REPUBLIC OF KENYA **GOVERNMENT OF MAKUENI COUNTY**

DEPARTMENT OF HEALTH SERVICES

MAKUENI COUNTY HEALTH POLICY, 2020

ACCELERATION OF ATTAINMENT OF EFFICIENT, EFFECTIVE, EQUITABLE, ACCESSIBLE AND ACCEPTABLE QUALITY HEALTHCARE

Submitted to the County Executive Committee by:-

Dr. Andrew M. Mulwa …… ……

Signature Date

APPROVAL

This Makueni County Health Policy, 2020 is hereby approved by the County Executive Committee during the …… meeting held on……..…….....

Signed:……Name:……Date…….

Governor/Deputy Governor

FOREWORD

The Makueni County Health Policy, 2020–2030 aims to ensure improvement of the health status in Makueni County in line with the Constitution of Kenya 2010, Kenya Vision 2030, the Makueni Vision 2025 and CIDP 2018-2022. The policy demonstrates the health sector's commitment to ensure that the County Government achieves high quality healthcare that will cater to the needs of the population.

Over the past four years, Makueni County has recorded positive progress in the health sector with the introduction of the universal health coverage (UHC) program. This has led to an increase in the number of citizens within the county being able to access a wide range of services in all health facilities. One of the major lessons coming from this success is the need for the county to build a resilient healthcare system that will improve access to healthcare in a sustainable manner.

This policy is coming at an opportune time when there is continued re-commitment from the national government and worldwide support for the attainment of universal health care. It focuses on ensuring the delivery of quality healthcare services and embraces the principles of protection of the rights and fundamental freedoms of persons of special groups in the communities such as the right to health of children, persons with disabilities, youth, and older members of the society, in accordance with the 2010 Constitution. The policy also provides direction to support successes already achieved so as to improve the performance of the Makueni Healthcare system.

The policy focuses on six objectives and strategies essential in attaining the county's goals in health. It proposes a comprehensive and innovative approach to harness and synergize health services delivery at all levels and engaging all actors, signaling a radical departure from past approaches in addressing the health agenda. There is therefore, need to raise awareness and ensure that the objectives of this policy are understood and fully owned by the various stakeholders and implementing partners.

The policy was developed through comprehensive desk review by a technical team and a participatory process involving all stakeholders in health including government departments, clients, development partners and implementing partners. The detailed objectives and strategies will be elaborated in subsequent five-year strategic and investment plans.

It is my hope that all the actors in health in Makueni County will closely collaborate with the relevant authorities in health in the implementation of this policy to steer the county towards the desired health goals.

Dr. Andrew M. Mulwa
Executive Committee Member, Health
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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CSO	Civil Society Organization
DALY	Disability-adjusted Life Years
FBO	Faith-based Organization
GDI	Gender Development Index
GDP	Gross Domestic Product
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPT	Health Products and Technologies
HRH	Human Resources for Health
HSSP	Health Sector Strategic Plan
ICT	Information Communication Technology
IMR	Infant Mortality Rate
IHRIS	Integrated Human Resource Information System
KEMSA	Kenya Medical Supplies Authority
KEPH	Kenya Essential Package for Health
KHPF	Kenya Health Policy Framework
MDA	Ministries, Departments, and Agencies
MDG	Millennium Development Goals
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
NACC	National AIDS Control Council
NCD	Non-communicable Disease
NGO	Nongovernmental Organization
NMR	Newborn Mortality Rate
NTD	Neglected Tropical Diseases
OOP	Out of Pocket
SACCO	Savings and Credit Co-operative Organization
SAGA	Semi-autonomous Government Agency
SWAp	Sector-wide Approach
TB	Tuberculosis
WHO	World Health organization
U5MR	Under-five Mortality Rate
CHMT	County Health Management Team
SCHMT	Sub County Health Management Team
HMT	Health management Team
EMMS	Essential Medicine & Medical Supplies

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CHAPTER ONE: INTRODUCTION

1.1 Background

The World Health Organization (WHO) defines health as the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health is one of the most critical services that a Government is required to provide by its citizens. Generally, WHO summarizes the expanse of Health into six building blocks that translate to achievement of the goals and outcomes.

The County Government of Makueni accords health a prominent place in its priorities and is committed to the attainment of health goals as enshrined in Kenya's health development and realization plans. Good health is essential to human health welfare and to sustained development. Timely access to health services, a mix of promotion, prevention, treatment, and rehabilitation, is critical.

Makueni County has strived to implement its health mandate in a manner that contributes effectively to individual as well as to the county's development and welfare. The County has also endeavored to facilitate the provision of basic health services that are of good quality, equitable, accessible, affordable, and sustainable and gender sensitive.

Traditionally, curative services have taken prominence in many healthcare systems and this approach has been defeatist and very expensive in the long run since there is no decline in the resources being mobilized to run the healthcare system. In this policy a system thinking approach is envisaged where preventive, rehabilitative, Promotive and palliative healthcare services are also given conspicuous attention so that healthcare sustainability is achieved.

In the development of this policy document, a review of a wide range of international, regional and national policies, plans and frameworks was done to inform this particular county policy, and harmonize / align the policy with already existing frameworks. These included the proposed UN Social Development Goals (SDGs), resolutions of the World Health Assembly and WHO guiding frameworks on health development, Vision 2030, and the Kenya Health Policy. The significant role of other sectors in the social, economic, and environmental determinants of health was taken into account during drafting, as well as gender and human rights mainstreaming.

Therefore, as a county government, this policy has impact across all sectors including leading to a robust socioeconomic situation owing to health services that ensure a healthy population within Makueni County.

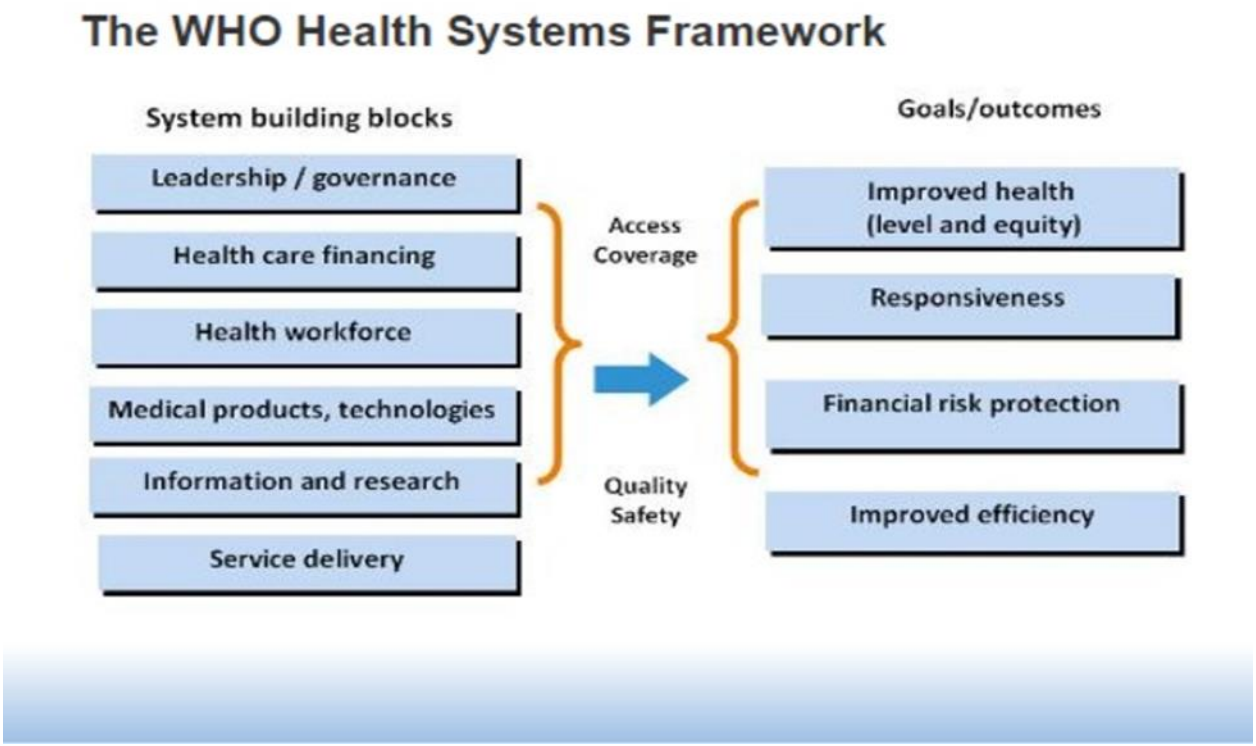


Figure 1: WHO Health Systems Framework

1.2 Legal and Policy Context

The United Nations Sustainable Development Goals (SDGs) seek to ensure healthy lives and promote wellbeing for all at all ages. African Union Agenda 2063 seeks to have a prosperous Africa based on inclusive growth and sustainable development. Kenya's Vision 2030 aspires to have Kenya achieve universal health coverage and position the country as a regional leader in medical tourism.

The 2010 Constitution under the fourth schedule provides the following functions as being devolved to the county governments:

i. County health facilities and pharmacies
ii. Ambulance services
iii. Promotion of primary healthcare
iv. Licensing and control of undertakings that sell food to the public
v. Veterinary services (excluding regulation of the health profession)
vi. Cemeteries, funeral parlors, and crematoria
vii. Refuse removal, refuse dumps, and solid waste disposal

Additionally, with respect to health, the 2010 Constitution provides for the following:

a. Article 26: (1) Every person has the right to life.

(2) The life of a person begins at conception.

(3) A person shall not be deprived of life intentionally, except to the extent authorized by this Constitution or other written law.

(4) Abortion is not permitted unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law.

b. Article 43 states that (1) (a) every person has the right to the highest attainable standards of health, which includes the right to health care services, including reproductive health care. Article 43 (2) states that a person shall not be denied emergency medical treatment while article 53(1) (c) provides for the rights of every child to access basic nutrition, shelter and health care.

The Kenya Health Policy 2014-2030 emphasizes on 6 strategic objectives for delivery of quality health services. In order to achieve its policy objectives, The Health Act (2017) provides for the implementation of the National health policy at both the National and County level.

Makueni Vision 2025 and the County Integrated Development Plan (CIDP) 2018-2022 set the Health Vision and agenda for the county. The Makueni Health Act domesticates these policy frameworks to guide service delivery.

The Makueni health policy consolidates the vision and implementation of all the above legal documents to give a coherent direction to healthcare service provision in the county.

1.3 Policy Rationale

The development and implementation of an appropriate health policy is a critical factor in ensuring efficient and effective organization, coordination, management and development of the health agenda. In view of the above, the department of health in Makueni County has identified the need for development and implementation of a comprehensive and overarching health policy. The policy will provide an appropriate and evidence –based framework to guide the health sector towards the attainment of the county, national, regional and global health objectives. The formulation of this policy has emanated from the increasing health challenges such as; health financing shortfalls, unresolved issues in relation to human resources for health, increase in emerging diseases, communicable and non- communicable diseases, inadequate infrastructural development, low level of automation and poor health seeking behavior among the citizens, inter alia.

1.4 Guiding Principles

The national values and principles of governance by state and public officers are clearly stipulated in articles 10, 232 as well as chapter 6 and 12 of the constitution of Kenya 2010 and should be upheld during delivery of all services. The principles that will guide health service provision in Makueni include:

- **Integrity and Professionalism:** To ensure that quality is maintained at a technically sound level, ensuring that methods used are evidence informed, that human resources, equipment and supply are of high quality and that services are perceived to be client oriented and provided with respect for the individual.
- **Social Justice:** This will involve the distribution of costs and benefits of health services to all people regardless of their location, ethnicity, gender, age, social economic, cultural and political status.
- **Transparency and Accountability:** To ensure the highest standards of openness in the management of health services and responsibility for the actions taken, resources utilized and to the communities served at all levels of health service delivery.
- **Affordability:** To ensure accessibility of health care services taking into account the cost of health services.
- **Ownership and Participation:** This is aimed at enhancing client-oriented services that improves the general satisfaction of the people.
- **Efficiency:** This will involve rationalization of health inputs to ensure maximum health outputs and outcomes.
- **Stewardship:** To ensure appropriate, visionary, efficient and effective leadership in the management and control of the health sector in all levels.
- **Partnerships:** A continuous review and strengthening of collaborations with all the main stakeholders through stronger and effective coordination and harmonization.

1.5 Policy Development Process

This Health Policy 2018−2030 was formulated through an extensive consultative process with stakeholders under the leadership of the department of health services. The process began with an extensive desk review and inputs from various stakeholders. The stakeholders engaged included the relevant line departments, developmental and implementing partners, faith based organizations, private sector, civil society, professional bodies and the community. The definition and development of the policy objectives and strategies was based on analysis of the performance of the sector. The final draft was validated by stakeholders and then presented for consideration by the County Executive Committee and County Assembly.

2.0 CHAPTER TWO: SITUATIONAL ANALYSIS

2.1 Sector performance by programmes

The County has consistently strived to undertake its obligations as defined in law. In this regard, a number of challenges have been experienced and successes posted in various programs as outlined below:

2.1.1 Curative and Rehabilitative Health Services

The County has 236 health facilities which is an increase from 117 facilities in 2013/2014. This increase translates to a facility density of 2.3 health facilities for 10,000 population up from 1.35 health facilities for 10,000 population. This has improved access through reduction of proximity to a health facility from any household to 4KM. The out-patient utilization improved from 1.2 (1,174,039) in 2013/2014 to 1.3(1,254,134) in 2018/2019 visits per person per year (include hospital visits on out-patient). Despite all these, the county government still needs to expand infrastructural and human resource capacities of the health facilities.

Access to emergency services has been enhanced through establishment of the county ambulance service which has a fleet of 22 ambulances that are equitably distributed across the 6 sub counties even though the number is still not adequate for effective coverage of the entire county. Nonetheless, the ambulance fleet is managed through a central management system which though effective still needs an upgrade.

The range of services offered in 9 out of 13 hospitals has been enhanced to include some specialized services which were not previously available. These services include; access to emergency surgical services in sub county hospitals, intensive care services, renal dialysis services, radiological and laboratory diagnostic services, specialized clinics and services like ENT, Ophthalmology, mental health and oncology services. Nevertheless, these services need to be enhanced for increased coverage across the entire span of the county.

The introduction of Makueni Universal Health Coverage Program has not only led to removal of financial access barriers but also led to increased service utilization. For better reach and implementation, the UHC program requires extra financial and human resources for greater coverage. Through the Health Department, the County has operationalized 6 mortuaries in various health facilities. Tied to this is the fact that plans are currently underway to acquire land for the establishment of a public cemetery.

With regard to provision of rehabilitation services in Makueni County, Makueni County has 9 rehabilitation units; 1 in the county referral hospital and 8 sub county hospitals to cater to the population in need of the services especially persons with physical disabilities. A major stride accomplished and still ongoing is the identification, registration of persons with disabilities in collaboration with the National Government and

the National Council of Persons with Disabilities through the institution of disability management committees in the county referral hospital and three sub county hospitals. Still, the Department of Health still faces challenges in the rehabilitative unit in terms of equipping of the clinics and establishment of rehabilitation outreach programs at level 1 to level 3 health facilities in order to improve access and quality of care.

2.1.2 Preventive and Promotive Health Services

The provision of primary healthcare remains a high priority in the county. The access to these services has been shown to give a high return on investment in the health sector. The county has therefore prioritized operationalization of level 1 to level 3 services as follows: level 1(219 Community health units), level 2 (179 dispensaries) and level 3 (45 health centers). This has led to improvement of primary healthcare indicators. The percentage of women attending 4th Ante-Natal Care (ANC) increased from 37% (2013/14) to 53% (2018/19) against 47% national average; Skilled Birth Attendance (SBA) increased from 53% to 66% against the national average of 65%.

The community health strategy needs to be strengthened through restructuring of the community units, continuous capacity building of CHVs and provision of stipends to the community health volunteers to minimize dropout rate.

Makueni County is among 17 counties with the highest burden of HIV/AIDs in Kenya. HIV prevalence among the general population is estimated at 4.1 percent which is lower than the national rate of 4.3 percent. Tuberculosis also poses a challenge to the department because it has continued to rise over the years. Its prevalence was 233/100,000 population in 2012 while in 2017 it was 558/100,000.

The number of patients diagnosed with high blood pressure per 1,000 OPD cases stands at 37.2% against a national average of 27.5%. There has been an increase in cancer cases from 150 in 2016 to 205 in 2019. The percentage of new out-patient mental health cases increased from 1.5% to 2.3% against the national average of 1.8%. This signifies that the NCD will remain a county priority in order to reduce the disease burden. The highest contributors to premature mortality due to complications are hypertension and diabetes at 3.6% though it is estimated to be much higher on the basis of local data. It is also believed that up to two-thirds of diabetics may be undiagnosed (STEP wise Survey Report on NCDs, 2015).

The department is also in charge of regulating eateries through licensing of premises and medical certification of food handlers. In order to effectively meet its obligations in this regard, the county needs to enhance human resource to help with both implementation and enforcement mechanisms with regards to the Public Health sector.

2.1.3 General Administration and Management

The department of health has 236 health facilities. Of these, there are 179 level 2, 45 level 3, 12 level 4 and 1 level 5. For each level 2 and 3 facilities, there is a Hospital Facility Management Committee and for each level 4 and 5 is a Health Management Committee comprised of public representative and the facility administration. Each hospital has a Health Management Team.

For coordination and governance purposes there exists two levels of management; County and Sub county with a CHMT and SCHMT respectively.

The facility management committees and mid-level managers need capacity building.

2.2 Sector Performance by building blocks

2.2.1 Health Service Delivery

The department of health essentially exists to provide health services to its citizens. On this front much emphasis has been laid to various priorities to improve health outcomes as follows.

2.2.1.1 Key Health Indicators

The department witnessed an improvement of health outcomes as captured by the various indicators summarized below.

Table 1:Performance of Key Health Indicators

Area	Indicator	2013/14	2017/18	National 2018
Child Health	Child Mortality rate	40/1000	35/1000	36/1000
	Fully immunized	85%	90%	77%
	Neonatal Mortality rate	31/1000	29/1000	33/1000
Maternal Health	Maternal mortality rate	488/100,000	362/100,000	380/100000
	Under five mortality	49/1000	45/1000	47/1000
	Skilled delivery	35%	62%	60%
	4^{th} ANC	32%	53%	42%
	FP uptake	54%	56%	62%

Public Health	Latrine coverage	83%	91%	90%
	No. of villages declared ODF	0	132	
Nutrition	Stunted children	25.1%	22%	26 %
	Vitamin A Coverage	45%	67%	65%
	Underweight children	10.2%	8%	10%

Source: KDHS 2014, KNBS and KHIS 2013-2018

The table above shows that child, maternal and environmental health have improved considerably between 2013 and 2018. Though, gaps exist that need to be addressed to achieve desired and attainable standard of health.

2.2.1.2 Disease Burden

a. Communicable diseases

Communicable diseases have remained to be a major health burden over the years in the county, contributing to 70% of all new outpatient cases. Upper respiratory tract infections, ear infections, diseases of the skin, urinary tract infections and other diseases of the respiratory system have remained as top five conditions.

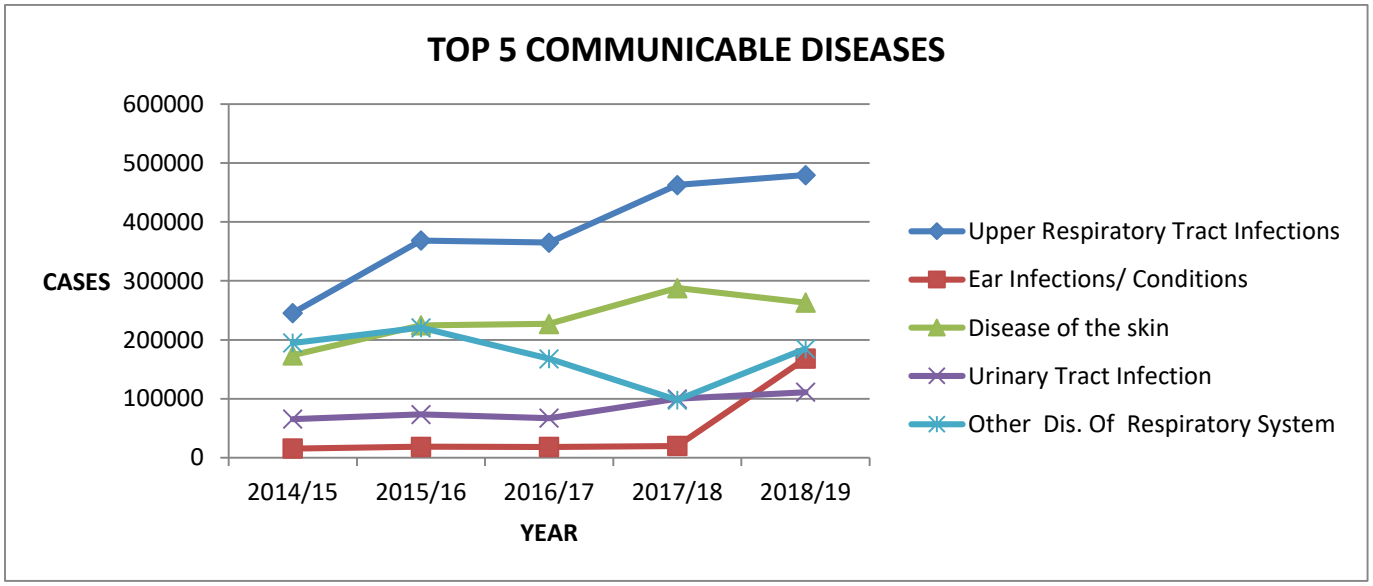
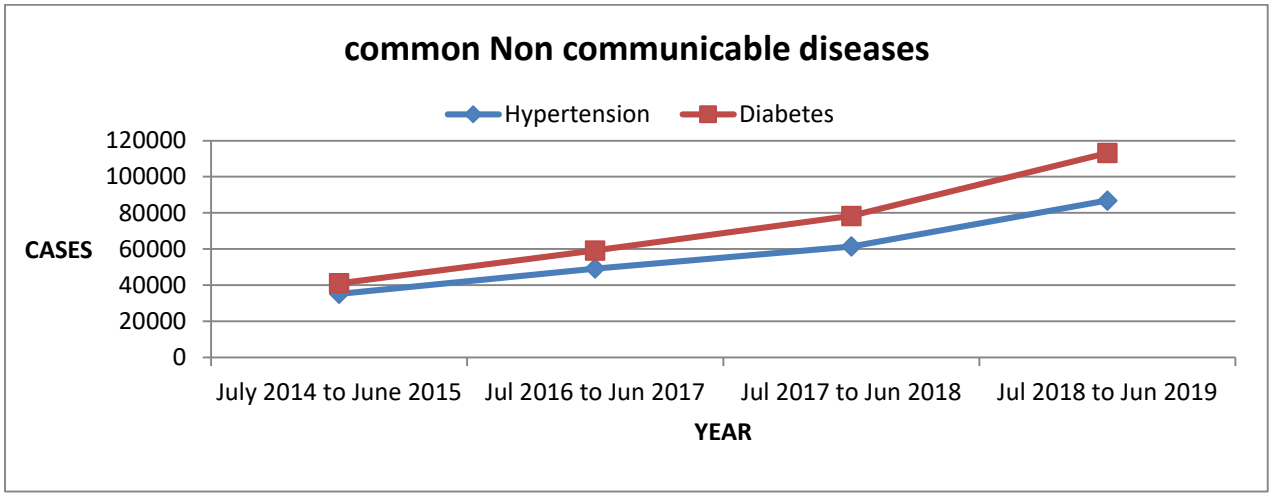


Figure 2: Trends of Top 5 Communicable diseases

b. Non-communicable diseases

There is transition of burden of disease from predominantly communicable diseases to non-communicable diseases posing a double burden. This is due to lifestyle, socio-economic and behaviour related problems such as smoking, high calorie intake, high fat dietary intake and a sedentary lifestyle. The topmost non-communicable diseases such as hypertension, diabetes, and cancer among others have been showing an upward trend. Screening for NCDs has been low and is available at select facilities only though it is a trend that the county is keen on reversing.



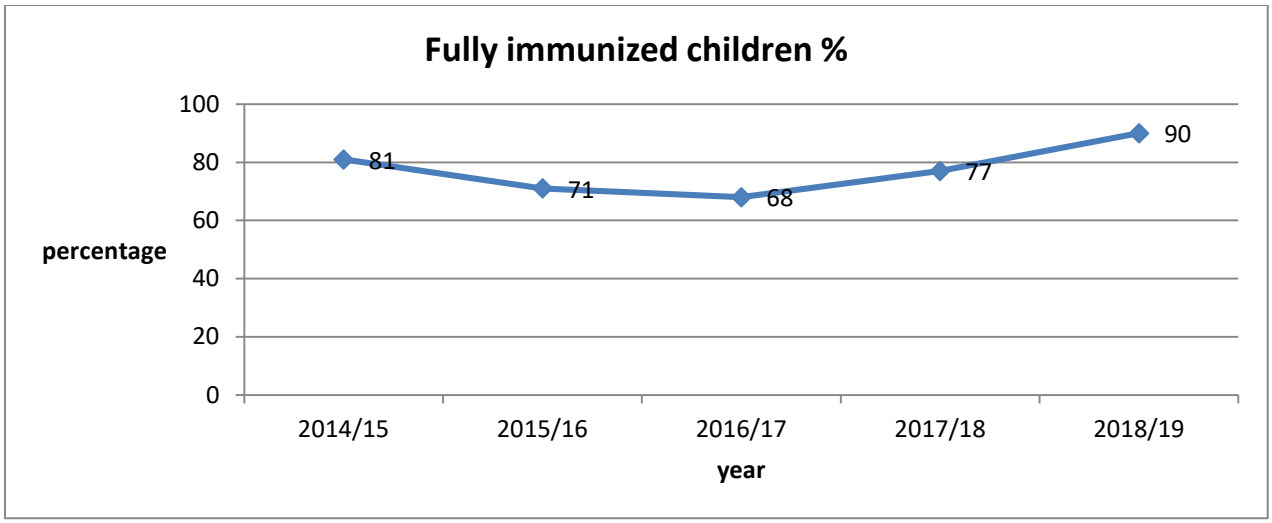
SOURCE: KHIS 2018

Figure 3: Trends of Top Non Communicable diseases

2.2.1.3 Child Health

According to Health Management Information System (HMIS) data, the percentage of fully immunized children has improved over time since 2014. This has considerably decreased the number of immunizable diseases such as measles and even eliminated some such as poliomyelitis.

There has been an increase in the number of children getting immunized, from 85% in 2013/14 to 90% in 2018/19 against a national average of 77%. There is still need to improve the number of fully immunized children to 100%. More efforts are to be placed on the Penta 3 that was reported at 80% compared to the national average of 80.4% as well as proportion of children attending CWC who are underweight which was at 12%. The percentage of under 5s who are stunted remains high at 25.1% (2013/14 KDHS).

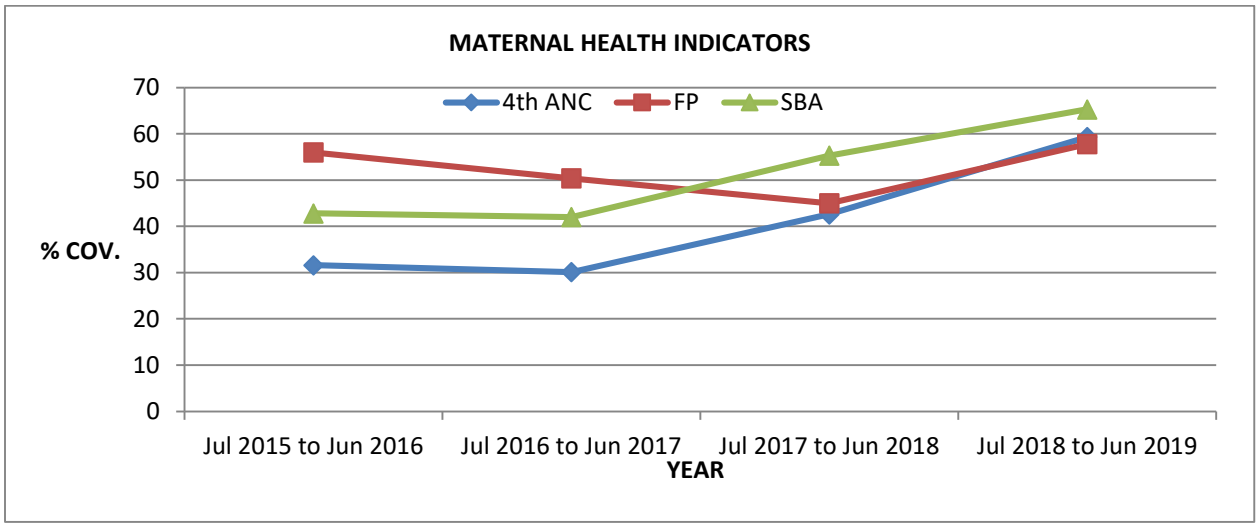


Source KHIS 2018

Figure 4: Fully Immunized children

2.2.1.4 Maternal Health

RMNCAH services have been enhanced as an intervention in improving maternal health status. Most maternal health indicators have improved considerably from the year 2014. Conversely, family planning uptake and 4th ANC are still low.



KHIS 2018

Figure 5: Maternal Health

2.2.1.5 Mortality

Facility mortality remains a challenge in the county. The leading causes are communicable and non-communicable diseases; pneumonia (21%); anemia (14.9%) and congestive heart conditions are top three (3) of the mortality causes in the county.

Table 2: Top 10 causes of mortality

Causes of deaths	**Number inpatient deaths 2018**	**% contribution to all diseases**	**No. deaths per 1,000 population (death rate**
Pneumonia Unspecified	76	21.0	0.021
Anaemia Unspecified	54	14.9	0.015
Congestive Heart Failure	53	14.6	0.015
Essential Hypertension	36	9.9	0.010
Stroke	34	9.4	0.010
Acute renal failure	24	6.6	0.007
Other low birth weight	23	6.4	0.006
Septicaemia Unspecified	22	6.1	0.006
Bacterial Sepsis of newborn	21	5.8	0.006
Diarrhea	19	5.2	0.005
Total	**362**		

2.2.2 Health Information Systems

The county has 219 community health units out of which, 65% of the community units have updated household registers and provide monthly reports. The county has been implementing initiatives to assure data quality from the community to health facility level.

Reporting rates to DHIS for level 2 to level 4 are at 100%. However, quarterly DQA is at 70%.

Table 3: Health Management and Information Systems

	Reporting	Level I	Level II	Level III	Level IV/V	Sub-County	County Totals
1	Community Units with updated household Registers	69%					69%
2	Community Units providing monthly reports to facility	66%					66%
3	% of health facilities and community units submitting complete and accurate information (completeness of reports)		100%	100%	100%	100%	100%
4	Quarterly performance reports prepared, and discussed by (level) management committee		100%	100%	100%	100%	100%
5	Monthly data review meetings		100%	100%	100%	100%	100%
6	Quarterly cross cutting DQAs	0	50%	70%	100%	100%	100%
7	Proportion of health facilities in (level 4 and 5) with comprehensive electronic health records	0	0	0	0	0	0
8	% of sub-counties with annual county health performance review forums held	100%	100%	100%	100%	100%	100%
9	% of hospital deaths having reliably determined and certified cause of death	90%	100%	100%	100%	100%	98%

Source: County Department of Health Makueni 2018

There exists a gap in comprehensive electronic health records across all health facilities.

2.2.3 Health Products and Technologies

The county has consistently been committing a significant proportion of her budget towards provision of health products and technologies over the years as shown below.

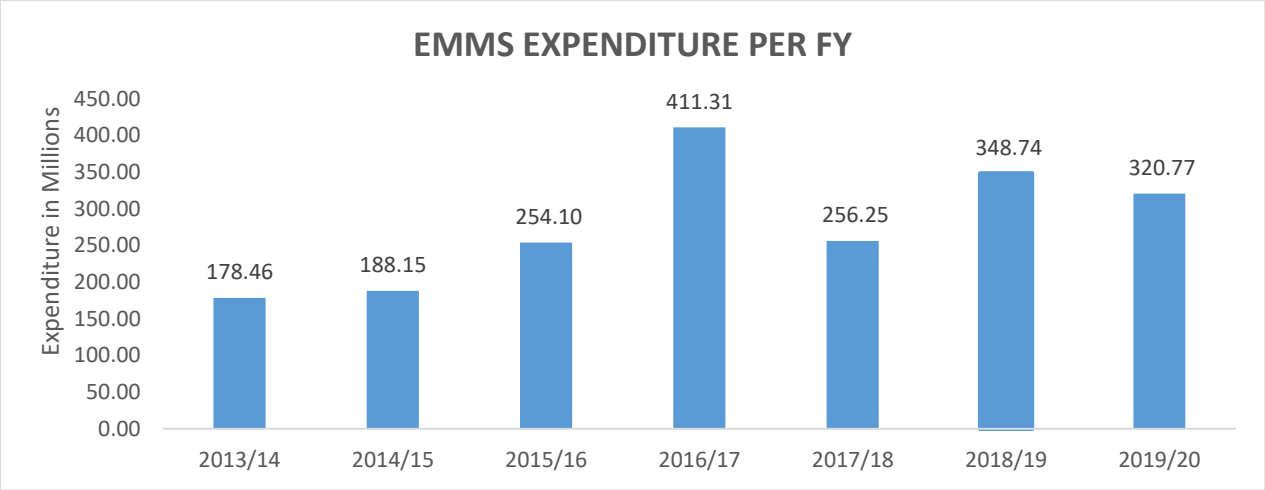


Figure 6 : EMMS Expenditure per FY

The main suppliers for health products and technologies are KEMSA and MEDS who have well established quality assurance systems. The county also benefits from health products provided by national government to support the vertical programs such as family planning and HIV, but the supply is erratic.

2.2.4 Health Financing

Financing of healthcare services is a critical component of building a robust healthcare system. It facilitates provision of inputs which can be used to achieve the vision of the county government as captured in the department's strategic plan. Health being service oriented has suffered severe financing gaps since its impact is not as tangible as other development projects in other sectors. Historically, the National Government has allocated about 7% of the national budget to Health as opposed to the Abuja declaration where African countries committed to allocate at least 15% of their budgets to Health. This policy gap has pushed the financing burden to citizens who are increasingly getting overburdened by the same.

In Makueni County, there was general progressive increase in the percentage allocation to health for the first few years. Subsequent years has seen funding decline despite introduction of new specialist services. This has strained the quality of services provided since the number of patients has increased exponentially with the roll out of Makueni care.

The declining funding for health services poses a challenge of lowering the quality of health services provided in the county health facilities. About 65% of the health budget is taken up by personnel emoluments (only 30% of national staffing norms and standards achieved so far) leaving 35% for operations and maintenance besides development expenditure. This limited fiscal space severely strains programs implementation and service delivery. Urgent strategic development interventions cannot thus be achieved in good time to yield utmost benefit to the residents.

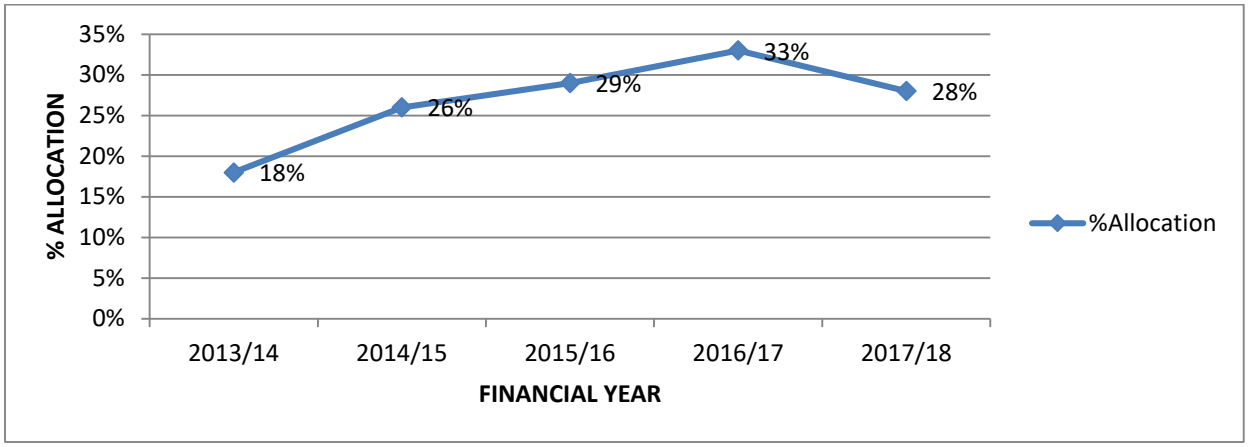


Figure 7: Percentage allocation of funds to health department from 2013/14 to 2017/2018

Currently, the healthcare system is funded mainly by way of county allocations. The hospitals charge user-fees facility improvement fund to support their day-to-day operations. The fees are paid directly by the patients or through various schemes e.g. Makuenicare, NHIF, private insurances etc. Makuenicare is the county's Universal Health Coverage (UHC) scheme which is guided by a UHC policy formulated to that effect. This scheme involves payment of annual subscription fee per household for enrollment. The hospitals offering Makuenicare are reimbursed through fee for service provided for under the county budget. All deliveries in the healthcare facilities are paid for through the Linda Mama initiative financed by the National Government through NHIF.

Primary healthcare facilities are funded through recurrent healthcare financing vote in the budget. Supplementary funding comes from conditional grants e.g. Danida, World Bank, THS-UC, Nutrition International, Centre for Health Solutions, CHAI, CHAK among other development partners. The county also funds the Sub County Health Management Teams and Ambulance services through recurrent financing. The Public health department also collects levies which are ploughed back to fund services including surveillance etc.

All the funds collected by hospitals are fully appropriated and used by the collecting facilities.

The National Government funds user fees forgone by the primary health care facilities annually.

2.2.5 Health Infrastructure

Health services can only be given in the requisite set up and ambience so that quality can be seen to be served. Health infrastructure supports service delivery at all levels of care. The county has invested in infrastructure to support primary healthcare as well as specialized services.

The county has 179 dispensaries and 45 health centers supporting primary healthcare services. Some of the facilities have outpatient blocks, laboratories, staff houses, maternity wings to offer maternal and child

health services. The busy health centers have wards that offer inpatient services as well as extensions in the outpatient blocks for medical outpatient clinics. Infection prevention facilities are also available in some of the health facilities. These include; incinerators, placenta pits, ash and glass pits and toilets/septic tanks. Undesirably, some facilities are not fenced, have no electricity and lack water supply.

Even though the county has progressively strived to achieve health Infrastructure norms and standards (MOH 2017), gaps that ought to be remedied still exist.

2.2.6 Health Human Resource

Since the onset of devolution, the county through the department has progressively increased the numbers of healthcare workers from 977 to 1291 through recruitment. The current staffing levels is as shown in the table below:

Table 4: **Distribution of Human Resources for Health in Makueni County**

S/No	Staff cadres	Distribution by Provider Type			Distribution by Level of Care			Numbers in Government Facilities		
		Government	Private Non-Profit (NGO, FBO)	Private for Profit	Hospitals	Primary Care (Level II & III)	Community	Total Available	Number Required	Gap/Surplus
1	Consultants	14	0	0	14	0	0	14	257	-243
2	Medical officers	65	0	0	65	0	0	65	318	-253
3	Dentists	8	0	0	8	0	0	8	100	-92
4	Dental Technologists	7	0	0	7	0	0	7	168	-161
5	Public Health Officers	96	0	0	10	86	0	96	140	-44
6	Pharmacists	14	0	0	14	0	0	14	96	-82
7	Pharm. Technologist	34	0	0	19	15	0	34	282	-248
8	Lab. Technologist	96	11	26	68	65	0	96	950	-854
9	Clinical Officers (specialists)	41	0	0	41	0	0	38	497	-459

S/No	Staff cadres	Distribution by Provider Type			Distribution by Level of Care			Numbers in Government Facilities		
		Government	Private Non-Profit (NGO, FBO)	Private for Profit	Hospitals	Primary Care (Level II & III)	Community	Total Available	Number Required	Gap/Surplus
10	Clinical Officers (general)	151	7	18	125	51	0	151	1028	-884
11	Nursing staff (KRCHNs)	568	21	9	238	315	0	568	1556	-988
12	Nursing staff (KECHN)	141	11	0	42	110	0	143	2658	-2515
13	Orthopedic technologists	3	0	0	3	0	0	3	85	-82
14	Nutritionists	19	0	0	19	0	0	19	222	-203
15	Radiographers	15	1	0	16	0	0	15	168	-153
16	Physiotherapists	16	0	0	16	0	0	16	216	-200
17	Occupational Therapists	13	0	0	13	0	0	13	260	-247
18	Plaster Technicians	9	0	0	9	0	0	9	85	-76

S/No	Staff cadres	Distribution by Provider Type			Distribution by Level of Care			Numbers in Government Facilities		
		Government	Private Non-Profit (NGO, FBO)	Private for Profit	Hospitals	Primary Care (Level II & III)	Community	Total Available	Number Required	Gap/Surplus
19	Health Records & Information Officers	21	0	0	21	0	0	21	473	-452
20	Medical engineering technologist	6	0	0	6	0	0	6	120	-114
21	Medical engineering technicians	6	0	0	6	0	0	6	50	-44
22	Mortuary Attendants	1	0	0	1	0	0	1	168	-167
23	Drivers	24	0	0	24	0	0	24	329	-305
24	Accountants	13	0	0	13	0	0	13	28	-15
25	Administrators	13	0	0	13	0	0	13	70	-57
26	Laboratory technicians	96	11	26	43	90	0	96	950	-854

S/No	Staff cadres	Distribution by Provider Type			Distribution by Level of Care			Numbers in Government Facilities		
		Government	Private Non-Profit (NGO, FBO)	Private for Profit	Hospitals	Primary Care (Level II & III)	Community	Total Available	Number Required	Gap/Surplus
27	Community Oral Health Officers	4	0	0	4	0	0	4	584	-580
28	Community Health Extension Workers (PHT's, social workers, etc)	0	0	0	0	0	0	0	138	-138
29	Community Health volunteers	1380	0	0	0	0	1,380	1380	2350	-970
30	Secretarial staff / Clerks	12	1	0	13	0	0	12	20	-8
31	Attendants / Nurse Aids	398	0	0	398	0	0	0	0	0
32	Cooks	2	0	0	2	0	0	2	222	-220
33	Support staff	308	38	56	402	18	0	308	960	-652
34	Security	72	0	0		72	0	72	112	-40

S/No	Staff cadres	Distribution by Provider Type			Distribution by Level of Care			Numbers in Government Facilities		
		Government	Private Non-Profit (NGO, FBO)	Private for Profit	Hospitals	Primary Care (Level II & III)	Community	Total Available	Number Required	Gap/Surplus
35	registered Health promotion officers	4	0	0	4	0	0	4	612	-608

Source: KHIS CDoH, HR unit/ private health facilities

The above table represents the inventory of staff and skill mix on human resources distribution in both public and private health facilities in Makueni. The density per staff cadre is as follows: consultants 0.14; medical officers 0.70; clinical officers 1.48 and nurses 7.20 per 10,000 population.

Table 5: Core health work force population density

Core Health workforce per 10,000 population	**Health workforce density score (TARGET = 23)**
Makueni County	
13.2	**57%**
National	
15.6	**68%**

KHFA 2018-19

The core health-worker density is 13.2/10,000 population compared to 15.6 as the national average. The county has a shortfall of 43% against the WHO recommended standards of 23/10,000 population.

2.2.7 Health Leadership and Governance.

Leadership and governance involve ensuring that strategic policy frameworks exist and are combined with effects on oversight, coalition-building, regulation and accountability. Policy formulation, legal and institutional frameworks are a key component of leadership and governance. The County government is in the process of formulating policies and legal frameworks that are critical to the implementation of the health functions in line with the 2010 Constitution.

The departmental leadership has continually mobilized for resources to fund health services through collaboration and partnerships. However, the county continues to grapple with dwindling donor support.

2.2.8 Health Research and Development

This is the driver for evidence-based solutions and can take the form of operational research, academic research and development research. Health research is also an enabler to innovation and efficiencies in evidence-based planning. Largely, the department has not implemented any platform to support research and development therefore leading to poor knowledge management.

2.3 Policy issues/challenges:

The health sector recognizes the provisions under the Constitution of Kenya 2010, among which is the right to the highest attainable standard of health; currently the system is characterised by the following challenges;

2.3.1 Increasing disease burden

a) Non - communicable diseases have been increasing every year. The cases of non-communicable diseases increased from 82,519 to 186,065 between 2013 and 2017. This can be associated to changing lifestyles especially on feeding behaviors and physical inactivity. High number of non-communicable disease has become a major concern requiring urgent intervention.
b) Communicable disease cases have remained almost constant for several years. It is indication that preventive interventions have managed to contain the communicable diseases to almost constant levels. Nonetheless, the number of cases is still high hence the need to enhance preventive measures.
c) Emerging and re-emerging diseases. Cases of emerging diseases such as COVID-19 have been reported in our county. This has had negative impact on our health care system specifically on health care workers and financing. Re-emerging diseases such as Kalazar have been reported in the neighbouring counties and it's likely to creep in to the county hence need for instituting preventive measures and alertness. Cholera has been reported in the county in the past and could re-emerge.

2.3.2 Poor health seeking behaviour

This has had negative impact on the efforts to improve health status of the population. Some of the identified poor health seeking behaviour in the county include: gum cutting in young children, late seeking of treatment especially among men, late attendance of Ante Natal Clinic (ANC), poor adherence to treatment protocols and preference for traditional healers, hesitant groups and traditional birth attendants.

2.3.3 Low level of health facility automation

The level of automation of health management information system is low considering the demand for efficiency and accuracy. Only 2 health facilities have been partially automated while 234 are still operating manual systems.

2.3.4 Inadequate health products and technologies

Some health products are provided by national government to support the vertical program though the supply is erratic. Also, particular medical technologies have not yet been rolled out in the county thus necessitating the patients to be referred outside the county.

2.3.5 Inadequate health care financing

The sector has been receiving budgetary allocation that is not sufficient to fund all the priorities including MakueniCare. Additionally, some programmes funded through donor support are at risk of continuity due to dwindling donor support.

2.3.6 Inadequate infrastructure in health facilities

Most of the health facilities do not meet the national and international infrastructure norms for level of care. Undesirably, some of the public health facilities don't have ownership documents such as title deeds and allotment letters and as such risk encroachment by third parties.

2.3.7 Inadequate Human Resource for Health

The county has a human resource for health to population ratio of 13 per 10,000 against the WHO target of 23 per 10,000 population.

2.3.8 Inadequate policy and legal framework

The sector doesn't have sufficient policy and regulatory framework that are critical for purposes of supporting implementation of varied programmes within the sector. There is need to domesticate the national policies and formulate new policies to respond to some of the novel challenges that are plaguing the sector.

2.3.9 Inadequate health research

There exist inadequate skills, capacities and financing to undertake research on health matters for evidence-based solutions.

CHAPTER THREE: POLICY GOAL, OBJECTIVES, AND STRATEGIES:

This section defines the goal of this policy, describes key policy objectives and the various strategies that will lead towards realization of the policy aspiration.

3.1 Policy Goal

The goal of the Policy is **"acceleration of attainment of efficient, effective, equitable, accessible and acceptable quality healthcare."**

The health sector aims to achieve this goal by supporting *equitable, affordable, and high-quality health and related services at the highest attainable standards for all Makueni citizens.* The sector will be guided by the primary healthcare approach, which remains the most efficient and cost-effective way to organize a health system. This will be realized progressively during the policy period (2020 – 2030).

3.2 POLICY OBJECTIVES AND STRATEGIES

Policy Objective One: To promote health service delivery

Policy strategies to achieve this objective include:

a) Halt and reverse the rising burden of non-communicable conditions and mental disorders
b) Eliminate communicable conditions
c) Reduce malnutrition
d) Promote corrective and inter sectoral preventive interventions to address causes of injuries and violence
e) Enhance rehabilitative services
f) Prepare for Emerging and Re-emerging diseases
g) Promote healthy lifestyles across all lifecycles;
h) Promote a healthier environment and intensify primary prevention of environmental threats to health;
i) Ensure that Health Impact Assessment (HIA) is conducted for any major infrastructural development;
j) Reduce unsafe sexual practices, particularly among key populations;
k) Mitigate the negative health, social, and economic impacts resulting from the excessive consumption and adulteration of alcoholic products;
l) Reduce the prevalence of tobacco use and exposure to tobacco smoke and other harmful addictive substances;

m) Institute population-based, multisectoral, multidisciplinary, and culturally relevant approaches to promoting health, diet, and physical activity;
n) Strengthen mechanisms for the screening and management of conditions arising from health-risk factors at all levels;

Policy Objective Two: Strengthen health information management system

Policy strategies to achieve this objective include:

a) Collaborating, harmonizing, and integrating data collection, analysis, storage, dissemination mechanisms of state and non-state actors to ensure availability of adequate and complete information for decision making;
b) Continued strengthening of accuracy, timeliness, and completeness of health information from the population and health facilities;
c) Strengthening mechanisms for health information dissemination to ensure information is available where and when needed;
d) Following the set national reporting guidelines;
e) Progressive utilization of information and communication technologies to aid service delivery;
f) Developing and implementing a health information systems (HIS) policy;
g) Facilitating access to information to the public while protecting privacy and confidentiality.

Policy Objective Three: Enhance Health products and technologies

This objective will be attained through the development and implementation of a county HPT policy and relevant regulatory frameworks that will further elaborate the following strategies:

a) Executing an evidence-based essential package of health products and technologies.
b) Rational investment in and efficient management of health products and technologies.
c) Have in place effective and reliable procurement and supply systems.
d) Ensuring availability of affordable, good quality health products and technologies.
e) Ensure access to quality diagnostic services;
f) Ensure provision of safe and adequate blood and blood components in the county through supporting county coordinated blood transfusion services;

Policy Objective Four: To Enhance Resource Mobilization

Policy strategies to achieve this objective include:

a) Costing of the devolved county health services so that health funding is evidence based as opposed to blind allocation of resources

b) Lobbying both the executive and county assembly to prioritise funding for health agreed county, national and international benchmarks as it is the single most critical intervention that can yield socioeconomic transformation of the populace since a healthy citizenry is able to meaningfully engage in work and development
c) Encourage all facilities to increase their share of Linda Mama claims, NHIF capitation, rebates, inpatient reimbursement and have targets captured in performance contracts for facility heads
d) Source for more partner support in both off budget and on budget activities. This will also include leveraging resources from the national government towards provision of health services
e) Develop a regulatory framework for county health financing.
f) Establish a social health protection mechanism to progressively facilitate attainment of universal health coverage;
g) Develop and strengthen innovative healthcare financing for communities' by periodically reviewing the criteria for resource allocation and purchasing mechanisms to enhance efficiency and utilization of resources;
h) Enhance prepayment mechanisms towards UHC; Putting in place comprehensive mechanisms for financing of emergency health services;
i) Promoting private sector participation in financing of healthcare through public private partnerships and other mechanisms;

Policy Objective Five: To Improve Health infrastructure

Policy strategies to achieve this objective include:

a) Adopt evidence-based health infrastructure investments, maintenance, replacement through utilization of norms and standards in line with national policies;
b) Continuous lobbying for increased development budget to put new strategic infrastructural projects
c) Prioritize infrastructure development to high impact investments
d) Mobilize both hospital and sub county management teams to participate in budget public participation for resource allocation towards infrastructural development
e) Invest in health infrastructure to ensure a progressive increase in access to health services;
f) Provide the necessary logistical support for an efficiently functioning referral system;
g) Promote and increase private sector investments in the provision of health services through infrastructure development;
h) Formulate and implement a regulatory framework to enforce health infrastructure standards.

Policy Objective Six: To Strengthen Human Resource for Health

The objective will be realized through the following strategies;

a) Continuous capacity building of staff
b) Recruitment of additional health care staff including specialized cadres
c) Undertake staff rationalization through the use of iHRIS
d) Improve retention of health workers in the county
e) Implement performance appraisal system.

Policy Objective Seven: To Strengthen Health Leadership and Governance

This will be attained by focusing on the following strategies:

a) Ensuring functional strategic partnership and coordination mechanisms:
b) Provide collaborative oversight for implementation of a functional health system
c) Ensure functional health governance, management and coordination mechanisms.
d) Put in place means for engaging with health-related actors. This aims to ensure that the health-related sectors are prioritizing investments in outcomes that have an impact on health.
e) Synchronize development of operational and strategic plans and undertaking review processes.
f) Provide oversight to provision of quality services. The county government will ensure that quality of care is provided to the population.
g) Collaborate with department of lands to fast rack acquisition of ownership documents.

Policy Objective Eight: To Institute Health Research

This will be achieved through the following:

a) Development of a prioritized county health research agenda including funding;
b) Effective dissemination of research findings;
c) Harnessing development partners' and government funds to implement the county health research agenda
d) Promotion of research to policy dialogue in order to ensure that research is relevant to the needs of the people;
e) Establish mechanisms to promote, coordinate, regulate, and ensure sustainability of health research and development; and
f) Develop and implement a health research and development regulatory framework.

CHAPTER FOUR: POLICY IMPLEMENTATION MECHANISMS

4.1 Institutional and Coordination Framework

Implementation of the Makueni Health Policy is dependent on the joint effort of all stakeholders through the formation of a partnership framework. The policy provides structure and direction that connects health service delivery at all health units in the county. The Department of Health Services will oversee overall coordination of this policy. This will be actualized through existing leadership and management structures in the department at various levels.

4.2 Stakeholders in Health Delivery

This section highlights institutions responsible for the implementation of the Makueni Health policy. The institutions range from state actors and non-state actors. The following have been mapped as key stakeholders and their distinct roles in health delivery.

4.2.1 National Government Ministry and Semi-Autonomous Government Agencies (SAGAs) for Health.

The MOH and related SAGAs shall be responsible for the following functions:

i. Developing national policy and legislation, standards setting, national reporting, sector coordination, and resource mobilization;
ii. Offering technical support, with emphasis on planning, development, and monitoring of health service delivery quality and standards;
iii. Capacity building of county governments to effectively deliver high quality and culturally responsive health service

4.2.2 County Government Departments and entities responsible for Health

In execution of the health devolved functions, the health department will collaborate with other county departments to enhance service delivery.

4.2.3 County Assembly

The roles of the county assembly are; oversight, legislation and representation. The sector will work closely with the assembly to ensure all necessary policies and regulations are passed.

4.2.4 Clients/Consumers:

The clients include: individual, household and the community. The policy shall seek to enhance capacity and cooperation of health customers to ensure health goals are achieved.

4.2.5 Non-State Actors:

These are implementing partners that play a role in health service delivery to communities. They include the private sector, NGOs, FBOs, and CSOs. Other non-state actors include firms involved in the manufacturing, importation, and distribution of HPT and health infrastructure, as well as health insurance companies.

This policy recognizes the strengths of these actors in mobilizing resources for health service delivery, designing and implementing development programmes, organizing and interacting with community groups. This policy acknowledges the range of interventions implemented by these partners in addressing risk factors to health in the areas of education, health, food security, and water sectors, among others.

4.2.6 Development Partners:

Health services require significant financial and technical investment in a context of limited domestic resources. Donors and international nongovernmental organizations play a key role in providing resources for the health sector. The implementation of this policy will require the continued support of development partners in health.

CHAPTER FIVE: MONITORING AND EVALUATION

The implementation of this policy will be tracked using a set of financial and non-financial targets and indicators. These targets will reflect the constitutional requirements, national and county goals and targets, and health sector priorities elaborated in Vision 2030, Makueni Vision 2025 and other plans. These plans will be implemented and monitored through annual work plans and medium-term plans. This policy will also be evaluated through a mid-term review.

5.1 Monitoring and Evaluation Framework

The Makueni County Health Policy is the primary policy document providing long-term direction for health in Makueni for the period 2020–2030. This policy will be implemented through medium-term strategic plans that will elaborate on the comprehensive medium-term strategic and investment approaches through two key elements:

1. Medium-term health and related services objectives and outcome (coverage) indicator targets for each of the policy objectives
2. Priority investments across the building blocks required to attain the above-mentioned medium-term health and related services objectives.

The policy principles as applied here form the basis for defining the resource allocation criteria across the various health system building blocks.

This policy will be implemented through five-year Health Sector Strategic Plans (HSSPs). The strategic plans will be implemented through annual development plans.

Annual development plans provide information and guidance on the annual targets and budgeting processes. The budgeting process and framework therefore will be based on agreed-upon priority investments in the respective plans. During the budgeting process, the priorities for investment should be directly derived from the building block investments.

5.2 Progress Indicators:

These are based on the respective domain areas. Indicators that will be used are shown in Table 5 below. These targets shall be measured in absolute achievement and compared with national achievements.

Table 6: Indicators for Measuring Makueni County Health Policy 2020−2030

Objective	Strategies	Indicators	Actors	Baseline 2020	Target 2030
To promote health service delivery	Halt and reverse the rising burden of non-communicable conditions and mental disorders	No of communicable diseases reported	Director Medical Services	86,869	60,808
	Eliminate communicable conditions	No.of non communicable diseases reported	Director Medical Services	12,54,194	65,808
	Reduce malnutrition	% of children under five years who are under weight	Director Medical Services	12%	8%
	Promote corrective and inter sectoral preventive interventions to address causes of injuries and violence	No of new injuries and violence cases reported	Director Medical Services	64,797	55,078
	Enhance rehabilitative services	No of rehabilitastive services offered	Director Medical Services	78,824	68,314
	Prepare for Emerging and Re-emerging diseases	No of emerging and re-emerging diseases reported	Director Medical Services	0	0
	g) Promote healthy lifestyles across all lifecycles;	No of of health education sessions conducted	Director Medical Services	1,569	3,000
	Ensure that Health Impact Assessment(HIA) is conducted for any major infrastructural development;	No. of HIA Conducted	Director Medical Services	0	1
	Reduce unsafe sexual practices, particularly among key populations;	No of sexually transmitted diseases reported	Director Medical Services	1,560	1170
	Mitigate the negative health, social, and economic impacts resulting from the excessive consumption and adulteration of alcoholic products;	No. of HIA Conducted	Director Medical Services	0	1
	Reduce the prevalence of tobacco use and exposure to tobacco smoke and other harmful addictive substances;	Prevalence of tobacco use	Director Medical Services	8%	6%

	Institute population-based, multisectoral, multidisciplinary, and culturally relevant approaches to promoting health, diet, and physical activity;	Prevalence of tobacco use	Director Medical Services	8%	6%
	Strengthen mechanisms for the screening and management of conditions arising from health-risk factors at all levels;	No of clients screened	Director Medical Services	118,813	237,626
Strengthen health information management	Collaborating, harmonizing, and integrating data collection, analysis, storage, dissemination mechanisms of state and non-state actors to ensure availability of adequate and complete information for decision making;	No of health facilities installed with EMR	Director - Health Planning	0	10
	Continued strengthening of accuracy, timeliness, and completeness of health information from the population and health facilities;	No of data quality audit activities conducted	Director - Health Planning	7	14
	Strengthening mechanisms for health information dissemination to ensure information is available where and when needed;	No of health facilities installed with EMR	Director - Health Planning	2	10
	Following the set national reporting guidelines;	% of facilities with adequate documentation and reporting tools	Director - Planning	98%	100%
		Reporting rate	Director - Health Planning	100%	100%
	Progressive utilization of information and communication technologies to aid service delivery;	No of health facilities installed with EMR	Director - Health Planning	0	10
	Developing and implementing a health information systems (HIS) policy;	No of HIS policies developed	Director - Health Planning	0	1

	Facilitating access to information to the public while protecting privacy and confidentiality.	No of health facilities installed with EMR	Director - Health Planning	0	10
Enhance Health products and technologies	Executing an evidence-based essential package of health products and technologies.	% of facilities stocked per essential package for health norms	Director - Health Commodities	65%	90%
	Rational investment in and efficient management of health products and technologies.	% of facilities stocked per essential package for health norms	Director - Health Commodities	65%	90%
	Have in place effective and reliable procurement and supply systems.	% of facilities stocked per essential package for health norms	Director - Health Commodities	65%	90%
	Ensuring availability of affordable, good quality health products and technologies.	% of facilities stocked per essential package for health norms	Director - Health Commodities	65%	90%
	Ensure access to quality diagnostic services;	No of facilities offering laboratory services	Director - Health Commodities	83	236
	Ensure provision of safe and adequate blood and blood components in the county through supporting county coordinated blood transfusion services;	No of blood donation campigns conducted	Director - Medical services	6	12
To enhance resource mobilization	Costing of the devolved county health services so that health funding is evidence based as opposed to blind allocation of resources	No of workload based resource allocations done	Director - Health planning	4	4
	Lobbying both the executive and county assembly to prioritise funding for health as it is the single most critical intervention that can yield socioeconomic transformation of the populace since a healthy citizenry is able to meaningfully engage in work and development	% of county funds allocated to health department	Director - Health planning	28%	30%

	Encourage all facilities to increase their share of Linda Mama claims, NHIF capitation, rebates, inpatient reimbursement and have targets captured in performance contracts for facility heads	Amount reimbursed to facilities	Director - Health planning	345,742,000	518,613,000
	Source for more partner support in both off budget and on budget activities. This will also include leveraging resources from the national government towards provision of health services	Amount of funding from partners	Director - Health planning	11,000,000	16,500,000
	Establishing a social health protection mechanism to progressively facilitate attainment of universal coverage;	% of households under insurance cover (inckuding makueni care)	Director - Health planning	70,500	150,000
	Developing and strengthening innovative healthcare financing for communities' by periodically reviewing the criteria for resource allocation and purchasing mechanisms to improve efficiency and utilization of resources;	% of households under insurance cover (inckuding makueni care)	Director - Health planning	70500	150,000
	Enhance prepayment mechanisms towards UHC;	% of households under insurance cover (inckuding makueni care)	Director - Health planning	70500	150,000
	Putting in place comprehensive mechanisms for financing of emergency health services;	health service utilization rate	Director - Health planning	110%	120%
	Promoting private sector participation in financing of healthcare through public private partnerships and other mechanisms;	health service utilization rate	Director - Health planning	110%	120%
	Pooling of resources to increase efficiency in	health service utilization rate	Director - Health planning	110%	120%

	utilization of health resources.				
Improve Health infrastructure	Adopting evidence-based health infrastructure investments, maintenance, replacement through utilisation of norms and standards in line with national policies;	No of health facilities meeting infrastrature norms and standards	Director - Health planning	2	100
	Continuous lobbying for increased development budget to put new strategic infrastructural projects				
	Prioritization of infrastructure development to high impact investments				
	Mobilize both hospital and sub county management teams to participate in budget public participation for resource allocation towards infrastructural development	No of planning meetings held	Director - Health planning	9	28
	Resource mobilizations from National governments, development partners and other stakeholders	No of stake holders meetings held	Director - Health planning	2	7
	Facilitating development of infrastructure that progressively moves towards the prevailing norms and standards;	No of health facilities meeting infrastrature norms and standards	Director - medical services	2	100
	Adhering to norms and standards to guide the planning, development, and maintenance of health infrastructure;				
	The department of health shall invest in health infrastructure to ensure a progressive increase in access to health services;				
	Providing the necessary logistical support for an	No of functional ambulances avialble	Director - medical services	22	30

	efficiently functioning referral system;				
Improve Health infrastructure	Promoting and increasing private sector investments in the provision of health services through infrastructure development;	No of private facilities meeting infrastructure norms and standards	Director - medical services	0	100
	Execute the regulatory framework to enforce health infrastructure standards; and	No of health facilities inspections done	Director - medical services	55	236
	Developing and implementing health infrastructure policy.	No of policies developed	Director - Health planning	0	1
To strengthen human resource for health	Continuous capacity building of staff	No of trainings to health workers conducted	Director - Medical services	26	50
	Recruitment of additional health care staff including specialized cadres	No facilities staffed as per the set norms and standards	Director - Medical services	0	20
	Staff rationalization through the use of iHRIS				
	To improve retention of health workers in the county	Staff attrition rate	Director - Medical services	2.00%	1.5%
	Performance appraisal system	PAS compliance rate	Director - Medical services	100%	100
To strengthen health leadership and governance	Ensuring functional strategic partnership and coordination mechanisms:	No of MOUs signed with private partner	Director – Medical services	1	2
	Providing collaborative oversight for implementation of a functional health system	No of supportive supervision exercises conducted	Director - Health planning	8	28
	Ensuring functional health governance, management and coordination mechanisms.	No of management meetings held	Director - Health planning	52	76
	Putting in place means for engaging with health-related actors. This aims to ensure that the health-related sectors are prioritizing investments in outcomes that have an impact on health.	No of stake holders meetings held		2	7

	Synchronizing development of operational and strategic plans and undertaking review processes.	No of planning documents made	Director - Health Planning	1	1
	Providing oversight to provision of quality services. The county government will ensure that quality of care is provided to the population.	No of supportive supervision exercises conducted	Director v-health planning	8	28
	Collaborate with department of lands to fast rack acquisition of ownership documents	No of Title deeds acquired			
Institute Health Research	Development of a prioritized county health research agenda;	Research and development policy in place	Director - Health Planning	0	1
	Effective dissemination of research findings;	No of research dissemination meeting held	Director - Health Planning	0	1
	Harnessing development partners' and government funds to implement the county health research agenda	No of research dissemination meeting held	Director - Health Planning	0	1
	Promotion of research to policy dialogue in order to ensure that research is relevant to the needs of the people;	NO. of stakeholders meetings held	Director - Health Planning	2	7
	Developing and implementing a health research and development policy.	Research and development policy in place	Director - Health Planning	0	1
	Develop and facilitate the implementation of a prioritised county health research agenda in collaboration with research-based organizations and institutions	Research and development policy in place	Director - Health Planning	0	1
Cross cutting indicators					
		Life expectancy at birth (years)	Director Medical services	60 years	64 years
		Client satisfaction	Director Medical services	75%	90%

		Neonatal mortality rate (per 1,000 births)	Director Medical services	19	15
		Infant mortality rate (per 1,000 births)	Director Medical services	32	29
		Under-5 mortality rate (per 1,000 births)	Director Medical services	40	35
		Maternal mortality rate (per 100,000 births)	Director Medical services	362	240