REPUBLIC OF KENYA COUNTY
GOVERNMENT OF KIAMBU

COUNTY HEALTH STRATEGIC & INVESTMENT PLAN

2014 – 2019

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FOREWORD

The Constitution of Kenya 2010 established one of the most revolutionary changes in the country's history with the establishment of the two tier governance system; the National government and 47 County governments. The county governments are expected to spearhead development at the County level aimed at bridging the developmental disparities that have existed in the country since independence. County governments have been tasked with major functions under the constitution, key among them is health.

This County Strategic Plan, which will guide our health services over the next five years, is an expression of our commitment and determination to give improved health services to the people of Kiambu County. The strategic plan details the activities of the County health sector and other health partners in the County for five years (July 2013- June 2018). The plan is modeled along the Kenya Health Policy 2012 – 2030, the Kenya Constitution 2010, the Kenya Vision 2030, Kenya Health Strategic and Investment Plan (KHSSP), 2012 – 2017, Millennium Development goals (MDGs) and the Kiambu County Integrated Development Plan.

The work plan is formulated using the logical framework format with participation of the County Health Team, sub-counties and stakeholders in the County. It is comprehensive and its implementation calls for integrated multi-sectoral action at all levels. As we plan the way forward for implementation of this strategic plan, our focus will be on achieving the set targets, hence reversing the downward trends with the minimal available resources. This will only be realized when concerted efforts and collaboration across all the actors and stakeholders in the County is enhanced.

This collaborative approach emphasises the growing awareness among all stakeholders that the challenges of health nationally and in Kiambu in particular, can only be successfully addressed by working as a team. It is our strong conviction that the participation by individuals from all sectors, representing a wide range of organisations, will ensure dynamic County action that yields desirable results in health services in Kiambu County.

We therefore invite our stakeholders and Development partners to join the health team in the County in order to realize our set objectives for the betterment of the people of Kiambu. Finally, we call upon all the residents of Kiambu County to commit themselves to the development process outlined in this Plan. This is the beginning of a new phase that will see the transformation of the County, improve the quality of health care provided to the residents of Kiambu County and ensure the health system is steered to a greater height.

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WORD FROM THE GOVERNOR

H.E WILLIAM KABOGO
GOVERNOR, KIAMBU COUNTY

Health is an economic and social right as envisaged in the Constitution of Kenya article 43 (1) Every person has the right— (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; (2) A person shall not be denied emergency medical treatment. Devolution of health services has offered the counties with the perfect opportunity to transform the health sector in this country. Through strategic and transformative leadership coupled with efficient management of health sector resources, I aim to make Kiambu County the best provider of health care services. The County of Kiambu suffers the burden of unnecessary diseases which impact families, impoverish large numbers of people and undermine socio-economic development of its people.

The bottom line is that devolved health services are struggling to provide effective and adequate healthcare. What is ongoing, is a process of trying to support efforts to tackle not only the major burdens of disease in the country, which includes: Hypertension, Diabetes, Cancer, AIDS, TB and Pneumonia, for example, but also many other diseases affecting communities like childhood illnesses and those caused by diarrhoea and immunizable conditions.

Devolution takes health services closer to the people. Let me commend all health workers practicing in Kiambu County, for what all of you are doing in your communities every day –- working to provide quality care at prices that the people of Kiambu County can afford, with the dignity and respect they deserve, and in a way that takes into account the challenges that they face in their lives. We just don't want our health centers to provide more care for more patients; we want them to provide better care as well. To the people of Kiambu, devolved health services will be a long road. I know it will be a tough fight. But I also know the reason I believe in health services being closer to the people, is because the local community will have the peace of mind of knowing that health care will be there for them and their families when they need it. Because no matter what part of Kiambu you come from, when it comes to health care, the people I serve deserve better.

H.E WILLIAM KABOGO
GOVERNOR, KIAMBU COUNTY

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WORD FROM THE COUNTY ASSEMBLY CHAIRMAN FOR HEALTH

HON. SAMUEL MWARAGE MATIRU
Chairperson, Health Services Committee

The Kiambu County Assembly Health Services committee is mandated among other things to; Oversight of all matters related to county health services, including, in particular county health facilities and pharmacies, ambulance services, promotion of primary health care. The committee is ready to form a dynamic interaction with the Health Department with the view to improving the quality and responsiveness of health services provided. The Health sector is the biggest in terms of budgetary allocation taking almost a third of the Kiambu County Government annual budgets in the past years.

In relation to this the Health Department should adequately prepare annual work plans in order to inform the budget for the upcoming years and get support from the committee. This is to be followed by joint reviews and monitoring of the budget implementation.

In carrying out its Legislative role the committee is ready to identify emerging health issues, conditions and therapeutic interventions that require new legislation and policies. Over the past one year the committee has observed that the County has a high a number of private health facilities which support the public health facilities in service delivery. The committee is in process of establishing appropriate legislative frameworks and guidelines to facilitate and regulate the private sector in line with existing laws and regulations.

A well functioning health sector in the county will translate to a healthy workforce and consequently increased productivity. The sector achieved some great milestones in the last one year and the priority areas are well articulated in the County Fiscal Strategy Paper (CFSP) 2014.

HON. SAMUEL MWARAGE MATIRU
Chairperson, Health Services Committee

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WORD FROM THE COUNTY EXECUTIVE COMMITTEE MEMBER FOR HEALTH

DR JONAH M. MWANGI,
CEC-MEMBER, HEALTH SERVICES

It is my pleasure to present to you our first strategic plan, which covers the period 2014-2019, lays a framework upon which the Kiambu County Department of Health Services will achieve its intended objectives and aspirations for the next five years, as well as laying the foundation for the implementation of Kenya Vision 2030 and achievement of the Millennium Development Goals. It is a product of extensive collaboration and comprehensive feedback, from both our internal and external stakeholders and establishes the strategic framework for the planning and delivery of health care services in Kenya as well as monitoring performance.

The plan defines the County Health Service`s vision, mission, objectives, strategies, outcomes and performance benchmarks and provides a framework for ensuring delivery of tangible results to all Kenyans in Kiambu County. The plan builds on the achievements realized under Kenya Health Policy 2012 – 2030, the Kenya Constitution 2010, the Kenya Vision 2030, Kenya Health Strategic and Investment Plan (KHSSP), 2012 – 2017, Millennium Development goals (MDGs) and the Kiambu County Integrated Development Plan. The plan takes cognizance of the fact that the objectives of the NHSSP II (2005 – 2011) have not been fully due to a number of challenges, that includes limitations in funding; poverty levels in the country and the prevailing unfavorable cross-sector environment such as roads, power and water supply and reversal of this under the new dispensation as we empower the delved units.

The devolution of health services as envisioned in the Constitution 2010 and the subsequent formation of County Governments Department of Health have been provided with an opportunity to give focus on the delivery of health care services as stated in article 43 CoK " (1) Every person has the right—(a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care", and achieve the goal of Vision 2030.

DR JONAH M. MWANGI,
CEC-MEMBER, HEALTH SERVICES

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The Department of Health Services is well positioned to play its role that will contribute towards ensuring all Kenyans enjoy a high quality of life. To achieve this, the Department will Endeavour to use available resources in an efficient manner so as to maximize results and receive value for money. More importantly, the plan will act as a guide for assessing performance and achievement of the results in the Department in the next five years. It provides clear strategies; objectives and outputs that will guide stakeholders implement projects and programs so as to realize the health sector objectives. Further, the plan provides the coordination mechanism for collaboration among the different stakeholders in the sector.

It is my belief that all stakeholders will find this plan a useful tool in collaboration and implementation of the various strategies outlined therein; enable us to use the limited resources more efficiently as well as increase accountability.

DR JONAH M. MWANGI
COUNTY EXECUTIVE COMMITTEE MEMBER
KIAMBU COUNTY HEALTH SERVICES

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WORD FROM THE COUNTY CHIEF OFFICER OF HEALTH

DR. STEPHEN NJUGUNA WAIGURU
CHIEF OFFICER – HEALTH SERVICES

This County Strategic Plan, which will guide our health services over the next five years, is an expression of our commitment and determination to give improved health services to the people of Kiambu County.

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DR. STEPHEN NJUGUNA WAIGURU
CHIEF OFFICER – HEALTH SERVICES
KIAMBU COUNTY GOVERNMENT

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ACKNOWLEDGEMENT

This County Health Strategic And Investment Plan is the culmination of many months of preparation and extensive consultation, teamwork and information gathering by Kiambu County Health Management team working in collaboration with development partners, implementing partners, and the *wananchi* to deliver a better framework for a quality County health services

The County sincerely acknowledges the contribution and hard work of the many individuals and organizations that contributed to the development of the plan. In particular, we wish to acknowledge the team from human resource for health, which comprises of representatives from the public health sub-sector, faith-based organizations (FBOs), non-governmental organizations (NGOs), and the various consultants.

The sub-County health management teams from the County are appreciated for their contribution towards the development of the plan. In addition, we acknowledge the County health management team for spearheading the coordination of the plan development process.

In conclusion, we would like to thank all the other individuals and institutions that contributed directly or indirectly towards the formation of the most appropriate, feasible and cost-effective strategic and investment plan, and all our stakeholder's in Kiambu County in making the Plan a reality. It is through this collaborative action that we will realise our vision as a County.

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ABBREVIATIONS AND ACRONYMS

AFD	Agency for French Development
AIDS	Acquired Immune Deficiency Syndrome
APR	Annual Progress Report
ARV	Anti-Retroviral (Treatment)
AWP	Annual Work Plan
BCC	Behavioural Communication Change
CBO	Community Based Organization CDF
Constituency Development Fund CIDP	
County Integrated Development Plan CHW	
Community Health Worker	
CMR	Child Mortality Rate
FBO	Faith Based Organisation
FY	Financial Year
HIV	Human Immuno-deficiency Virus
HSSP	Health Sector Strategic & Investment Plan
ICT	Information Communication Technology
KHSSP	Kenya Health Sector Strategic & Investment Plan
KCIDP	Kiambu County Integrated Development Plan
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Rate
MOH	Ministry of Health
MTP	Medium Term Plan
SPHIS	Strategic Plan for Health Information System
TOTs	Trainer Of Trainers

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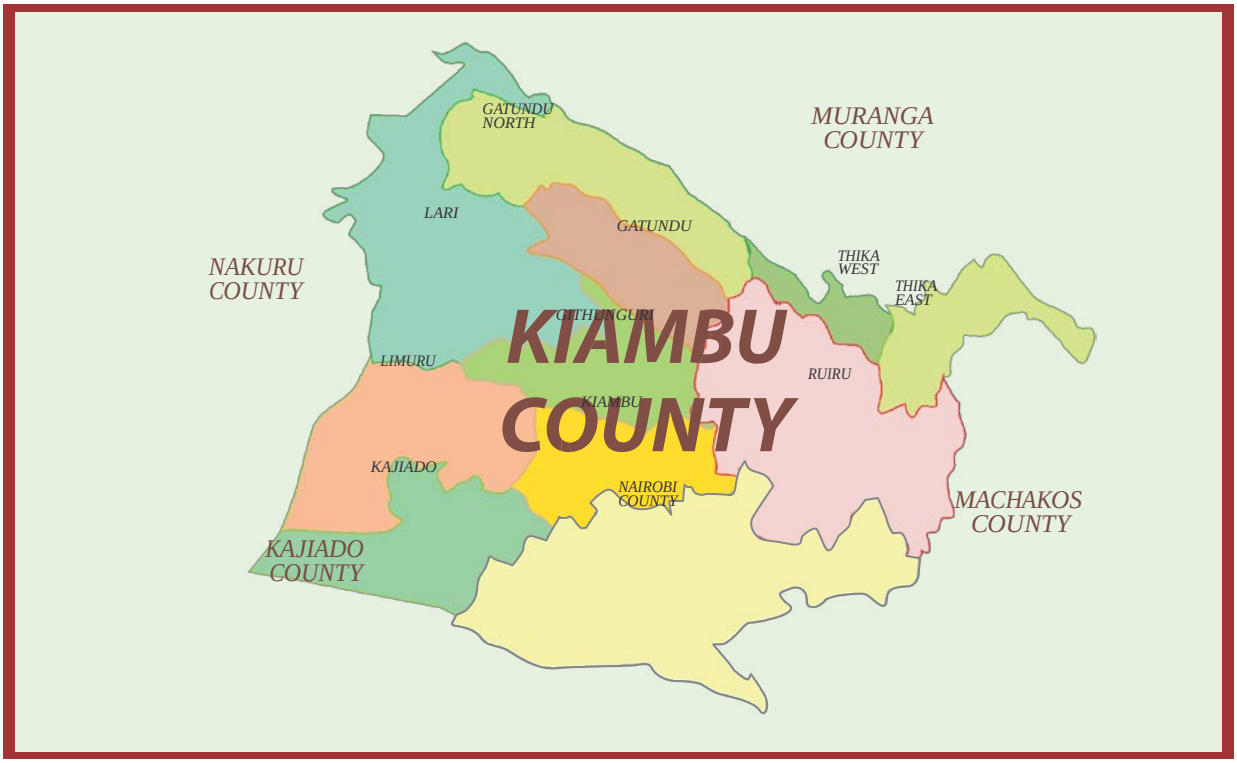
SECTION 1: INTRODUCTION AND BACKGROUND

1.0 County Location

Kiambu County is located in Central Kenya. It borders Murang'a County to the North and North East, Machakos County to the East, Nairobi County to the South, Nakuru County to the West, and Nyandarua County to the North West. It covers an area of 2,543.4 square Km. Temperatures range from a minimum of 12.8°C to a maximum of 24.6°C with an average of 18.7°C. The average rainfall is 989mm per annum. Its Road Network is Bitumen Surface (1,358 km), Gravel Surface (682.6 km), Earth Surface (430.1 Km)



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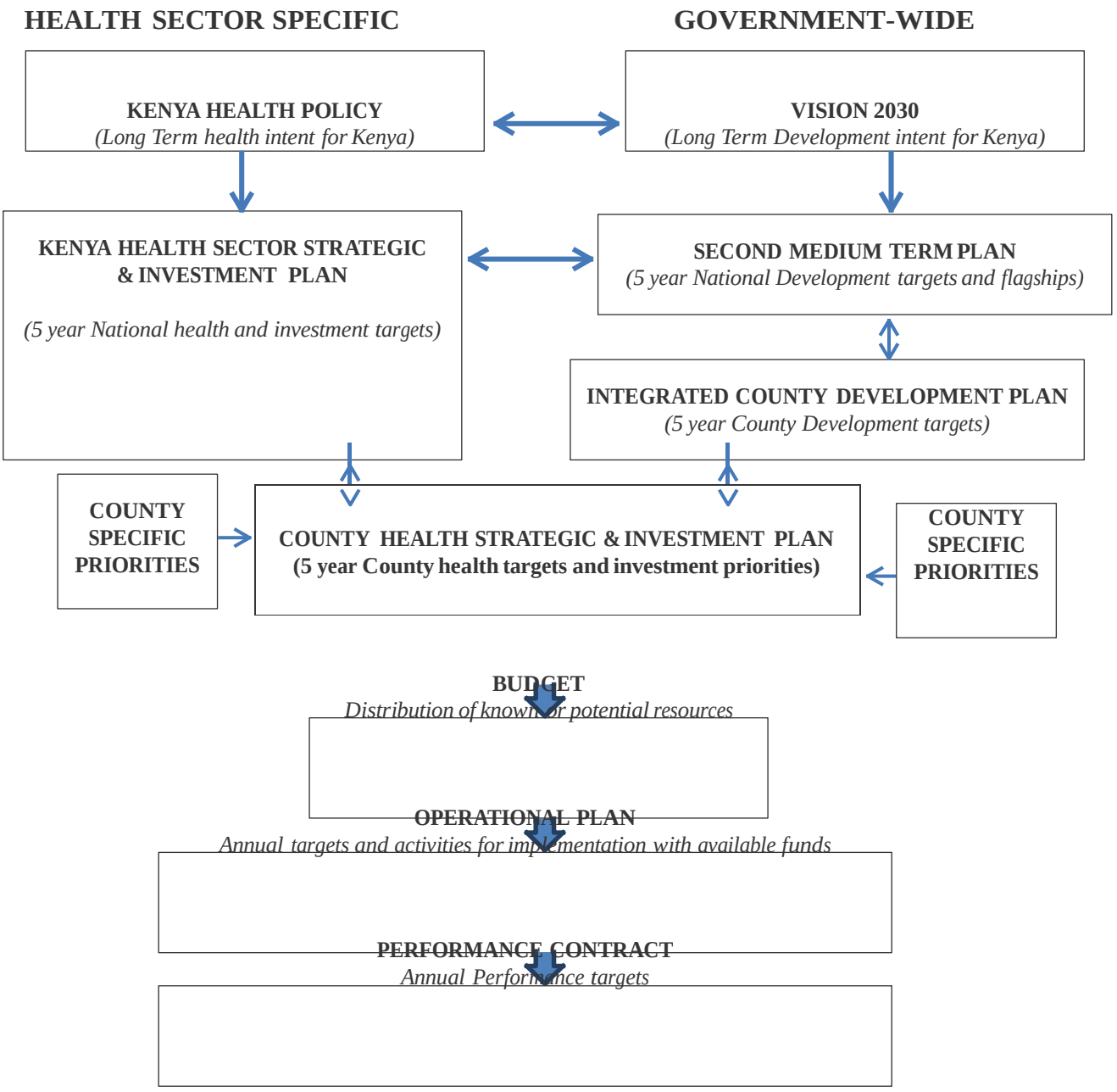
1.1 Purpose of the Investment Plan

The purpose of this investment plan is to ensure that the County goes through a rational and evidence driven process to identify its priorities for implementation, financing and allocation of resources on prioritized planned activities to be able to achieve the intended goals of services that are accessible, effective, efficient, quality and sustainable.

1.2 Results framework



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1.3 Focus and Mandate

The health sector in Kiambu County will offer the highest attainable standards of health. It will observe rights to basic health, right to life, free maternal health care, free primary health care and free emergency treatment.

1.4 Process of development and adoption of the strategic and investment plan

This process was led by the County Executive Committee member for Health. A County Health Planning Committee was formed, composed of the following key persons:

1) County Executive Committee member for Health
2) County Chief Officer of Health
3) County Health Management Team
4) Sub-County Health Management Teams
5) Heads of all hospitals (Public and Private) in the County
6) Four representative heads of primary care facilities associated with each referral facility– representing dispensaries, health centers (Public and Non Public)
7) A representative of the non facility based implementing partners (NGO's / CSO's)
8) A representative of community health unit (CHU)

The trained County trainer of trainers (TOTs) who trained the sub-counties health management teams. The sub-County health teams were given the mandate to train the facilities management teams which came up with plans for their catchment areas that were consolidated at sub-County levels. The consolidated sub-County plans were finally consolidated at County level to come up with the County's strategic & investment plan.

The plan was then subjected to scrutiny by the County assembly committee of health after which it was taken to the County assembly for discussion and approval. After approval by the County assembly, the plan was launched by the Governor. A County Health Stakeholders Forum reviewed and formed a committee to ensure the implementation.

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SECTION 2: SITUATION ANALYSIS

2.1 Population Demographics

The County has a total population of 1,732,689 which is distributed among twelve sub- Counties. The highest population is concentrated in the urban setting while a lesser population is settled in the rural setting. The population growth rate for the County is at 1.6% per year and therefore it is projected to be at **1,849,471 by the end of the FY 2017/2018.**

2.1.1 Catchment Population Trends

Sub County Units		Population trends				
		Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
1	Gatundu South	121,876	123,879	125,916	127,986	130,090
2	Gatundu North	107,392	109,158	110,952	112,776	114,630
3	Juja	126,800	128,884	131,003	133,157	135,346
4	Thika Town	176,486	179,387	182,336	185,334	188,381
5	Ruiru	215,600	219,144	222,747	226,409	230,131
6	Githunguri	157,722	160,315	162,951	165,629	168,352
7	Kiambu Town	116,024	117,932	119,870	121,841	123,844
8	Kiambaa	154,829	157,375	159,962	162,592	165,265
9	Kabete	149,892	152,356	154,861	157,406	159,994
10	Kikuyu	133,854	136,054	138,291	140,565	142,876
11	Limuru	139,970	142,271	144,610	146,988	149,404
12	Lari	132,245	134,419	136,629	138,875	141,159
	Total	**1,732,689**	**1,761,175**	**1,790,128**	**1,819,557**	**1,849,471**

2.1.2 Population description

	Description	Population estimates(%)	Target population				
			Year 1	Year 2	Year 3	Year 4	Year 5
1	Total population		1,732,689	1,761,175	1,790,128	1,819,557	1,849,471
2	Total Number of Households		34,6538	35,2235	35,8026	36,3911	36,9894
3	Children under 1 year (12 months)	2.7213	47,152	47,927	48,715	49,516	50,330
4	Children under 5 years (60 months)	12.5570	217,574	221,151	224,786	228,482	232,238
5	Under 15 year population	34.4687	597,235	607,054	617,034	627,178	637,489
6	Women of child bearing age (15 – 49 Years)	28.1743	488,173	496,199	504,356	512,647	521,076
7	Estimated Number of Pregnant Women	3	51,981	52,835	53,704	54,587	55,484
8	Estimated Number of Deliveries	3	51,981	52,835	53,704	54,587	55,484
9	Estimated Live Births	2.95	51,114	51,955	52,809	53,677	54,559
10	Total number of Adolescent (15-24)	20.1884	349,802	355,553	361,398	367,339	373,379
11	Adults (25-59)	40.0854	694,555	705,974	717,580	729,377	741,368
12	Elderly (60+)	5.2574	91,094	92,592	94,114	95,661	97,234

2.2 Health Status

Kiambu County has a health workforce of 4,025 from different medical cadres. Majority, (3354) work in public health facilities. It also has 487 non-medical staff. The County has a total of 315 health facilities. Amongst these facilities 85 are public, 53 are FBO/ NGO and 177 are private. This clearly shows that the private sector is indeed a major partner in healthcare.

The major challenges facing the County in health investment include among others:

a) Inadequate health personnel
b) Erratic supply of health products
c) Poor health infrastructure
d) Inadequate public health facilities
e) Inadequate resource

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2.2.1 Health Impact

	Impact level Indicators	County estimates
1	Life Expectancy at birth (years)	58yrs
2	Annual deaths (per 1,000 persons) – Crude mortality	5.5/1000
3	Client satisfaction Index	
4	Neonatal Mortality Rate (per 1,000 births)	24/1000
5	Infant Mortality Rate (per 1,000 births)	40/10000
6	Under 5 Mortality Rate (per 1,000 births)	51/10000
7	Maternal Mortality Rate (per 100,000 births)	180/100000
8	Adult Mortality Rate (per 100,000 births)	250/100000

2.2.2 Major Causes of Morbidity and Mortality in County

	Causes of death				Causes of ill health (disease or injury)		
	National	*County-specific*			*National*	*County-specific*	
No	*Condition*	*No*	*Condition*	*No*	*Condition*	*No*	*Condition*
1	HIV/AIDS	1	Pneumonia	1	HIV/AIDS		URTI
2	Perinatal conditions	2	Diarrhea and GE	2	Perinatal conditions		Diarrhea diseases
3	Lower respiratory infections	3	HIV/AIDS	3	Malaria		Pneumonia
4	Tuberculosis	4	Meningitis	4	Lower respiratory infections		HIV/AIDS
5	Diarrheal diseases	5	Hypertension	5	Diarrheal diseases		RTA
6	Malaria	6	TB	6	Tuberculosis		Hypertension
7	Cerebrovascular disease	7	Diabetes	7	Road traffic accidents		Diabetes
8	Ischemic heart disease	8	Neonatal sepsis	8	Congenital anomalies		Heart conditions
9	Road traffic accidents	9	Heart conditions	9	Violence		TB
10	Violence	10	Malnutrition	10	Unipolar depressive disorders		Skin diseases

2.2.3 Major risk factors causing morbidity and mortality in County

	Causes of death				Causes of ill health (disease or injury)		
	National	*County-specific*			*National*	*County-specific*	
No	*Condition*	*No*	*Condition*	*No*	*Condition*	*No*	*Condition*
1	Unsafe sex	1	Pollution, delayed treatment of ARI	1	Unsafe sex	1	Pollution, Poverty, poor health seeking behavior

2	Unsafe water, sanitation & hygiene	2	Unsafe water, malnutrition, sanitation & hygiene	2	Unsafe water, sanitation & hygiene	2	Unsafe water, malnutrition, sanitation & hygiene

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	Causes of death				Causes of ill health (disease or injury)		
	National	*County-specific*			*National*	*County-specific*	
No	*Condition*	*No*	*Condition*	*No*	*Condition*	*No*	*Condition*
3	Suboptimal breastfeeding	3	Risky sex behavior	3	Childhood & maternal underweight	3	Pollution, delayed treatment of ARI
4	Childhood & maternal underweight	4	Immuno-suppression, lack of vaccination	4	Suboptimal breastfeeding	4	Unsafe sex
5	Indoor air population	5	Life style	5	High Blood Pressure	5	Ignorance of traffic rules, modernized roads
6	Alcohol use	6	Immuno-suppression, non-compliance	6	Alcohol use	6	Life style
7	Vitamin A deficiency	7	Home deliveries, PROM, poor cord care	7	Vitamin A deficiency	7	Life style
8	High blood glucose	8	Life styles	8	Zinc deficiency	8	Life style
9	High Blood Pressure	9	Life styles, congenital heart disease	9	Iron deficiency	9	Immuno-suppression, non-compliance
10	Zinc deficiency	10	Low economic status, culture believes	10	Lack of contraception	10	Poor hygiene, poor nutrition status

2.3 Health Services Outcomes and Outputs

2.3.1 Health Outcomes

Policy Objective	Services	Units Currently Providing Service		
		Community	*Primary care*	*Hospitals*
		Total = _95___	Total = 248____	Total = 25____
Eliminate Communicable Conditions	Immunization	77	216	23
	Child Health	77	248	18
	Screening for communicable condions	62	210	25
	Antenatal Care	77	242	25
	Prevention of Mother to Child HIV Transmission	77	198	25
	Integrated Vector Management	95	169	23
	Good hygiene practices	95	248	25
	HIV and STI prevention	95	227	25
	Port health	0	0	0
	Control and prevention neglected Tropical diseases	24	74	17
Halt, and reverse the rising burden of non communicable conditions	Health Promotion & Education for NCD's	95	233	25
	Institutional Screening for NCD's	5	193	25
	Rehabilitation	29	68	24
	Workplace Health & Safety	25	120	23
	Food quality & Safety	62	57	23

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Policy Objective	Services	Units Currently Providing Service		
		Community	*Primary care*	*Hospitals*
		Total = _95___	Total = 248____	Total = 25____
Reduce the burden of violence and injuries	Health Promotion and education on violence / injuries	70	106	24
	Pre hospital Care	65	133	20
	OPD/Accident and Emergency	0	181	23
	Management for injuries	35	228	25
	Rehabilitation	35	38	15
Minimize exposure to health risk factors	Health Promotion including health Education	95	242	25
	Sexual education	95	246	25
	Substance abuse	95	231	25
	Micronutrient deficiency control	65	225	23
	Physical activity	32	79	14
Provide essential health services	General Outpatient	0	240	25
	Integrated MCH / Family Planning services	35	196	24
	Accident and Emergency	18	184	22
	Emergency life support	0	75	20
	Maternity	12	46	25
	Newborn services	12	23	16
	Reproductive health	45	231	24
	In Patient	0	6	23
	Clinical Laboratory	0	126	25
	Specialized laboratory	0	0	6
	Imaging	0	3	16
	Pharmaceutical	0	207	18
	Blood safety	0	4	6
	Rehabilitation	0	12	16
	Palliative care	0	1	2
	Specialized clinics	0	3	13
	Comprehensive youth friendly services	1	3	2
	Operative surgical services	0	2	14
	Specialized Therapies	0	0	13
Strengthen collaboration with health related sectors	Safe water	90	203	25
	Sanitation and hygiene	95	135	18
	Nutrition services	85	186	23
	Pollution control	78	78	15
	Housing	63	92	12
	School health	78	96	20
	Water and Sanitation Hygeine	92	200	22
	Food fortification	20	9	4
	Population management	44	186	21
	Road infrastructure and Transport	13	18	5

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2.3.2 Health Outputs

Output area	Intervention area	Situation
Access	• Availability of critical inputs (Human Resources, Infrastructure, Commodities)	• Generally low staffing • Inadequate infrastructure • Erratic commodity and equipment supply • Availability of specialized cadres
	• Functionality of critical inputs (maintenance, replacement plans, etc)	• Funding and inadequate for maintenance • Medical engineering units to be established
	• Readiness of facilities to offer services (appropriate HR skills, existing water / sanitation services, electricity, effective medications, etc)	• Power supply and availability • Water and sanitation available and adequate • Erratic drugs and commodity supply • Poor communication and information transmission • Lack of continued skills development
Quality of care	• Improving patient/client experience	• Sustained following of patients • Institutional friendly services • Rehabilitation services established
	• Assuring patient/client safety (do no harm)	• Set SOPs • Ensure confidentiality • Clean and safe environment • Updated health education • Infection control measures • Ensure safe physical and medical environment
	• Assuring effectiveness of care	• Establish referral systems • Continued Support supervision • Professional counseling on compliance • Availability of technical staffs • Relevant prescriptions on medicine • Ensuring adequate medical and information supply

2.4 Health Investments

Health investment in Kiambu County like any other areas in the world is largely made up of:

1) The health work force
2) Health infrastructure and service delivery
3) Health products
4) Health leadership and governance
5) Health Financing
6) Health information systems
7) Public Private Partnership

2.4.1 Health Workforce

The County's health workforce has different types of cadres which include; Consultant specialists, Medical Officers, Nurses, Pharmacists, Pharmaceutical technologist, Dentists, Dental technologist, clinical officers, Anesthetist clinical officers, Specialist clinical officers (Chest and ENT.), Radiographers, Records officers, Nutritionists, Physiotherapists, Occupational therapist, Public Health Officers / Technicians, Health Administrative Officer, Health promotion officers, Laboratory technologists/technicians, Supportive staff. eg. Copy typist, clerical officers, Artisans, Medical Engineers, Procurement officers, and store men. It is

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worth noting that the doctor population ratio is 1:17,000 and Nurse Population ratio is 1:2,000 which is below the WHO standards.

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No	Staff cadres	No,	No. / 10,000 persons		Available by tier			Required numbers			Total gaps		
			County	National	Hospitals	Primary care	Community	Hospitals	Primary care	Community	Hospitals	Primary care	Community
1	Medical officers	74	0.427	0	71	3	0	132	21	0	61	18	0
2	Dentists	12	0.069	0	12	0	0	30	12	0	18	12	0
3	Dental Technologists	10	0.058	0	10	0	0	38	21	0	28	21	0
4	Public Health Officers	171	0.987	0	31	140	0	33	157	16	2	17	-16
5	Pharmacists	33	0.190	0	31	2	0	49	11	0	18	9	0
6	Pharm. Technologist	31	0.179	0	23	8	0	51	33	57	28	25	-57
7	Lab. Technologist	67	0.387	0	50	17	0	102	54	0	52	37	0
8	Orthopedic technologists	6	0.035	0	6	0	0	21	10	0	15	10	0
9	Nutritionists	26	0.150	0	20	6	0	31	36	0	11	30	0
10	Radiographers	19	0.110	0	19	0	0	31	11	0	12	11	0
11	Physiotherapists	26	0.150	0	24	2	0	41	14	0	17	12	0
12	Occupational Therapists	18	0.104	0	18	0	0	27	12	0	9	12	0
13	Plaster Technicians	24	0.139	0	24	0	0	35	8	0	11	8	0
14	Health Records & Information Officers	32	0.185	0	26	6	0	53	34	37	27	28	-37
15	Medical engineering technologist	11	0.063	0	10	1	0	25	8	0	15	7	0
16	Medical engineering technicians	14	0.081	0	14	0	0	27	9	0	13	-9	0
17	Mortuary Attendants	3	0.017	0	3	0	0	13	8	0	10	-8	0
18	Drivers	31	0.179	0	26	5	0	30	19	0	4	14	0
19	Accountants	4	0.023	0	3	1	0	9	9	0	6	8	0
20	Administrators	15	0.087	0	11	4	0	14	7	0	3	3	0
21	Clinical Officers (specialists)	45	0.260	0	38	7	0	59	24	0	21	17	0
22	Clinical Officers (general)	113	0.652	0	73	40	0	107	63	0	34	23	0
23	Nursing staff (KRCHNs)	564	3.255	0	386	178	0	588	182	0	202	4	0
24	Nursing staff (KECHN)	403	2.326	0	286	117	0	400	116	0	114	1	0
25	Laboratory technicians	39	0.225	0	31	8	0	48	22	0	17	14	0
26	Lab technologist	3	0.017	0	3	0	0	17	4	0	14	4	0

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No	Staff cadres	No,	No. / 10,000 persons		Available by tier			Required numbers			Total gaps		
			County	National	Hospitals	Primary care	Community	Hospitals	Primary care	Com-munity	Hospi-tals	Pri-mary care	Com-munity
27	Community Oral Health Officers	9	0.052	0	8	1	0	26	25	0	18	24	0
28	Secretarial staff / Clerks	45	0.260	0	31	14	0	60	25	0	29	11	0
29	Attendants / Nurse Aids	2	0.012	0	1	1	0	0	8	0	1	7	0
30	Cooks	23	0.133	0	22	1	0	49	30	0	27	29	0
31	Cleaners	39	0.225	0	19	20	0	57	75	0	38	55	0
32	Security	7	0.040	0	0	7	0	9	52	0	9	45	0
33	CHEW (PHT's, so-cial workers, etc)	80	0.462	0	11	34	35	4	109	91	7	75	56
34	Community Health Work-ers	1115	6.435	0	35	688	392	113	1178	1305	78	490	913
35	Charge hand artisan	1	0.006	0	0	1	0	0	0	0	0	1	0
36	Radiogra-phers	1	0.006	0	1	0	0	5	3	3	4	3	3
37	Radiologists	1	0.006	0	1	0	0	3	0	0	2	0	0
38	Psychiatrist	0	0.000	0	0	0	0	1	0	0	1	0	0
39	Clinical psy-chologists	10	0.058	0	0	10	0	0	15	0	0	5	0
40	Public health technicians	1	0.006	0	0	1	0	0	0	0	0	1	0
41	Supply chain management	2	0.012	0	2	0	0	1	0	0	1	0	0
42	Health Pro-motion	8	0.046	0	8	0	0	8	5	0	0	5	0
43	Others (support staff, Clerks, Secretaries)	66	0.381	0	42	24	0	45	52	0	3	28	0
44	Consultants	29	0.167	0	29	0	0	17	0	0	12	0	0
	TOTALS	3233	18.659	0	1459	1347	427	2409	2482	1509	950	1135	1082

2.4.2 Health Infrastructure

The main health facilities in Kiambu County are Government institutions/facilities; Faith based organizations facilities, Private facilities, community based and CDF facilities. They include:

1. One level 5 i.e. Thika Level 5 inter-county referral Hospital,
2. Eleven level 4s i.e Kiambu, Gatundu, Ruiru, Igegania, Tigoni, Kihara, Lari, Wangige, Karuri, Kigumo and Lusigetti Sub-District Hospitals
3. Government Dispensaries (55)
4. Government Health Centers (29)
5. Private and FBO health facilities (170)
6. Private Nursing Homes (9)
7. Private Maternity Homes (1)

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However, the distribution of facilities within the County does not meet the WHO 5km radius recommendation and as such more health facilities need to be constructed for easier accessibility of the health services to the residents.

Health Inputs & processes	No. available	No. / 10,000 persons		Required numbers	Gaps
		County	National		
Physical Infrastructure					
Hospitals	8	0.0462		16	8
Primary Care Facilities	84	0.5425		103	9
Community Units	96	0.5541		345	249
Full equipment availability for:					
Maternity	39	0.2251		67	28
MCH / FP unit	104	0.6002		134	30
Theatre	5	0.0289		27	22
CSSD	5	0.0289		41	36
Laboratory	54	0.3117		110	56
Imaging	5	0.0289		13	8
Outpatients	104	0.6002		134	30
Pharmacy	8	0.0462		39	31
Eye unit	3	0.0173		13	10
ENT Unit	3	0.0173		13	10
Dental Unit	4	0.0231		13	9
Minor theatre	5	0.0289		8	3
Wards	51	0.2943		57	6
Physiotherapy unit	5	0.0289		13	8
Mortuary	5	0.0289		5	0
Plaster Unit	8	0.0462		13	5
Youth friendly centre	0	0.0000		5	5
CCC	34	0.1962		59	25
Rehabilitation centre	0	0.0000		7	7
Comprehensive diabetic Clinic	1	0.0058		5	4
Lung and skin unit	36	0.2078		72	36
Comprehensive diabetic unit	1	0.0058		8	7
Health life centre	1	0.0058		2	1
Accident and emergency unit	2	0.0115		14	12
Pariative care unit	1	0.0058		2	1
Paediatric demonstration unit	2	0.0115		8	6
Newborn unit	1	0.0058		9	8
Isolation unit	0	0.0000		4	4
Rena unit	0	0.0000		1	1

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ICU	0	0.0000		1	1

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Health Inputs & processes	No. available	No. / 10,000 persons		Required numbers	Gaps
		County	National		
Minor theatre	5	0.0289		8	3
Transport	0	0.0000		0	0
Ambulances	10	0.0577		41	31
Support / utility vehicles	11	0.0635		32	21
Bicycles	138	0.7964		838	700
Motor cycles	108	0.6233		178	70

2.4.3 Health Products

Units of assessments		Pharmaceuticals	Non Pharmaceuticals
Requirements from annual quantification (Kshs)		1,096,866,530.14	2,193,733,060.30
Amounts received in past 12 months (kshs)	KEMSA	200,000,000	40,000,000.00
	MEDS	0	0
	Other (specify)		
Amounts procured using user fees in past 12 months		48,803,995.71	93,853,837.91
Gap / surplus (kshs)			
TOTAL			

2.4.4 Recurrent Health Expenditures (previous year)

Item	Calculation	Source of funds						
		County Government	National Government	User fees	HSSF	Danish Government (DANIDA)	US Government (USAID / APHIA 2 ,CHS CRISSPS)	Chinese Government
Amount Budgeted 5,000,000,000	(A)		100,000,000	500,000.00	85,000,000.00	16,820,000.00	900,220,300	1,300,000,000.00
Amount Received 318,000,000.00	(B)	3,109,692,968	51,240,000		83,177,284.00	16,820,000.00	70,500,000	1,300,000,000.00
Expenditure 318,000,000.00	(C)	3,109,692,968	51,240,000		83,177,284.00	16,820,000.00	70,500,000	1,300,000,000.00
Expenditure accounted for (SOE's submitted)	(D)	3,109,692,968	51,240,000		83,177,284.00	16,820,000.00	70,500,000	1,300,000,000.00
Funds utilization rate	(C/B X 100)	100	100	100	100	100	100	
Accounting rate	(D/C X 100)	100	100	100	100	100	100	

2.4.5 Health Information (previous year)

	Intervention	Previous year total	Previous year targets	Performance (targets / actual)
1	Number of births reported in County	27248	38568	71
2	Number of deaths in County	12392	8894	72
3	Facilities submitting Monthly HMIS information in DHIS	320	423	76
4	Facility deaths certified using ICD-10 coding	0	0	0
5	Community deaths certified using Verbal Autopsies	0	0	0

2.4.6 Health Leadership

	Intervention	Previous year total	Previous year targets	Performance (targets / actual)
1	Facility Management Committee meetings held in past 12 months	191	212	90%
2	Quarterly stakeholder meetings held in past 12 months	24	49	49%
3	Annual Operational Plan available for past year	14	15	93%
4	Annual stakeholders meeting held for past year	9	12	75%
5	Board meetings held in past 12 months	20	24	83%

2.4.7 Service Delivery

Intervention	Previous year total	Previous year targets	Performance (targets / actual)
Outreaches carried out	173	237	73.00
Therapeutic Committee meetings held in past 12 months	37	100	37.00
Patient safety protocols / guidelines displayed in facility, and are being followed	51	62	82.26
Health service charter is available, and is displayed	47	56	83.93
Emergency contingency plans (including referral plans) available	48	48	100.00

2.5 Challenges faced in providing health care services

The health issues and challenges in Kiambu County range from shortage of health workforce, health infrastructure, erratic supply of health products and health financing.

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Environment	Variable	Strengths	Weaknesses
Internal environment	Strategy / focus	• The County strategic plan and annual work plans	• Poor implementation
	Structure for implementation	• Policy to support implementation in place • Technical expertise in place • There is implementation structure in place • There are facilities close to people	• uneven distribution of facilities • Lack of resources to facilitate good leadership in governance • Lack of training • Funding is mainly external • GOK funding is erratic and not adequate • Different programmes with different reporting tools
	Systems to support implementation	• •availability of man power • Availability of management and technical structures	• Lack of resources • Huge workload
	Shared values within County Management team	• Cordial relationship among team members. • Supportive and consultative leadership. • common understanding	• Group dynamics • Completing interest among team members • Inadequate resources
	Style of management / leadership	•presence of democratic consultative and participatory leadership	• Lack of resources to curry out managerial duties. • Lack of capacity building for leaders • Erratic motivational processes
	Staff presence	• Substantial number of trained staff present.	• uneven distribution • morbidity of staff
	Skills amongst staff	• Majority Of Staff Have Got Good Skill Mix	• Not all staff have management skills • Lack of continuous professional development
External environment	Political issues	• political good will • new political system bringing services closer to people	• Political interference • Competing priorities
	Economic issues – funding environment	• The presence of development and corporate partners. • Industries providing employment to locals. • high agricultural area	• Over dependence to partners. • Lack of sustainability of donor funded projects. economic structures • gap between poor and rich
	Sociological issues – societal values / elements affecting management of health	• Enlightened society • Presence of community health workers • Availability of community strategy and policy guidelines.	• Social stigma among community. • Poor health seeking behavior. • commercial sex workers • Alcohol , drug & substance abuse • Insecurity
	Technological issues	• High skilled work force • Population has embraced technology • Availability of technology in facilities	• Insecurity of information • Environmental hazards • Poor seeking behavior • Low uptake of digital issues • Lack of resources to implement
	Ecological issues – related capacities in other similar management teams, e.g. from other Counties, or other departments in the County	• Industries providing employment • Inter County good working relationship. • Presence of Natural resources, Rivers, forests	• Air pollution • Water pollution • Deforestation • Inter-County drugs and substance peddling. • Weak inter sectoral and inter-County collaboration.

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Environment	Variable	Strengths	Weaknesses
	Legislative issues – legal framework	• Devolved health system in place. • The government has been brought closer to people. • Supportive rules and regulations in place. • Health policy almost complete	• Lack of orientation on devolution. • Incompleteness of health policy • Domestication of legislative documents
	Industry issues – interest in health in County	• Industries creating employment • Improve economy • Support in implementing health programmes	• Create pollution in the environment • Increase in Crime • Insecurity

SECTION 3: PROBLEM ANALYSIS, OBJECTIVES AND PRIORITIES

3.1 Problem analysis

The Main health problems facing the County include–

i) Inadequate health infrastructure

ii) Community knowledge gap.

These challenges identified will be prioritized in the investment plan according to KEPH policy objectives. This will be assessed across the six areas of management which will be linked to the two key investment areas as shown in the table below.

3.1.1 Health Services

	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges	Investment area code
		Improving access	**Policy Objective**		
Eliminate Communicable Conditions	Immunization	• Distance to health facilities • Inadequate health facilities • Low health literacy. • Low economic status	• Erratic supply of health products • High defaulter rates • Lack of generator • Shortage of staff • Health education	• Community services • Construction of new facilities • Outreach services • Recruitment of new staff • Procurement of required health products	1.1 2.1 1.2 3.1 5.1
	Child Health	• Lack of awareness • Poor health seeking behavior • Shortage of health facilities • Hard to reach areas	• Lack of training in IMCI both community and facility • Lack of screening tools • Shortage of staff • Lack of anthropometric equipments. • Improper complementary feeding.	• Physical infrastructure • On job training • Equipment purchase • Recruitment of new staff • Information dissemination • Establish community units. • Health education.	2.2 1.4 2.4 3.1 4.7
	Screening for communicable conditions	• Lack of 4 ANC visits • Proximity to health care facility • Lack of knowledge • Religious and cultural beliefs	• Lack of supplements • Shortage of staff • Skills gap • Inadequate infrastructure • High work load	• Outreach services • Procurement of commodities • Information dissemination • Health education	1.2 2.4 4.7

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	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges	Investment area code
		Improving access	**Policy Objective**		
	Screening for communicable conditions	• Lack of awareness • Poor health seeking behavior • Shortage of health facilities • Social Stigma	• Lack of screening tools • Lack of skills among staff • Poor attitude among staff • Shortage of staffs • Poor reporting	• On job training • Support supervision to lower unit and Implement IDSR • Outreach services • Data collection • Information dissemination • Health education • Training of staff	1.4 1.3 1.2 4.1 4.7 1.1 3.4
	Antenatal Care	• Lack of 4 ANC visits • Proximity to health care facility • Lack of knowledge • Religious and cultural beliefs	• Lack of supplements • Shortage of staff • Skills gap • Inadequate infrastructure • High work load	• Outreach services • Procurement of commodities • Information dissemination • Health education	1.2 2.4 4.7
	Prevention of Mother to Child HIV Transmission	• Poor seeking health behaviour • Proximity to health care facility • Lack of awareness • Social stigma	• Shortage of staff • Erratic supply of test kits and commodities •	• Community services • Recruitment of new staff • On job training • Procurement of health products • Create more community units	1.1 3.1 1.4 2.4
	Integrated Vector Management	• Lack of equipment • Lack of chemicals • Lack of community ITNs	• Lack of staff training	• Purchase of equipment • In service training • Procurement of health products • Distribution of health products • Quarterly coordination meetings	2.4 3.4 2.4 5.3 7.2
	Good hygiene practices	•Lack of awareness • Inadequate portable water •Inadequate toilets • Lack of sewerage systems	• Lack of water treatment • Ignorance • Poor reporting	• Community services •Data collection • Information dissemination • Outreach services	1.1 4.5 4.7 1.2
	HIV and STI prevention	• Ignorance • Erratic supply of test kits •High levels of stigma	• Low BCC • Low supply of condoms for males and females • Misuse of PEP • Self prescription	• Community services • Outreach services • Referral health services • ICT installation • Supportive supervision to lower units • Health education	1.1 1.2 1.9 2.8 1.3 1.1
	Port health	NA	NA	NA	NA
	Control and prevention neglected tropical diseases	• Lack of awareness • Lack of data	• Lack of emergency preparedness • Lack of IEC materials and guidelines' • No surveillance systems in place • Lack of baseline surveys • Low hygiene levels	• Information dissemination • Data collection surveillance • Data collection research • Data analysis • Resource mobilizations • Create community units	4.7 4.4 4,5 4.6 6.2

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	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges	Investment area code
		Improving access	**Policy Objective**		
Halt, and reverse the rising burden of non communicable conditions	Health Promotion &Education for NCD'	• Knowledge gap	• lack of IEC materials • shortage of staffs • lack of early dietary interventions.	• Community services • Out reach-services • Recruitment of staff • Information dissemination • Quarterly coordination meetings • Improve nutritional services	1.1 1.2 3.1 4.4 7.2
	Institutional Screening for NCD's	• Poor seeking behavior • ignorance	• Lack of screening equipments and commodities • Lack of skills • Pending Implementation of NCD strategies and action plans.	• Equipment purchase • Maintenance and repair • On job training	2.4 2.5 1.4
	Rehabilitation	• Social Stigma • Lack of awareness • Lack of facilities	• Shortage of staff trained in rehabilitation	• Community services • Outreach services • Physical infrastructure • Recruitment of new staff	1.1 1.2 2.2 3.1
	Workplace Health & Safety	• Inadequate SOPS • Lack of awareness	• Poor reporting • Poor infrastructure • Conflicts among player	• Quarterly coordination meetings • In service training of staff • Annual health stakeholders meeting •Resource mobilization • Information dissemination	7.2 3.4 7.1 6.2 4.7
	Food quality & Safety	• Lack of test kits • Lack of awareness	• Lack of training	• In service training of staff • Purchase of equipments • Information dissemination	3.4 2.4 4.7
Reduce the burden of violence and injuries	Health Promotion and education on violence / injuries	• Stigma • Cultural barrier • Gender inequality	• Lacks of IEC materials • Shortage of personnel • Lack of physical infrastructure	• Training • Outreach services • Community services • Physical infrastructure • Recruitment of new staff	1.4 1.2 1.1 2.1 3.1
	Pre hospital Care	• Knowledge gap	• Lack of skills	• Training and awareness	1.4
	OPD/Accident and Emergency	• Lack of an ambulance	• Lack of emergency kit • Lack of skills in trauma care	• Purchase equipments • Transport purchase • In service training	2.4 2.6 3.4
	Management for injuries	• High cost of service • Poor referral system	• Lack of skills in trauma management • Lack of emergency preparedness • Lack of comprehensive reporting tools • Inadequate equipments	• Referral health services • Data collection • Emergency preparedness • Equipment purchase	1.9 4.1 1.5 2.4
	Rehabilitation	• Social stigma	• Lack of rehabilitation center • Lack of inadequate trained personnel	• Physical infrastructure • Training • Recruitment of new staff • Recruit • Community services	2.2 3.4 3.1 1.1
Provide essential health services	General Outpatient	• High workload • Poor infrastructure	• Shortage of staff • Inadequate space • Erratic supply of commodities	• Recruitment of staff • Staff motivation • Physical infrastructure • Procurement of required health products	3.1 3.5 2.2 5.1

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	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges	Investment area code
		Improving access	**Policy Objective**		
	Integrated MCH / Family Planning services	• Ignorance • Poor infrastructure • Culture religious hindrances • Stigma	• Lack of equipments • Lack of skills • Erratic supply of commodities • Shortage of staff	• Outreach services • Procurement of required commodities • Warehousing and storage of health products • Recruitment of new staff • In-service training	1.2 5.1 5.2 3.1 3.4
	Accident and Emergency	• Lack of an ambulance	• Lack of emergency kit • Lack of skills in trauma care	• Purchase equipments • Transport purchase • In service training	2.4 2.6 3.4
	Emergency life support	• Lack of an ambulance	• Lack of emergency kit • Lack of skills in trauma care	• Purchase equipments • Transport purchase • In service training	2.4 2.6 3.4
	Maternity	• Cultural belief • Poor infrastructure • Poor referral system • Long distance • Knowledge gap	• Shortage of staff • Inadequate facilities • Erratic supply • Staff attitude • ANC attendance • Lack of maternal perinatal and surveillance committee	• Outreach services • Staff motivation • Monthly management meeting • Staff recruitment • On job training	1.2 3.5 7.3 3.1 1.4
	Newborn services	• Cultural belief • Poor infrastructure • Poor referral system • Long distance • Knowledge gap	• Shortage of staff • Inadequate facilities • Erratic supply/lack of equipments • Lack of maternal perinatal and surveillance committee	• Outreach services • Staff motivation • Monthly management meeting • Staff recruitment • On job training	1.2 3.5 7.3 3.1 1.4
	Reproductive health	• Knowledge gap • Ignorance • Cultural barriers • Stigma	• Lack of integration with services • Lack of equipments and commodities supply • Inadequate skills	• Distribution of health products • Procurement of required health products • On job training • In service training	5.3 5.1 1.4 3.4
	In Patient	• Lack of infrastructure • Lack of space • Poor reception	• Shortage of staff • Shortage of equipment • Poor quality of service	• Recruitment of staff • Equipment purchase • Staff motivation • Physical infrastructure	3.1 2.4 3.5 2.1
	Clinical Laboratory	• Lack of comprehensive services • Lack of infrastructure	• Lack of equipment • Staff shortage	• Provision of comprehensive care	1.10
	Specialized laboratory	• Lack of comprehensive services • Lack of infrastructure	• Lack of equipment • Staff shortage	• Provision of comprehensive care • Equipment purchase	1.10
	Imaging	• Lack of comprehensive services • Lack of infrastructure	• Lack of equipment • Staff shortage	• Provision of comprehensive care	1.10
	Pharmaceutical	• Poor customer service • Use of herbal drugs • Cultural and religious hindrances	• Erratic supplies • Lack of comprehensive hospital formulary	• Therapeutic committee meetings and follow up • Monitoring rational use of health products • Data collection	1.7 5.4 4.5
	Blood safety	• Inaccessible blood • Stigma to the donors • No infrastructure	• Poor documentation on blood safety • Screening of blood • Erratic supply of blood bags • Lack of storage facilities	• Data collection • Distribution of health products • Community services • Emergence preparedness planning	4.1 5.3 1.1 1.5

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	Rehabilitation	• Social Stigma	• Lack of rehabilitation center • Lack of trained personnel	• Physical infrastructure • Training • Recruitment of new staff • Community services	2.2 3.4 3.1 1.1
	Palliative care	• Lack of facilities • Hard to reach areas.	• Lack of services • Lack of skilled personnel • Lack of commodities	• Recruitment of new staff • In service Training • Procurement of required health products • Physical infrastructure • Resource mobilization • Community services	3.1 3.4 5.1 2.1 6.2 1.1
	Specialized clinics	• Lack of the facilities	• Lack of specialized staff • Lack of specialized equipment	• Recruitment of new staff • In service Training • Equipment purchase	3.1 3.4 2.4
		Improving access	**Policy Objective**		
	Comprehensive youth friendly services	•Lack of the facilities	• Lack of specialized staff • Lack of specialized equipment	• Recruitment of new staff • In service Training • Equipment purchase	3.1 3.4 2.4
	Operative surgical services	• Lack of the facilities	• Lack of specialized staff • Lack of specialized equipment	• Recruitment of new staff • In service Training • Equipment purchase • Physical infrastructure	3.1 3.4 2.4 2.1
	Specialized Therapies	• Lack of the facilities	• Lack of specialized staff • Lack of specialized equipment	• Recruitment of new staff • In service Training • Equipment purchase	3.1 3.4 2.4
Minimize exposure to health risk factors	Health Promotion including health Education	• Cultural and religious practices • Competing priorities in schools e.g exams	• Inadequate IEC materials • Shortage of staff • Social mobilization • Lack of financial resources • Lack of reporting tool	• Costing of health service provision • Resource mobilization • Community services • Outreach services • Annual health stakeholders • Health education in schools	6.1 6.2 1.1 1.2 7.1
	Sexual education	• Cultural and religious practices • Competing priorities in schools e.g exams	• Inadequate IEC materials • Shortage of staff • Social mobilization • Lack of financial resources • Lack of BCC	• Costing of health service provision • Resource mobilization • Community services • Outreach services • Annual health stakeholder	6.1 6.2 1.1 1.2 7.1
	Substance abuse	• Cultural and religious practices • Competing priorities in schools e.g. exams • Stigma	• Inadequate IEC materials • Shortage of staff • Social mobilization • Lack of financial resources • Lack of skilled staff • Weak enforcement of law • Lack of Health education.	• Costing of health service provision • Resource mobilization • Community services • Outreach services • Annual health stakeholder • Health education in schools	6.1 6.2 1.1 1.2 7.1 4.7
	Micronutrient deficiency control	• Negative attitude of the community • Cultural barriers • Knowledge gap • Food insecurity • Lack of trained personnel	• Poor documentation • Staff negative attitude • Lack of equipments • Erratic supply of micronutrients • Improve nutritional intervention	• On job training • Community services • Outreach services • Data analysis and research • Procurement of commodities	1.4 1.1 1.2 4.5 5.1
	Physical activity	• Ignorance • Lack of facilities	• Lack of equipments • Lack of skills	• Procurement of equipments • On job training • Staff motivation	2.4 1.4 3.5

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Strengthen collaboration with health related sectors	Safe water	• Inadequate analysis facilities	• Lack of skills • Lack of finance • Poor documentation • Sustainable infra-structure	• Data collection • Resource mobilization • Intersectoral collabora-tion • Quarterly coordination meeting • surveillance	4.1 6.7 7.1 7.2 4.4
	Sanitation and hygiene	• Inadequate facilities • Community attitude	• Lack of skills • Lack of finance • Poor documentation	• Data collection • Resource mobilization • Intersectoral collabora-tion • Quarterly coordination meeting • Surveillance • Community services	4.1 6.7 7.1 7.2 4.4 1.1
	Nutrition services	• Knowledge gap • Food insecurity	• Lack of nutrition technical forum • Lack of equipments and commodities • Inadequate of staff	• On job training • In-service training • Procurement of products • Annual stakeholders meetings • Community services • Increase trained personnel	1.4 3.4 5.1 7.1 1.1
	Pollution control	• Inadequate sampling and analysis facilities • Lack stakeholder support • Lack of awareness	• Lack of skills • Lack of finance • Poor documentation	• Data collection • Resource mobilization • Physical infrastructure • Quarterly coordination meeting • Surveillance • Information dissemi-nation	4.1 6.7 2.1 7.2 4.4 4.7
	Housing	• Inadequate facilities • Lack of awareness • Low economic status	• Lack of skills • Lack of finance • Poor documentation	• Data collection • Resource mobilization • Intersectoral collabora-tion • Quarterly coordination meeting and Surveil-lance • On job training • Information dissemi-nation	4.1 6.7 7.1 7.2 4.4 1.1 4.7
	School health	• Cultural and religious practices • Competing priorities in schools e.g exams	• Inadequate IEC materials • Shortage of staff • Social mobilization • Lack of financial resources	• Costing of health service provision • Resource mobilization • Community services • Outreach services • Annual health stake-holder • Health promotion in schools	6.1 6.2 1.1 1.2 7.1 4.7
	Water and Sanitation Hygeine	• Inadequate water analysis facilities • Lack of awareness • Lack of infrastructure	• Lack of skills • Lack of finance • Poor documentation	• Data collection and surveillance • Physical infrastructure • Community service • Quarterly coordination meeting • On job training	4.1 6.7 2.1 7.2 4.4 1.4 3.4
	Food fortification	• Lack of awareness • Knowledge gap	• Falsification	• Creation awareness • On job training • In service training • Annual stakeholders meeting • Regular sample analysis	1.1 1.4 3.4 7.1 4.7
	Population management	• Cultural beliefs	• High birth rate • Political interference	• Community services • Annual stakeholders meeting • Information dissemi-nation	1.1 4.7 7.1
	Road infrastructure and Transport	• Bad Terrain • Poor road network	• Competing priorities • Increased RTA	• Intersectional collabo-ration	7.1

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3.1.2 Management support

Area of System	Key challenges	Priority Investment areas to address challenges	Investment area code
	Policy Objective		
Strategic planning	• Lack of nutrition technical forum • Lack of equipments and commodities • Inadequate of staff	• Resource mobilization • Training (in-service) • Planning per facility	6.2 3.4
	• Poor planning • Lack of benchmarking for strategic	• MEO of strategic plan • Allocation of more fund for benchmarking	6.1
Ensuring security for commodities and supplies	.Lack of warehouse .Boost security by installing CCTV, hire guards and fire extinguisher	.Construct warehouse .Internal controls and monitoring . Improve on procurement process	2.1 5.4
	-Racks for better storage	-Resource mobilization	6.2
	.Install AC system .Lack of skilled personnel	.Training on commodity management	3.4
Performance monitoring, and evaluation	• Lack of funds • Poor data management • Lack of inadequate knowledge on M&E	• Resource mobilization • Data analysis	6.2
	• Lack of follow – up	• Information dissemination • Support supervision • Training on data management	3.4
	• Erratic supply of data tools	• Provision of data tool • Computerization	2.8 2.8
Capacity strengthening and retooling of Health Staff	• Lack of staff motivation • Lack of in-service training • Poor ICT up take	• Resource mobilization • Staff motivation • In-service training	6.2 3.5
	• Lack of equipment e.g. computer • Staff shortage • Lack of staff	• Purchase of equipment • Lobby for more staff • CME	3.6
	• Updates on new guidelines and policies	• Mentorship and on job training (OJT) • Benchmarking and exchange programmes • Regular training needs assessment (TNA)	1.4 3.5 3.5
Resource mobilization and coordination of partners	• Lack of transparency • Lack of priority to County needs	• Redistribution of partner in the County • Stakeholders meeting and review	7.1
	.Restrictive funding .Support to specific regions	.Collaboration with partners on areas of support interest	7.1
	.Lack of sustainability .Delays in dispatchment of funds	.Timely financial reports	6.4
Operations, and other research	• Lack of finances	• Resource mobilization	6.2
	• Poor data management	• Installation and use of ICT data management	4.8
	• Lack of training on research	• In – service training • Staff motivation • Data sharing (consumption) by facilities	3.4

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3.2 Strategic focus and Objectives

3.2.1 County Mission and Vision Statements

Vision

An efficient, effective and high quality health care system that is accessible, equitable and affordable for every person in Kiambu County.

Mission

To provide health services that is equitable, accessible and accountable to the people of Kiambu County through participatory leadership

Policy Objective	Specific strategic Objectives
1. Eliminate Communicable conditions	-Increase the treatment success rates of communicable diseases in line with national targets. -Increase preventive measures against communicable diseases. -Ensure availability and easy accessibility of health services and commodities required in the control of communicable diseases.
2. Halt and reverse increasing burden of Non communicble conditions	-Increase community awareness of the risk factors for non-communicable diseases. -Educate the community on healthy lifestyle habits -Encourage early diagnosis of non-communicable diseases. -Ensure availability and easy accessibility of health services and commodities required in the control of non-communicable diseases.
3. Reduce the burden of Violence & Injuries	-Make available corrective and inter-sectoral preventive interventions to address causes of injuries and violence. in line with the national guidelines -Scaling up access to quality emergency care (curative and rehabilitative) that mitigates effects of injuries and violence - Put in place interventions directly addressing marginalized and indigent populations affected by injuries and violence - Scale up physical and psychosocial rehabilitation services to address long term effects of violence and injuries.
4. Provide essential Medical services	-Scale up physical access to person centered health care, with local solutions designed for hard to reach, or vulnerable populations. - Ensure provision of quality health care, as defined technically by users. - Avail free access to trauma care, critical care, emergency care and disaster care services.
5. Minimize exposure to health Risk factors	-Reduction in unsafe sexual practices, particularly amongst target groups. - Mitigate the negative health, social and economic impact resulting from the excessive consumption of alcoholic products. - Reduce the prevalence of tobacco use and exposure to tobacco smoke and other harmful addictive substances. - Institute population-based, multi sectoral, multidisciplinary, and culturally relevant approaches to promoting physical activity and healthy diets - Strengthen mechanisms for screening and management of conditions arising from health risk factors at all levels. - Increase collaboration with research based organizations and institutions.
6. Strengthen collaboration with Health Related Sectors	-Ensure strong collaborative activities across all health related sectors.

3.3 Sector targets

3.3.1 Scaling up provision of KEPH services targets

Policy Objective	KEPH Services	Units Currently Providing Service			Strategic Plan targets		
		Community	Primary care	Hospitals	Community	Primary care	Hospitals
Eliminate Communicable Conditions	Immunization	67	134	17	236	196	29
	Child Health	67	134	17	236	151	29
	Screening for communicable conditions	57	127	17	221	145	29
	Antenatal Care	67	127	17	236	149	29
	Prevention of Mother to Child HIV Transmission	67	81	16	213	113	29
	Integrated Vector Management	67	79	16	286	115	29
	Good hygiene practices	95	133	17	286	155	29
	HIV and STI prevention	83	131	17	286	155	29
	Port health	0	0	0	0	0	0
	Control and prevention neglected tropical diseases	42	74	6	125	95	13
		0	0	0	0	0	0
Halt, and reverse the rising burden of non communicable conditions	Health Promotion & Education for NCD's	95	118	17	236	170	29
	Institutional Screening for NCD's	0	98	17	91	127	29
	Rehabilitation	0	25	16	99	52	28
	Workplace Health & Safety	0	67	15	180	132	29
	Food quality & Safety	0	72	9	236	111	23
		0	0	0	0	0	0
Reduce the burden of violence and injuries	Health Promotion and education on violence / injuries	78	90	16	236	141	28
	Pre hospital Care	0	91	4	65	113	16
	OPD/Accident and Emergency	0	60	14	0	108	29
	Management for injuries	0	113	16	0	146	29
	Rehabilitation	0	0	0	10	0	0
		0	0	0	0	0	0
Provide essential health services	General Outpatient	0	0	0	0	0	0
	Integrated MCH / Family Planning services	10	106	17	16	131	29
	Accident and Emergency	0	0	12	0	60	29
	Emergency life support	0	0	11	0	86	26
	Maternity	0	39	15	0	90	29
	Newborn services	0	0	5	0	29	24
	Reproductive health	10	118	17	41	139	28
	In Patient	0	39	14	0	44	27
	Clinical Laboratory	0	69	9	0	195	28
	Specialized laboratory	0	0	0	0	0	5

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Imaging	0	1	6	0	18	21

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Policy Objective	KEPH Services	Units Currently Providing Service			Strategic Plan targets		
		Community	Primary care	Hospi-tals	Community	Primary care	Hospitals
	Pharmaceutical	0	71	17	0	109	27
	Blood safety	0	0	12	0	20	18
	Rehabilitation	0	13	7	25	22	19
	Palliative care	0	0	1	0	0	13
	Specialized clinics	0	2	10	0	6	23
	Comprehensive youth friendly services	0	17	4	0	63	21
	Operative surgical services	0	0	17	0	23	29
	Specialized Therapies	0	0	7	0	26	21
Minimize expo-sure to health risk factors	Health Promotion including health Education	78	82	9	236	196	29
	Sexual education	78	85	12	294	138	24
	Substance abuse	78	85	9	294	138	24
	Micronutrient deficiency control	57	84	10	225	138	24
	Physical activity	0	0	7	63	96	22
Strengthen col-laboration with health related sectors	Safe water	86	117	13	236	131	24
	Sanitation and hygiene	86	97	11	236	131	24
	Nutrition services	63	85	11	236	123	24
	Pollution control	62	61	7	236	107	19
	Housing	35	43	7	236	85	18
	School health	68	68	9	236	94	20
	Water and Sanitation Hygeine	76	81	9	236	104	21
	Food fortification	8	11	2	71	36	10
	Population management	0	62	7	88	55	11
	Road infrastructure and Transport	0	12	3	53	51	9

3.3.2 Service outcome and output targets for achievement of County objectives

Objective	Indicator	Targets (where applicable)				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Eliminate Communica-ble Conditions	% Fully immunized children	87.9	90	92	94	96
	% of target population receiving MDA for schistosomiasis					
	% of TB patients completing treatment	85	86	87	88	89
	% HIV + pregnant mothers receiving preven-tive ARV's	91.2	100	100	100	100
	% of eligible HIV clients on ARV's	72	75	80	85	90
	% of targeted under 1's provided with LLITN's	80	85	87	89	91
	% of targeted pregnant women provided with LLITN's	75	77	79	81	83
	% of under 5's treated for h diarrhea	42	45	50	55	60
	% School age children dewormed	75	80	85	90	95

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Objective	Indicator	Targets (where applicable)				
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Halt, and reverse the rising burden of non-communicable conditions	% of adult population with BMI over 25	32	31	30	29	28
	% Women of Reproductive age screened for Cervical cancers	3	13	23	33	43
	% of new outpatients with mental health conditions	20	18	15	13	12
	% of new outpatients cases with high blood pressure	36	34	32	30	28
	% of patients admitted with cancer	1.20				
Reduce the burden of violence and injuries	% new outpatient cases attributed to gender based violence	19.5	18	17	16	15
	% new outpatient cases attributed to Road traffic Injuries	28	20	18	15	12
	% new outpatient cases attributed to other injuries	23	20	18	16	14
	% of deaths due to injuries	2	1.8	1.6	1.4	1.2
Provide essential health services	% deliveries conducted by skilled attendant	70	75	80	85	90
	% of women of Reproductive age receiving family planning	67	70	75	80	85
	% of facility based maternal deaths	00.086	0.05	0.02	0.01	0
	% of facility based under five deaths	6	5	4	3	2
	% of newborns with low birth weight	4.3	4	3.5	3	2.5
	% of facility based fresh still births	3	2.5	2	1.5	1
	Surgical rate for cold cases	44.44	49	54	59	64
	% of pregnant women attending 4 ANC visits	50.7	55	60	65	70
Minimize exposure to health risk factors	% population who smoke	30	28	26	24	22
	% population consuming alcohol regularly	70	65	60	55	50
	% infants under 6 months on exclusive breast-feeding	0.6	2.6	2.9	3.2	3.6
	% of Population aware of risk factors to health	40	45	50	55	60
	% of salt brands adequately iodized	95	96	97	98	99
	Couple year protection due to condom use					
Strengthen collaboration with health related sectors	% population with access to safe water	70	72	74	76	78
	% under 5's stunted	27	25	23	22	20
	% under 5 underweight	16.7	14	12	10	8
	School enrollment rate					
	% of households with latrines	92	94	96	98	100
	% of houses with adequate ventilation	78	80	82	85	87
	% of classified road network in good condition					
	% Schools providing complete school health package	30	35	40	45	50

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Objective	Indicator	Targets (where applicable)				
	INVESTMENT OUTPUTS					
Improving access to services	Per capita Outpatient utilization rate (M/F)					
	% of population living within 5km of a facility	60	62	64	66	68
	% of facilities providing BEOC	78	80	85	90	95
	% of facilities providing CEOC	12	15	18	21	24
	Bed Occupancy Rate	100	95	90	85	80
	% of facilities providing Immunization	66	74	82	90	95
Improving quality of care	TB Cure rate	81.5	82.5	84.5	86.5	88.5
	% of fevers tested positive for malaria	1.7	1.6	1.5	1.4	1.3
	% maternal audits/deaths audits	80	90	100	100	100
	Malaria inpatient case fatality	0.05	0	0	0	0
	Average length of stay (ALOS)	6	5.5	5	4.5	4

3.3.3 Sector input and process targets for achievement of County objectives

Orientation area	Intervention area	Milestones for achievement					
		Milestone	Annual targets				
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Service delivery	Community services	Establishing 249 new community health units	50	50	50	50	49
		Conduct Community dialogue days	146	196	246	296	345
		Conduct 141260 Community action days			2952	3552	4152
		100 Sensitization of 96 community units on WASH/HIV integration	20	20	20	20	20
	Outreach services	1620 Outreach services and health days commemorations	324	324	324	324	324
		240 Reproductive health outreach/in reach	48	48	48	48	48
		60 Medical Camps	12	12	12	12	12
		60 HTC Outreaches	12	12	12	12	12
		120 Integrated					
	Supportive supervision to lower units	outreach	24	24	24	24	24
		260 CHMT supervisions	52	52	52	52	52
	On the job training	240 SCHMT supervisions	48	48	48	48	48
	Emergency preparedness planning	3120 CMEs and mentorship conducted	624	624	624	624	
			624				
	Patient Safety initiatives						
		Establish and equip emergency preparedness units in all facilities in the County.	8	21	81	24	134
		Train personnel on emergency preparedness(training)	2	4	4	4	4

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Orientation area	Intervention area	Milestones for achievement					
		Milestone	Annual targets				
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	Therapeutic committee meetings and follow up	Have SOPs in all facilities	29	81	8	8	8
		Have firefighting equipment's in all facilities	29	81	8	8	8
	Clinical audits (including maternal death audits)	Have IPC committees meetings in all facilities	1332	1332	1332	1332	1332
		Have therapeutic committees formed in all facilities					
		Have monthly therapeutic committees meetings in all facilities					
		Have quarterly clinical audits and maternal death audits as they occur.					
		1 lab QA audit	216	216	216	1608	1608
	Referral health services	Rationale drug use audit	440	440	440	536	536
		Data QA	440	440	440	536	536
Health Infrastructure (physical infrastructure, equipment, transport, ICT)	Physical infrastructure: construction of new facilities	Commodity tracking audit					
		Auditing of referral health services					
		Establish a standard referral protocol for all facilities					
	Physical infrastructure: expansion of existing facilities						
		38 New incinerators constructed	5	8	8	8	9
		36 Facilities with fence/gate constructed	8	9	8	5	6
		38 New Maternities constructed and 1 RH unit at TL5H constructed	7	7	7	8	9
		29 New health facilities constructed	6	5	6	5	7
		134 Facilities with updated service charters	8	21	81	12	12
		21 Upgrading of health centers to hospitals	3	3	4	5	6
		44 Laboratory constructed	7	8	8	9	10
	Physical infrastructure: Maintenance	32 Stores constructed	5	6	7	7	7
		51 Outpatient improved	8	10	10	10	13
		24 Stand by generators installed	5	5	5	5	4
		21 Boreholes sunk in health facilities	3	5	5	5	3
	Equipment: Purchase						
		82 Facility facelift	16	16	17	16	16
		Purchase of assorted furniture for health facilities and SCHMT	82	82	82	82	82
		Community chalk and boards purchased	146	50	50	50	50

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		82 Facility facelift	16	16	17	16	16

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Orientation area	Intervention area	Milestones for achievement					
		Milestone	Annual targets				
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
		10 Water storage tanks purchased	2	2	2	2	2
		54 Facilities provided with lab equipment	54	82	82	82	82
	Equipment: Maintenance and repair	Purchase of assorted hospital equipment	82	82	82	82	82
		Purchase of assorted maternity equipment	32	32	32	32	32
	Transport: purchase	Purchase of accident and emergency equipment	82	82	82	82	82
		Purchase of assorted rehabilitative equipment	82	82	82	82	82
		Facilities provided with assorted anthropometric equipment	82	82	82	82	82
		Accessories purchased to repair facility equipments					
		Accessories purchased to repair facility equipments					
	Transport: Maintenance and repair	31 Ambulance purchase	6	10	5	5	5
		21Utility vehicles	6	8	3	3	1
		1 Track for health promotion services		1			
	ICT equipment: Purchase	70 Purchase of motor cycles					
			5	27	31	5	2
		700 Bicycles purchased	115	152	150	135	148
		Services and repairs done on motor vehicles(Utility vehicle and ambulance)	30	49	57	65	71
		Motor cycles	5	32	63	68	70
		Bicycles	115	267	417	552	700
		Computers	106	214	321	364	374
	ICT equipment: Maintenance and repair	Printers	38	61	86	101	117
		LCD	10	16	23	28	32
		Cameras	6	12	18	24	30
		Video cameras	2	5	5	5	5
		Software	6	6	6	6	6
		Computers	106	214	321	364	374
		Computers	106	214	321	364	374
		Printers	38	99	185	286	403
		LCD	10	26	49	77	109
Health Workforce	Recruitment of new staff	Cameras	6	12	18	24	30
	Personnel emoluments for existing staff	Phones	0	0	10	15	15
	Pre-service training	Video cameras	2	5	5	5	5
	In service trainings	Software	7	15	25	32	40
		Internet connections facilities and CHMT block	95	95	95	95	95

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Orientation area	Intervention area	Milestones for achievement					
		Milestone	Annual targets				
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	Staff motivation		167	750	750	750	750
			3233				
		SMCs, (CHMT-6, SBC 4/pa,) ,	10	10	10	10	10
		Seminars & short courses, (20/ SBC/pa),	260	260	260	260	260
		Professional courses (40 pa),	40	40	40	40	40
Health information	Data collection: routine health information	Staff exchange visits done (Biannual-SCMT, TL5H,SBC)	28	28	28	28	28
	Data collection: routine health information	Annual parties held	14	14	14	14	14
		Award ceremonies held	14	14	14	14	14
	Data collection: vital events (births, deaths)	Team building sessions held	14	14	14	14	14
	Data collection: health related sectors						
	Data collection: Surveillance						
	Data collection: Research	Reporting rates increased from76% to 95%	80	84	88	92	95
	Data analysis	Provision of all required data collection tools to all facilities ,from 70% to 100%	75	80	85	90	100
	Data analysis	Conduct quarterly RDQA for the 12 sub-counties	48	48	48	48	48
	Information dissemination	Increasing notification rate from 80% to 100%	85	90	95	100	100
		Scale up CUs reporting rate from 60% to 90%	70	75	80	85	90
		Establish 5 model e-health hub facilities in the County	1	1	1	1	1
Health Products	Procurement of required health products	Conduct a baseline population study for health indicators	0	1	0	0	0
	Warehousing / storage of health products	Conduct monthly data analysis in all sub counties	12	12	12	12	12
	Distribution of health products	Develop an annual County fact sheet for health indicators	1	1	1	1	1
	Monitoring rational use of health products	Introduce Google groups for information sharing for the 12 sub-counties	12	12	12	12	12
		Establish an M&E stakeholders forum for the County	1	0	0	0	0
Health Financing	Costing of health service provision						
	Resource mobilization	Ensure health products are available in all health facilities in the percentages	65	80	98	100	100
	Health expenditure reviews	Build 12 warehouses		3	3	3	3
		Ensure 100% distribution of acquired products	80	100	100	100	100
Leadership and Governance	Annual health stakeholders for a	Ensure minimum wastage of health products	60	80	90	100	100
	Quarterly Coordination meetings						

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Orientation area	Intervention area	Milestones for achievement					
		Milestone	Annual targets				
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Leadership and Governance	Annual health stakeholders for a	Ensure minimum wastage of health products	60	80	90	100	100
	Quarterly Coordination meetings						
	Monthly management meetings	Health costing meetings held	13	13	13	13	13
	Annual Work Planning and reporting	Stakeholders meetings held(County and sub-counties)	52	52	52	52	52
		Health expenditure review meetings held	52	52	52	52	52
		Annual health stakeholders meetings to re-establish the forums in the County in order share and ensure effective collaboration among the stakeholders					
			13	13	13	13	13
		Quarterly health stakeholders meetings					
		Establish quarterly coordination meetings with facility in-charges					
			52	52	52	52	52
		Monthly facility meetings(CHMT and SCHMT) Training of in charges and health facility committees and updates					
		Annual work plans done(CHMT and SCHMT)	156	156	156	156	156
		Plan for AWP planning and reporting meetings	13	13	13	13	13

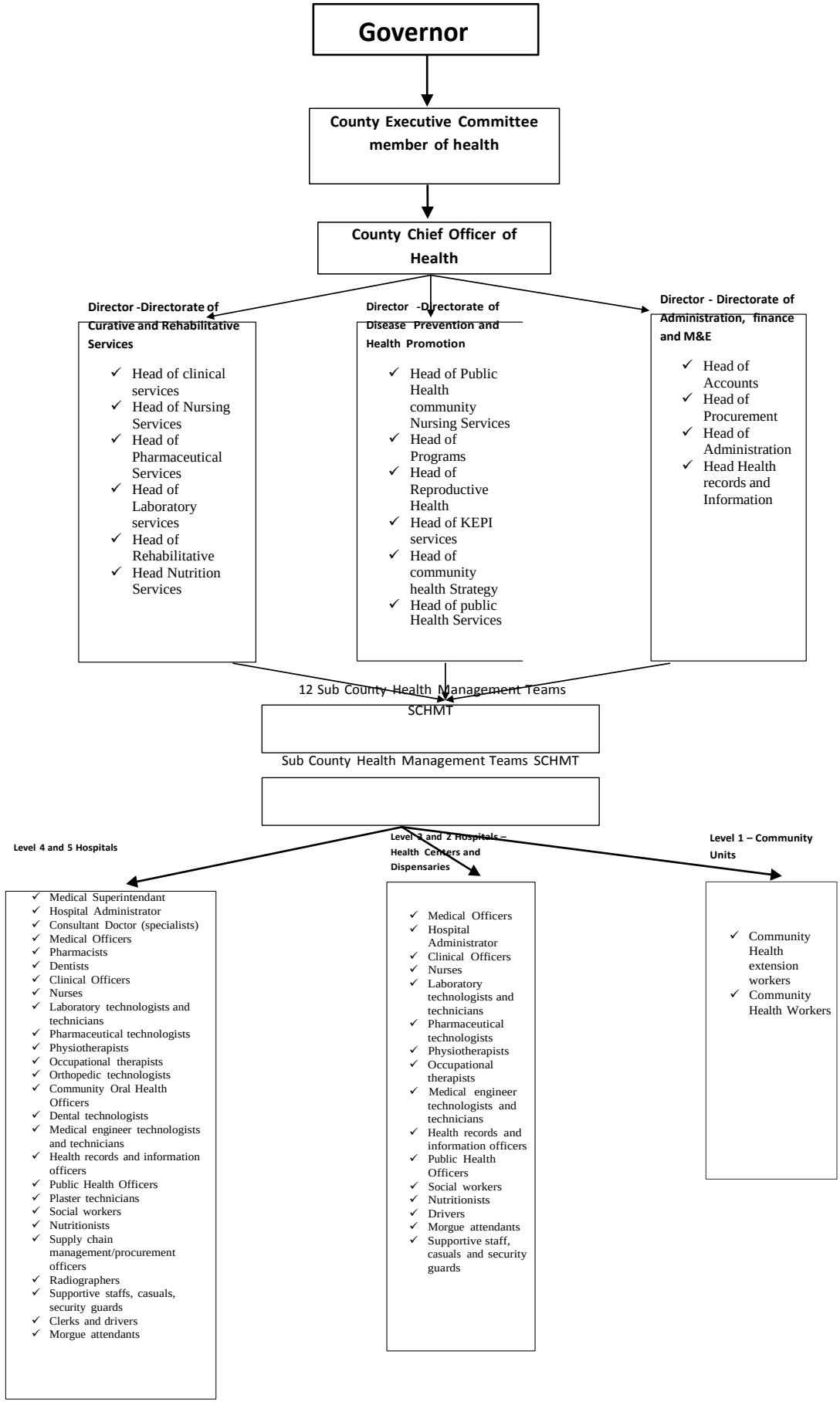
SECTION 4: IMPLEMENTATION ARRANGEMENTS

4.1 Coordination framework

The coordination of this strategic plan will be done by the County Government of Kiambu, County Health Management Team and other health stakeholders including the development partners

4.1.1 Management structure (Organogram for County Health Management)

Please See the organogram for County Health Management on the next page.



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4.1.2 Partnership and Coordination structure and actions

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

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

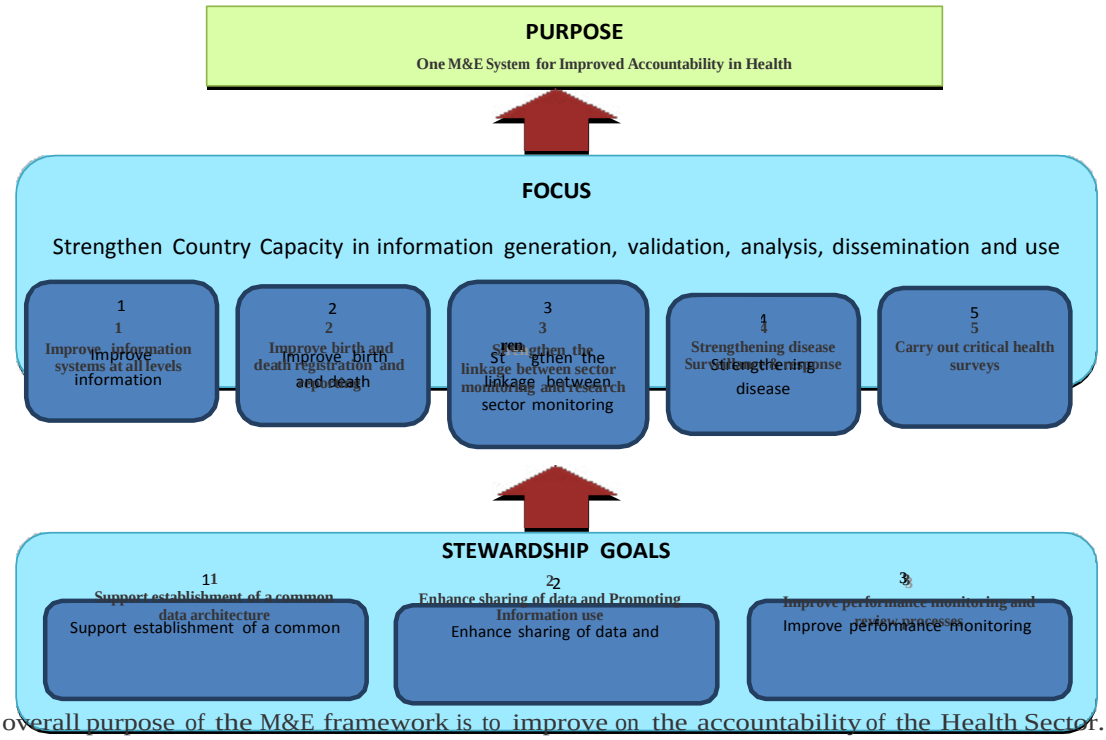
County Government of Kiambu will provide guidance and support with necessary resources while the CHMT will take the lead in the implementation of this strategic plan. Continuous monitoring and evaluation will be done by the County health management teams.

4.2 Monitoring and Evaluation Plan

A comprehensive M&E framework shall be the basis for:

• Guiding decision making in the sector, by characterizing the implications of progress (or lack of it).
• Guiding implementation of services by providing information on the outputs of the actions being carried out
• Guiding the dissemination of information and its use by the sector amongst the stakeholders and with the public that it serves.
• Providing a unified approach to monitoring progress by different planning elements that make up the sector – Counties, programs and others.
The overall Monitoring and Evaluation framework being applied in the sector and its linkages with the Health Information System elements is shown below.

Scope of the Monitoring and Evaluation Framework



The overall purpose of the M&E framework is to improve on the accountability of the Health Sector. This shall be achieved through a focus on strengthening of the County capacity for information generation, validation, analysis, dissemination and use through addressing the priorities as outlined in the Health Information System investment section of this document.

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4.2.1 Data architecture

Common data architecture is needed to ensure coordinated information generation; data and information sharing and efficiencies are maximized in data and information management.

The County M & E unit will carry the mandate of establishing and overseeing the common data architecture. The health sector has identified sector indicators for monitoring and evaluating the implementation of KHSSP III. The common data architecture will provide the data sources for these indicators, which have been defined in the 2nd edition health sector indicator manual. The baseline data, mid- and end-term target as well as the sources for these indicators will be provided for guidance.

A resource center for this strategic and investment plan shall be established and will be responsible for production of monthly, quarterly and annual reports using data from the DHIS 2 and other sources. The resource center will be directly linked to each health facility in the County and aggregate all health data at the central resource center.

At the end of each year, an annual performance report will be produced which will highlight the progress and challenges in implementing the various activities outlined in this investment plan. To ensure this performance report is accurate and timely, the different levels of health system in Kiambu County shall compile their reports on a monthly basis and submit to all stakeholders.

The information from these different sources shall be brought together to inform the sector on overall County trend. Basic indicator information shall be the County average achievement. This will be obtained from collating all the available information from all reporting units into the County and average figures obtained.

Information on indicators will be analyzed in the following lines
1) Overall County achievement
2) Disaggregation of achievement

An annual health sector performance report will be developed. The report will be validated by stakeholders to:-
- Obtain stakeholder insight on the information generated;
- Mitigate bias through discussion of the information generated with key M&E actors and beneficiaries;
- Generate consensus on the findings and gaps
- Strengthen ownership and commitment to M&E activities

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4.2.2 Data and statistics

The information sources for the Health Sector are:

- **Facility generated information** - Information on Health target and management activities occurring in health facilities, that is collected through the routine HMIS
- **Vital events information** - Information on vital events occurring in the communities that is collected routinely. These are information on births, deaths and Causes of Death in the community
- **Disease surveillance information** - The information fast track system for critical health events / notifiable conditions occurring in the community
- **Regular surveys** - Service delivery, or investment information on health and related activities occurring in the communities that is collected on a regular basis. These include the Demographic and Health Surveys, AIDS and Malaria Indicator Surveys, Service Provision Assessments, Availability and Readiness assessments
- **Research** – Scientific biomedical, and systems researches coordinated through the accredited Research Institute and academic institutions.

4.2.3 Performance Monitoring and Evaluation

The performance review process will be one of the learning mechanisms in the sector. For proper follow up and learning:

- All performance reviews and evaluations will contain specific, targeted and actionable recommendations; the process is outlined in the M&E framework and guidelines.
- All target institutions will provide a response to the recommendation(s) within a stipulated timeframe, and outlining:
  a) Agreement or disagreement with said recommendation(s)
  b) Proposed action(s) to address said recommendation(s)
  c) Timeframe for implementation of said recommendation(s).

- All the planning units and institutions will be required to maintain a recommendation implementation tracking Plan which will keep track of review and evaluation recommendations, agreed follow-up actions, and status of these actions.
- The implementation of the agreed actions will be monitored by the M & E unit at all levels. The CHMT and sub-County HMTs will provide coordination and oversight of performance review at the County and sub County levels while the M&E unit at the national level will oversee the recommendations implementation tracking plan of the County units. During the quarterly performance review meetings, the County and sub County management teams together with all the non-state and external actors in their area will discuss the quarterly performance review report and review the recommendations implementation tracking plan for the quarter and identify performance gaps which will be mitigated and action points minuted and followed up.

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SECTION 5: RESOURCE REQUIREMENTS AND FINANCING

5.1 Resource requirements

The County will base its requirements using the seven building blocks. These requirements are based on challenges facing the County in service delivery.

Section 5.1.1

The Grand Summary of Financial resources required to make this Strategic Plan 100% Successful.

Orientation	Intervention area	Annual resource requirements				
		2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Service delivery	Community services	50,520,844.65	55,572,929.12	61,130,222.03	67,243,244.23	73,967,568.65
	Outreach services	28,287,807.01	31,116,587.71	34,228,246.48	37,651,071.13	41,416,178.24
	Supportive supervision to lower units	3,205,951.46	3,526,546.61	3,879,201.27	4,267,121.39	4,693,833.53
	On the job training	14,709,659.64	16,180,625.60	17,798,688.16	19,578,556.98	21,536,412.68
	Emergency preparedness planning	18,858,538.00	20,744,391.80	22,818,830.98	25,100,714.08	27,610,785.49
	Patient Safety initiatives	34,475,764.79	37,923,341.27	41,715,675.40	45,887,242.94	50,475,967.23
	Therapeutic committee meetings and follow up	1,470,965.96	1,618,062.56	1,779,868.81	1,957,855.69	2,153,641.26
	Clinical audits (including maternal death audits)	773,200.06	850,520.07	935,572.07	1,029,129.28	1,132,042.21
	Referral health services	1,697,268.42	1,866,995.26	2,053,694.79	2,259,064.27	2,484,970.69
		154,000,000.00	169,400,000.00	186,340,000.00	204,974,000.00	225,471,400.00
Health Infrastructure (physical infrastructure, equipment, transport, ICT)	Physical infrastructure: construction of new facilities	696,492,000.00	766,141,200.00	842,755,320.00	927,030,852.00	1,019,733,937.20
	Physical infrastructure: expansion of existing facilities	113,400,000.00	124,740,000.00	137,214,000.00	150,935,400.00	166,028,940.00
	Physical infrastructure: Maintenance	90,000,000.00	99,000,000.00	108,900,000.00	119,790,000.00	131,769,000.00
	Equipment: Purchase	131,045,328.00	144,149,860.80	158,564,846.88	174,421,331.57	191,863,464.72
	Equipment: Maintenance and repair	15,418,260.00	16,960,086.00	18,656,094.60	20,521,704.06	22,573,874.47
	Transport: purchase	19,744,200.00	21,718,620.00	23,890,482.00	26,279,530.20	28,907,483.22
	Transport: Maintenance and repair	7,738,200.00	8,512,020.00	9,363,222.00	10,299,544.20	11,329,498.62
	ICT equipment: Purchase	63,612,000.00	69,973,200.00	76,970,520.00	84,667,572.00	93,134,329.20
	ICT equipment: Maintenance and repair	1,320,120.00	1,452,132.00	1,597,345.20	1,757,079.72	1,932,787.69
		1,081,519,308.00	1,189,671,238.80	1,308,638,362.68	1,439,502,198.95	1,583,452,418.84
Health Workforce	Recruitment of new staff	100,000,000.00	110,000,000.00	121,000,000.00	133,100,000.00	146,410,000.00
	Personnel emoluments for existing staff	2,092,000,000.00	2,301,200,000.00	2,531,320,000.00	2,784,452,000.00	3,062,897,200.00
	Pre-service training	50,000,000.00	55,000,000.00	60,500,000.00	66,550,000.00	73,205,000.00
	In service trainings	15,000,000.00	16,500,000.00	18,150,000.00	19,965,000.00	21,961,500.00
	Staff motivation	2,511,000.00	2,762,100.00	3,038,310.00	3,342,141.00	3,676,355.10
		2,259,511,000.00	2,485,462,100.00	2,734,008,310.00	3,007,409,141.00	3,308,150,055.10

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Orientation	Intervention area	Annual resource requirements				
		2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Health Information	Data collection: routine health information	200,000.00	220,000.00	242,000.00	266,200.00	292,820.00
	Data collection: vital events (births, deaths)	200,000.00	220,000.00	242,000.00	266,200.00	292,820.00
	Data collection: health related sectors	200,000.00	220,000.00	242,000.00	266,200.00	292,820.00
	Data collection: Surveillance	200,000.00	220,000.00	242,000.00	266,200.00	292,820.00
	Data collection: Research	125,000.00	137,500.00	151,250.00	166,375.00	183,012.50
	Data analysis	125,000.00	137,500.00	151,250.00	166,375.00	183,012.50
	Information dissemination	450,000.00	495,000.00	544,500.00	598,950.00	658,845.00
		1,500,000.00	1,650,000.00	1,815,000.00	1,996,500.00	2,196,150.00
Health Products	Procurement of required health products	228,000,000.00	250,800,000.00	275,880,000.00	303,468,000.00	333,814,800.00
	Warehousing / storage of health products/purchase of other products	125,400,000.00	137,940,000.00	151,734,000.00	166,907,400.00	183,598,140.00
	Distribution of health products	10,032,000.00	11,035,200.00	12,138,720.00	13,352,592.00	14,687,851.20
	Monitoring rational use of health products	1,254,000.00	1,379,400.00	1,517,340.00	1,669,074.00	1,835,981.40
		364,686,000.00	401,154,600.00	441,270,060.00	485,397,066.00	533,936,772.60
Health Financing	Costing of health service provision	390,000.00	429,000.00	471,900.00	519,090.00	570,999.00
	Resource mobilization	260,000.00	286,000.00	314,600.00	346,060.00	380,666.00
	Health expenditure reviews	260,000.00	286,000.00	314,600.00	346,060.00	380,666.00
		910,000.00	1,001,000.00	1,101,100.00	1,211,210.00	1,332,331.00
Leadership and Governance	Annual health stakeholders for a	1,170,000.00	1,287,000.00	1,415,700.00	1,557,270.00	1,712,997.00
	Quarterly Coordination meetings	936,000.00	1,029,600.00	1,132,560.00	1,245,816.00	1,370,397.60
	Monthly management meetings	280,800.00	308,880.00	339,768.00	373,744.80	411,119.28
	Annual Work Planning and reporting	702,000.00	772,200.00	849,420.00	934,362.00	1,027,798.20
		3,088,800.00	3,397,680.00	3,737,448.00	4,111,192.80	4,522,312.08
	Totals	**3,865,215,108.00**	**4,251,736,618.80**	**4,676,910,280.68**	**5,144,601,308.75**	**5,659,061,439.62**
	Grand Total	**23,597,524,755.85**				

5.2 Available financing and financing gaps

The County service delivery will be financed from County sources, donors, community and NGO funds. The difference between the financial requirements and the known source of funds creates financial gaps. The County management will therefore mobilize resources in order to fill the gaps

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5.2.1 Secured and probable resources, and financing gaps

This Financial Year (2014/2015) the following are the secured resources:

Category	Source of funds	Estimated Amounts	Purpose (tick where appropriate)*							
			Service delivery	Human Resources	Health Infrastructure	Health Information	Health Leadership	Health Products	Health Financing	Un-specified
Public Sources	County Government	3,109,692,968.00	226,939,140.00	2,072,000,000.00	595,600,000.00	2,500,000.00		212,653,828.00		
	National Government	25,620,000.00						25,620,000.00		
	HSF/HSSF	20,988,642.00	20,988,642.00							
	LATF									
	User fees	318,000,000.00	318,000,000							
	Danish Government (DANIDA)	16,820,000.00	8,000,000.00	820,000.00				8,000,000.00		
	US Government (US-AID / APHIA 2 ,CHS CRISSP)	70,500,000.00	1,000,000.00	52,500,000.00	5,000,000.00	2,000,000.00	3,000,000.00	6,000,000.00	1,000,000.00	
TOTAL		**3,561,621,610.00**								

A gap of **Kshs. 303,593,498.00** exists for the activities that the health sector has planned to undertake this financial year. This will majorly affect Infrastructure where the department had envisaged having 70% of all facilities renovated, at least 11 facilities built in wards without health facilities and 17 Health centers expanded adequately to hold the ever increasing numbers of patients who want to access our health services and the building of Lari Level 4 County Hospital.

5.3 Resource mobilization strategy

5.3.1 Strategies to ensure available resources are sustained

The County Health Management will ensure sustainability of resources through the following:

- Offering quality services
- Ensure accountability and transparency in resources utilization
- Accurate data management
- Enhance automated cash register at fee payment points
- Involve development partners in implementation of the health investment plan
- Resource mobilization from partners and stakeholders
- Proper planning of available resources
- Proper and all inclusive budgeting and costing of health services
- Proper utilization of available resources

5.3.2 Strategies to mobilize resources from new sources

Resource mobilization will be a key strategy to ensure that resources are available when needed. The following will be enhanced to mobilize County resources.

- Map all development partners in the health sector to identify the partners who are not in the County and profile them. Then match them with the County's health requirements and approach them with proposals.
- Lobby for well-wishers.
- Approach cooperate world.
- Involve all stakeholders during the launch of the plan.

5.3.3 Strategies to ensure efficiency in resource utilization

Efforts will be put in place by the County health management to ensure that the available resources are utilized efficiently. The efforts will include and not limited to;

a) Adherence to the procurement rules and regulations
b) Support supervision and guidance to facilities
c) Proper record keeping
d) Regular training of staff on financial matters
e) Use of computerized systems in financial matters
f) Enhancing conducting of regular financial audits
g) Train the managers proper utilization of resources (e.g. Budgeting, procurement, accounting, check and balancing)
h) Monitor and evaluation on utilization of funds
i) Motivation of staff

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REFERENCES

1. The Kenya Constitution 2010
2. The Kiambu County Integrated Development Plan (CIDP) 2013-2017
3. Kenya Strategic Plan for Health Information System 2009-2014, Ministry of Health, Nairobi
4. Kenya Health Sector Strategic & Investment Plan (KHSSP) July 2012 – June 2018: The Second Medium Term Plan for Health
5. Millennium development goals (MDGs)
6. Kenyatta national hospital strategic plan
7. County Government Act (Laws Of Kenya)

ANNEX 1: INVESTMENT AREAS SCOPE, AND CODES

Code	Orientation	Code	Intervention area
1	Service delivery	1.1	Community services
		1.2	Outreach services
		1.3	Supportive supervision to lower units
		1.4	On the job training
		1.5	Emergency preparedness planning
		1.6	Patient Safety initiatives
		1.7	Therapeutic committee meetings and follow up
		1.8	Clinical audits (including maternal death audits)
		1.9	Referral health services
		1.10	Other
2	Health Infrastructure	2.1	Physical infrastructure: construction of new facilities
		2.2	Physical infrastructure: expansion of existing facilities
		2.3	Physical infrastructure: Maintenance
		2.4	Equipment: Purchase
		2.5	Equipment: Maintenance and repair
		2.6	Transport: purchase
		2.7	Transport: Maintenance and repair
		2.8	ICT equipment: Purchase
		2.9	ICT equipment: Maintenance and repair
		2.10	Other
3	Health Workforce	3.1	Recruitment of new staff
		3.2	Personnel emoluments for existing staff
		3.3	Pre-service training
		3.4	In service trainings
		3.5	Staff motivation
		3.6	Other
4	Health information	4.1	Data collection: routine health information
		4.2	Data collection: vital events (births, deaths)
		4.3	Data collection: health related sectors
		4.4	Data collection: Surveillance
		4.5	Data collection: Research
		4.6	Data analysis
		4.7	Information dissemination
		4.8	Other
5	Health Products	5.1	Procurement of required health products
		5.2	Warehousing / storage of health products
		5.3	Distribution of health products
		5.4	Monitoring rational use of health products
		5.5	Other
6	Health Financing	6.1	Costing of health service provision
		6.2	Resource mobilization
		6.3	Health expenditure reviews
		6.4	Other
7	Leadership and Governance	7.1	Annual health stakeholders for a
		7.2	Quarterly Coordination meetings
		7.3	Monthly management meetings
		7.4	Annual Work Planning and reporting
		7.5	Other