term courses	x	x	x	x		12,000,000	2,600,214	NCG	CHRO
		Train 15 staffs on long term courses		x	x	x		2,250,000	487,540	NCG	CHRO
		Facilitate 80 staffs with transfer and baggage allowance	x	x	x	x		3,250,000	704,225	NCG	CHRO
Sub Program 4: Total								1,947,142,070	1,928,734,155		
Sub Program 5: Monitoring and Evaluation and Health Information System											
Quality health information collected and reviewed	Scale up performance monitoring of health service delivery	print assorted registers and reporting forms		x				10,842,000	2,349,293	NCG	CHRIO
		Conduct 36 quarterly data audits	x	x	x	x		4,232,000	917,009	NCG	CHRIO
		Conduct 20 quarterly performance review meeting	x	x	x	x		3,552,000	769,663	NCG	CHRIO
		Conduct quarterly FP review with SCHMT/Facility in charges/CHAs	x	x	x	x		1,416,000	1,416,000	JHPI EGO	CHRIO
		Support for SI and crosscutting issues	x	x	x			6,303,343	1,365,837	NCG	CHRIO
		Support printing of patient medical record forms	x	x	x	x		8,298,000	1,798,048	NCG	CHRIO
		Facilitate 11 officers with airtime/data bundles	x	x	x			420,000	91,007	NCG	CHRIO
		Support Compilation and Consolidation of Annual performance review report				x		2,366,000	512,675	NCG	CHRIO
Sub Program 5: Total								37,429,343	9,219,533		
PROGRAMME 3: TOTAL								3,265,820,878	2,375,519,493		
PBB GRAND TOTAL								6,167,864,429.89	4,273,910,069.89		

CHAPTER SEVEN: PROGRAM BASED BUDGET DISTRIBUTION

This chapter outlines a comparative budget summary analysis by program and sub program, budget summary by economic classification and budget summary by sources of funds for the FY 2022-2023 versus FY 2024-2025. Table 29 details information on the budget summary by program and sub program while table 30 presents information on analysis of expenditure by item under economic classification. The information on budget summary by source of funds is documented in table 31.

1.28 7.1 Budget Summary by Program and Sub-Program

The total budgeted amount of financial resources expected for funding the planned activities for this FY is Ksh. 6,167,864,429.89. By comparing this against the amount required and the amount allocated of Ksh. 4,273,910,069.89 for activity implementation, there is a gap of Ksh. 1,893,954,360. However, it is worthy to note that the resource envelope from the County Government is Ksh. 3,322,368,345.16 while the County health development partners' contribution is Ksh. 951,541,724.73. This comparative budget summary per program and sub program is presented in the table below.

Table 29: Budget Summary by Program and Sub-Program

S/N	Program	Sub-program	Total Budget Allocated 2022/2023	Total Budget Required 2024/2025	Total Budget Allocated 2024/2025
1	Curative and Rehabilitative	Clinical and Diagnostic services	167,238,800.00	709,868,425.00	153,817,471.70
		Pharmaceutical services	423,171,536.00	1,369,154,648.00	1,369,154,648.00
		Emergency Evacuation and Referral Services	138,649,880.00	9,130,000.00	1,978,329.32
		Sub - Total	729,060,216.00	2,088,153,073.00	1,524,950,449.01
2	Preventive and Promotive Health Services	Reproductive maternal neonatal child health (RMNCH) services	81,196,110.00	60,429,100.00	30,857,764.21
		Adolescent and Youth Sexual and Reproductive Health Services (AYSRH)	0	7,959,000	7,959,000
		Immunization services	71,884,100.00	86,503,940.00	18,744,061.40
		Gender Based Violence	0	14,127,500	9,023,808
		Nutrition services	55,100,000.00	43,708,020.00	16,609,203.98
		Disease Surveillance and Response	10,553,000.00	27,025,435.00	10,789,810.91
		HIV control interventions	39,120,311.40	50,757,371.82	25,171,520.32
		Tuberculosis Control Interventions	56,579,033.62	18,467,072.00	15,177,695.14
		Malaria Control Interventions	51,129,174.00	152,490,000.00	113,880,378.10
		Neglected Tropical diseases	14,043,620.00	29,884,220.00	6,475,446.72
		Infection Prevention (IPC) Services	0	9,704,000	2,102,706
		Environmental Health, Water And Sanitation Interventions	47,356,040.00	86,851,000.00	49,094,408.70
		Health Promotion Interventions	13,776,000.00	15,542,400.00	4,241,977.01
		School Health Interventions	8,816,000.00	14,508,000.00	8,626,867.09
		Community Health Services - Level I	44,760,200.00	101,574,900.00	32,329,808.18
		Non-Communicable Disease Control	14,191,500.00	34,832,420.00	9,457,289.77
Primary Care Networks	0	59,526,100.00	12,898,382.12		
	Sub - Total	508,505,089.02	813,890,478.82	373,440,127.59	

3	General Administration, Planning, Management Support	Policy development, planning and research	107,681,638.00	17,771,374.00	3,850,780.96
		Quality Improvement and Health Standards	0	26,150,670.00	5,979,770.58
		Administration, Infrastructure and Support Services	1,128,963,000.00	1,237,327,421.00	427,735,253.79
		Human Resource management and development	1,356,012,080.00	1,947,142,070.07	1,928,734,155.39
		Monitoring and Evaluation and Health Information System	100,602,888.00	37,429,343.00	9,219,532.56
		Sub - Total	2,693,259,606.00	3,265,820,878.07	2,375,519,493.28
		PBB GRAND TOTAL	3,930,824,911.02	6,167,864,429.89	4,273,910,069.89

1.29 7.2 Budget Summary by Economic Classification

The major cost drivers are use of goods and services including compensation to employees. Details on the analysis of expenditure by economic classification are shown in the table below.

Table 30: Analysis of expenditure by item

S/N	Program	Item	Total Budget Allocated 2022-2023	Total Budget Allocated 2024-2025
1	Curative and Rehabilitative Health Services	Compensation to employees	0.00	0.00
		Use of goods and services	729,060,216.00	1,198,478,063.37
		Interest	0.00	0.00
		Subsidies	0.00	0.00
		Current transfers to government agencies	0.00	0.00
		Social benefits	0.00	0.00
		Non-financial assets	0.00	0.00
		Financial assets	0.00	0.00
		Capital	0.00	0.00
		Total	729,060,216.00	1,198,478,063.37
2	Preventive and Promotive Health Services	Compensation to employees	26,908,900.92	0.00
		Use of goods and services	415,176,938.10	468,167,652.07
		Interest	0.00	0.00
		Subsidies	0.00	0.00
		Current transfers to government agencies	0.00	0.00
		Social benefits	0.00	0.00
		Non-financial assets	66,419,250.00	0.00
		Financial assets	0.00	0.00
		Capital	0.00	0.00
		Total	508,505,089.02	468,167,652.07
3	General Administration, Planning, Management Support and Coordination	Compensation to employees	1,356,012,080.00	1,933,259,839.03
		Use of goods and services	1,337,247,526.00	659,328,980.59
		Interest	0.00	0.00
		Subsidies	0.00	0.00
		Current transfers to government agencies	0.00	0.00
		Social benefits	0.00	0.00

	Non-financial assets	0.00	0.00
	Financial assets	0.00	0.00
	Capital	0.00	0.00
	Total	2,693,259,606.00	2,592,588,819.62
	Grand Total	3,930,824,911.02	4,259,234,535.05

1.30 7.3 Budget Summary by Source of Funds

The budget summary by source of funds for the plan is further illustrated in the table 31 below.

Table 31: Budget Summary by Source of Funds

Source of funds		Budget distribution				
		Curative and Rehabilitative health services	Preventive and Promotive Health Services	General Administration, Planning, Management Support and Coordination	Total in Ksh. (2022/2023)	Sub Total in Ksh. (2024/2025)
Public sources	County government	942,849,441.01	122,539,480.77	2,226,979,423.21	3,733,645,032.00	3,292,368,345.00
	County Counterpart fund for O&M	-	-	30,000,000.00	-	30,000,000.00
	Central government (conditional grants)	-	-	-	-	0.00
	User fees	-	-	-	-	0.00
	Constituency development fund	-	-	-	-	0.00
	Other (specify) NASCOP	-	-	-	6,696,000.00	0.00
	Other (specify) DNMP	-	-	-	18,935,500.00	0.00
	Other (specify) MOH/GF	582,101,008.00	-	-	6,722,365.40	582,101,008.00
	Sub - Total	1,524,950,449.01	122,539,480.77	2,256,979,423.21	3,765,998,897.40	3,904,469,353.00
Development partners Community/ NGO	Global Fund (TB)/Malaria Program	-	105,858,600	-	26,670,000.00	105,858,600.00
	World Health Organization (WHO)	-	150,000.00	-	300,000.00	150,000.00
	World Bank (THS UCP)	-	-	-	49,785,426.00	0.00
	UN agency (UNFPA)	-	10,349,250	-	2,166,800.00	10,349,250.00
	Danish Government (DANIDA)	-	444,000.00	12,382,000.00	19,741,750.00	12,826,000.00
	UN agency (UNICEF)	-	14,920,000	-	3,103,600.00	14,920,000.00
	Operation Eyesight (OES)/Sight Savers	-	4,500,000.00	-	719,800.00	4,500,000.00
	HJFMRI (Walter Reed Project)	-	31,447,012	104,342,070.07	23,597,778.00	135,789,081.89

	US Government (USAID)	-	-	-	4,547,000.00	0.00
	AMREF	-	6,711,000	400,000.00	-	7,111,000.00
	AMREF N2S	-	29,000,000.00	-	-	29,000,000.00
	Kenya Red Cross	-	6,748,635.00	-	240,000.00	6,748,635.00
	Clinton Foundation (CHAI)	-	-	-	5,200,000.00	0.00
	UK Government (DESIP)	-	-	-	540,000.00	0.00
	World Vision (WV)	-	-	-	4,988,539.62	0.00
	CP3	-	-	-	574,000.00	0.00
	AFYA UGAVI	-	-	-	1,441,600.00	0.00
CSOs	Uzazi Salama	-	13,030,650.00	-	-	13,030,650.00
	URADCA	-	350,000.00	-	-	350,000.00
	A360	-	1,140,000	-	4,452,000.00	1,140,000.00
	Centre for Health Solution (CHS)	-	80,000.00	-	2,932,000.00	80,000.00
	JACARANDA	-	1,999,200	-	1,155,300.00	1,999,200.00
	JHPIEGO	-	2,950,900	-	-	2,950,900.00
	Maa Trust	-	5,200,000	-	545,000.00	5,200,000.00
	Accelerate	-	2,017,000	-	217,500.00	2,017,000.00
	Hellen Keller	-	6,843,000.00	-	2,000,000.00	6,843,000.00
	The Challenge Initiative (TCI)	-	1,950,000.00	-	-	1,950,000.00
	Marie Stopes Kenya (MSK)	-	751,400.00	-	-	751,400.00
	Child.Org	-	2,840,000.00	-	-	2,840,000.00
	Safaricom Uzazi Salama	-	1,116,000.00	-	2,240,000.00	1,116,000.00
	Afya Usalama	1,920,000.00	-	-	2,213,300.00	1,920,000.00
	COVAW	-	-	-	751,400.00	0.00
	We World	-	-	-	483,000.00	0.00
	NPI	-	-	-	2,940,000.00	0.00
	Evidence Action	-	-	-	280,220.00	0.00
	Nutrition International	-	-	-	1,000,000.00	0.00
		Sub - Total	1,920,000.00	250,396,646.82	117,124,070.07	164,826,013.62
	TOTAL	1,526,870,449.01	372,936,127.59	2,374,103,493.28	3,930,824,911.02	4,273,910,069.89

REFERENCES

1.31 Reference Documents

- 1) Constitution of Kenya 2010
- 2) Kenya Health Policy 2014-2030
- 3) Kenya Health Information System
- 4) Sustainable Development Goals
- 5) County Integrated Development Plan
- 6) Kenya National Bureau of Statistics
- 7) Narok County health sector strategic and investment plan 2023-2027
- 8) Annual Work Plans FY 2022-2023 and FY 2023-2024

APPENDICES

1.32 Appendix i: Department of Health and Sanitation Development Partners

S/ N	Name of Health Partners	Area of intervention	Geographical Location	email address
1	Clinton health access initiative (CHAI)	Child Health	County	
2	Walter Reed Project (HJF-MRI)	HIV/AIDS, TB, M&E	County	isaac.tsikhutsu@usamru-k.org
3	World concern	Deworming	County	
4	Kenya Red Cross Society (KRCS)	Emergency and disaster Response, Disease surveillance, nutrition commodities	County	
5	CHAK CHAP Stawisha	HIV Prevention, Care and Treatment; TB	Narok South, Narok West	ekibunyi@chak.or.ke , hoyungu@chak.or.ke
6	Maa Trust	Maternal, newborn and child health	Narok West	simonk@themaatrust.org
7	Narok Youth SRH network	SRH	County	
8	Community Health Partners	Curative, RMNCAH, HIV/AIDS	Narok west and Narok south	james.korio@chp.or.ke
9	UNFPA	SRH	County	kkigen@unfpa.org
10	DANIDA	UHC/PHC	County	
11	COVAW	GBV	County	j.wainaina@covaw.or.ke
12	CREAW	GBV	County	william@creawkenya.org
13	UNICEF	Nutrition and WASH	County	
14	ADS south rift	Curative, Nutrition, RH	County	marynaikumi@adsouthrift.org
15	JHPIEGO	RH	County	
16	Global Fund	HIV/AIDS, TB, Malaria	County	
17	World Vision	TB, Emergency response	County	
18	Afya Ugavi	Malaria, HPTs	County	
19	Operation Eyesight Universal	Trachoma Control using SAFE strategy and Eye Health at community and schools	Narok South, Narok West and East	MwangiA@operationeyesight.com & Simiyue@operationeyesight.com
20	Sight savers international	WASH and Trachoma	Narok East, Narok West and Narok South	
21	AMREF	TB, WASH	County	
22	PSK	RH, M&E	County	tmutogia@pskenya.org

23	WHO	Disease surveillance, Emergency response, child health	County	
24	Helen Keller	Nutrition	County	
25	Kenya Conference of Catholic Bishops (KCCB)	HIV/AIDS, TB, RH	Narok West and Narok South	
26	Lifenet international	M&E	County	
27	Forum CIV	CHS	Narok East	
28	Jacaranda Health	RH	County	
29	Evidence action	School based deworming	Trans Mara East and Trans Mara West	
30	LIXIL	WASH	Narok East, Narok Central/North, Trans-Mara west and Trans Mara East.	
31	USAID	WASH	Narok East, Narok central/North, Trans-Mara west and Trans Mara East.	
32	Afya Afrika	Policy and Advocacy, GBV, child marriage, adolescent SRHR	Narok East, Narok North and Narok south	catetito@yahoo.com
33	Youth anti FGM Narok County (YANC)	Anti FGM	County	
34	Creaw kenya	women Empowerment	Narok East	
35	LINDA ARTS	Entertainment	Narok North	
36	World Food Program (WFP)	Food safety & Quality control	County	
37	Inelera + Kenya	HIV & Covid 19	County	
38	Afya Salama	RH/NCDS	Narok east	geoffrey.sadera@amref.org