

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF NYAMIRA

**HEALTH SECTOR REPORT
(2023-2033)**



VISION

A healthy and productive county with equitable access to quality health care.

MISSION

To provide quality health services for socio-economic development of the people of Nyamira
County

Forward



The Constitution of Kenya 2010, the Kenya Vision 2030 and its Medium Term Plans, provide the foundation for the preparation of the First Sectoral Plans for Nyamira County. This Sectoral Plan, will be used to inform resource distribution, a tool of resource mobilization in the face of limited and competing priorities for the betterment of the lives of the people of Nyamira County. The Kenya Vision 2030 is the country's development blueprint covering the period 2008 to 2030. It aims to transform Kenya into a newly industrializing, middle-income country providing a high quality of life to all its citizens by the year 2030. The County's vision of

embracing urbanization for accelerated socio- economic growth is in tandem with this overall national vision. The Sectoral Plans identify a number of flagship projects to be implemented across the country for all sectors. The County Government has identified county-specific flagship projects and Programmes that will be implemented at county level and work with the National Government and Key Stakeholders to ensure these projects are implemented in a responsible, transparent and cost-effective manner. The preparation of this Sectoral Plan is based on the County Governments Act, 2012 section 109 which mandates every county to prepare Sectoral Plans. The Sectoral Plan is a ten-year blue print that highlights the socio-economic challenges faced by the County, strategies for resources mobilization and programme interventions aimed at realizing our socioeconomic goals and desired impact. The preparation of the Sectoral plan was done through a participatory process that involved various stakeholders. The sectoral plans will provide a structured roadmap for planning, budgeting, implementation, monitoring, evaluation and reporting for programmes and projects within the sector over the ten-year planning period.

MR. BERNARD MAINA

COUNTY EXECUTIVE COMMITTEE MEMBER,

HEALTH SERVICES.



ACKNOWLEDGEMENT

The 2023-2033 edition of the Health Sector Plan was prepared in accordance with section 109 of the County Government Act, 2012 and is the Second version since the inception of the County Government of Nyamira



I would like to acknowledge the departments in the Sector for their various contribution without which this document would not be a success. All the department directorates in the Sector were invited to contribute in the preparation of the Sector plan. This information was analyzed by the team led by CECM Mr. Bernard Maina. Acknowledgement is made to the Sector Working Group members who spent significant time and effort putting together the document; CCO Medical Services Mr. Andrew Ongere and CCO Primary Health Care Mr. Moenga Momanyi Esq, Directors and coordinators Dr. Geoffrey Nyambuti, Mr. David Osumo, Ms. Rosemary Otiende and Mr. Kimani. Special acknowledgement to the Budgeting and Economic Planning team led by CCO Dr. CPA Azenath Maobe, Director Economic Planning Mr. Paul Onyango and the Economic Planning Officer and Secretariat of the Sector Working Group CPA Novah Mokua for coordinating the process of preparing this Plan. Special thank you to the national government team; Martin Ogoti from KNBS, Rose Wakhuloba from National Population Council and the team from the National Treasury for providing technical backstopping in the preparation of this document. Finally, I am indebted to express my sincere gratitude to the entire staff of the Sub sectors for their dedication and commitment during the entire exercise.

MR.MOENGA MOMANYI, ESQ
COUNTY CHIEF OFFICER,
PRIMARY HEALTH CARE

MR. ANDREW ONGERE,
COUNTY CHIEF OFFICER,
MEDICAL SERVICES

TABLE OF CONTENTS

VISION	2
MISSION	2
Forward	3
CEC HEALTH SERVICES,	3
Mr. BERNARD MAINA.	3
ACKNOWLEDGEMENT	4
List of Abbreviations and Acronyms	7
List of Tables.....	8
List of Maps and Figures.....	9
EXECUTIVE SUMMARY	10
CHAPTER ONE.....	11
INTRODUCTION.....	11
OVERVIEW AND BACKGROUND OF THE SECTOR.....	11
1.0 Introduction	12
1.1 Overview of the County	12
1.2 Background of the sector.....	14
1.3 Rationale for the County Sectoral Plan	15
1.3.1: Legal framework for sector plans.....	15
1.3.2: Linkages of sector plans with the Kenyan vision 2030.....	15
1.4 Approach/methodology in the preparation of the sector plan.....	15
CHAPTER TWO.....	17
PERFORMANCE REVIEW OF THE PREVIOUS CIDP PERIOD	17
2.0 Introduction	18
2.1 Analysis of the Sector Revenue Sources	18
2.2 Sector Budget Expenditure Analysis.....	19
2.3 Sector Programmes Performance Review	20
2.4 Challenges , Emerging issues and Lessons Learnt.....	21
2.4 .1 Challenges	21
2.4.2 Emerging issues.....	21
2.4.3 Lessons Learnt.....	22
2.5 Development Issues.....	22
CHAPTER 3.....	26
SECTOR DEVELOPMENT PRIORITIES, STRATEGIES AND PROGRAMMES	26
3.0 INTRODUCTION.....	27

3.3 DEVELOPMENT PRIORITIES AND STRATEGIES	28
3.4 SECTOR PROGRAMMES AND FLAGSHIP PROJECTS	29
3.4.1 Sector Programmes.....	30
3.4.2 Flagship Projects	37
3.5 Sector Linkages with National Development Agenda, Regional and International	38
Development Frameworks	38
3.6 Cross-Sectoral Linkages.....	39
CHAPTER FOUR.....	41
SECTOR IMPLEMENTATION FRAMEWORK	41
4.1 Overview	42
4.2 Institutional Framework	42
4.3 ROLE OF THE STRUCTURE IN THE IMPLEMENTATION OF THE SECTOR PLAN	43
4.3.1 County Executive Committee Member:.....	43
4.3.2 County chief officer for Primary Health and Medical services.....	43
4.3.3 Director Primary Healthcare and public health:	44
4.3.4 Director Medical services.....	44
4.3.5 Director Finance, planning and Administration:	44
4.4 Resource Mobilization and Management Framework	44
4.4.1 Resource Requirements by Sector.....	44
Source: Sectors.....	45
4.4.3 Estimated Resource Gap	47
4.4.4 Resource Mobilization and Management Strategies	47
4.5 Asset Management	47
4.6 Risk Management.....	47
CHAPTER FIVE.....	48
MONITORING, EVALUATION AND LEARNING	48
5.0 INTRODUCTION.....	49
5.1 County Monitoring and Evaluation Structure	49
5.1.1 County Monitoring and Evaluation Committee (CMEC)	49
5.1.2 Technical Monitoring and evaluation unit (TMEU)	49
5.1.3 The Departmental Monitoring and Evaluation Committee (DMEC)	50
5.1.4 Sub-County Monitoring and Evaluation Committee (SCMEC).....	50
5.1.5 Ward Monitoring and Evaluation Committee	51
5.2 M&E Capacity.....	51
5.3 M&E Outcome Indicators	51

List of Abbreviations and Acronyms

SDGs	Sustainable Development Goals
CIDP	County Integrated Development Plan
CEC	County Executive Committee
CCO	County Chief Officer
MOH	Ministry of Health
THSUC	Transformation of Health services universal care
FP	Family Planning
ICU	Intensive Care Unit
HIV	Human Immunodeficiency Virus
SARs	Severe Acute Respiratory Syndrome
FIF	Facility Improvement Fund
NCDs	Non Communicable Diseases
GBVRC	Gender Based Violence Rescue Centre
NCRH	Nyamira County Referral Hospital
NHIF	National Health Insurance Fund
OPD	Out Patient Department
EMMS	Essential Medicines and Medical Supplies
MIS	Management Information System
STI	Sexually Transmitted Infections
CHVs	Community Health Volunteers
M&E	Monitoring and Evaluation
APR	Annual Progress Report
CGN	County Government of Nyamira
AIDs	Acquired ImmunoDeficiency Syndrome
UN	United Nations
EAC	East Africa Community
FGM	Female Genital Mutilation
NEMA	National Environment and Management Authority
COK	Constitution of Kenya
GOK	Government of Kenya

List of Tables

Table 1 Analysis of County Revenue Sources	18
Table 2 Sector Expenditure Analysis	19
Table 3 Sector Development issues	22
Table 4 Sector Priorities and Strategies	28
Table 5 Sector Programmes	30
Table 6 Flagship Projects	37
Table 7 Linkage with Kenya Vision 2030, other plans and international obligations	38
Table 8 Cross-sectoral impacts	40
Table 9 Stakeholders	44
Table 10 Summary of Sector Financial Resource Requirements	45
Table 11 Revenue Projections	45
Table 12 Resource Gaps	47
Table 13 Risk, Implication, Level and Mitigation Measures	47
Table 14 Outcome Indicator Reporting	51
Table 15 Evaluation Plan	Error! Bookmark not defined.

List of Maps and Figures

Figure 1 Nyamira county map

Figure 2 Analysis of County Revenue Sources chart

Figure 3: Health Organogram

EXECUTIVE SUMMARY

Nyamira County Health Sector Plan (NCHSSIP) 2023-2033 is the first ten-year sector plan for implementing the Kenya Health Policy (KHP) 2014 – 2030. The goal for the Department of health services is to attain the highest possible standards of health to all in line with the Constitution and Vision 2030.

Pneumonia with a mortality rate 5.6 % is the major cause of mortality while URTI is the main cause of morbidity at a rate of 26.74. The investment areas are; Health Service Delivery, health work force, health financing, health information, health infrastructure, health products and health leadership. Issues/challenges on each investment area have been identified and strategic interventions provided to address the challenges. Further, areas where the county cannot fully address the challenges have been identified for partner support.

The implementation arrangement of this CHSP has been discussed by giving the coordination framework through a well-defined organogram and how departmental officers work with other stakeholders/partners. Further, implementation matrix, Monitoring and Evaluation framework and Performance Monitoring system has been included to guide policy makers in monitoring and evaluating implementation progress.

Finance resources is critical in the implementation of this strategic plan. This chapter has quantified the resource requirement for the 2023-2033 investment period to be Ksh. 6 Billion.

CHAPTER ONE

INTRODUCTION

OVERVIEW AND BACKGROUND OF THE SECTOR

1.0 Introduction

This section gives details of the sector in terms of overview of the county, background information, mandate of the sector, rationale of the county sector plan and the approaches of the sector plan.

1.1 Overview of the County

Nyamira County is situated in the Western part of Kenya, it has since evolved from different administrative creations and boundaries since independence. It is indeed formed part of one of the divisions of the larger Kisii district way back in 1970s. In 1987, the Nyamira as a divisional boundary was created a district which has since existed with four constituencies. The coming of the devolution in 2013, Nyamira forms part of the 47 County Governments with one extra Constituency created and 20 electoral wards.

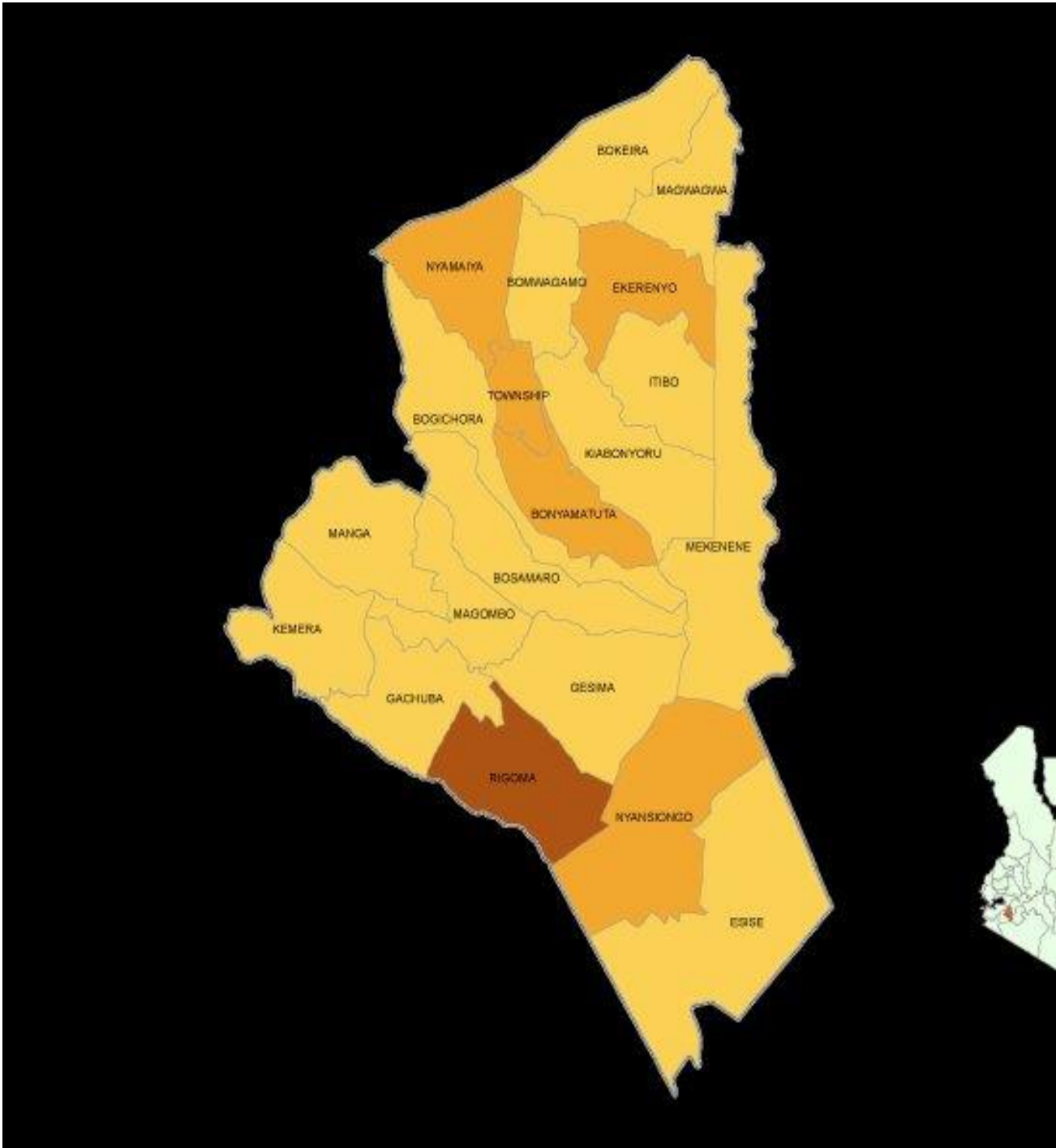
The Gusii Community predominantly occupies the county, however, the northern and eastern parts of the County has got some different ethnic significance being Luos and Kipsigis respectively. The County Headquarter is located in Nyamira South Sub County, Township ward formerly the head-quarter for Nyamira District. It is located along Konate Junction Miruka Centre Road approximately six (6) kilometres from the Konate Junction, off the Kisii Chemosit Road.

Agriculture is the County's economic backbone where 90% of its population is dependent on agricultural production and marketing directly and indirectly. It supports 80% of total employment opportunities in the county. Nyamira County lies in the Lake Victoria region, a region whose thirteen (14) counties have come together and formed the Lake Region Economic Bloc with the common understanding that strategic connections between Counties with shared interests seated in a desire for mutual benefit can be an effective and intelligent means of increasing the possibility of creating notable development impact across several counties. The Lake Region Economic Bloc is made up of Bungoma, Busia, Homa Bay, Kakamega, Kisii, Kisumu, Migori, Nyamira, Siaya, Vihiga, Bomet, Trans Nzoia and Kericho Counties.

The County has inter-county relations; along the Homabay County (Rachuonyo) border there is ethnic intermarriages, this is evident in Miruka and Nyamusi areas that has promoted peace coexistence. Miruka and Keroka markets along the borders of Homabay and Kisii counties

respectively have promoted exchange of goods and services for the people living along these borders. The existence of the tea zones in Kericho and Nyamira counties has promoted employment among the tea factories and the dwellings.

Figure 1 Nyamira county map



1.2 Background of the sector

The sessional paper No.6 of the Kenya health policy (2012-2030) mandates the sector with the following functions;

- County health facilities and pharmacies
- Ambulance services
- Promotion of primary health care
- Licensing and control of undertakings that sell food to the public.
- Cemeteries, funeral parlors and Crematoria
- Refuse removal, refuse dumps and solid waste disposal.
- Eliminate communicable diseases
- Provide essential healthcare
- Halt and reverse the burden of non-communicable diseases
- Reduce the burden of violence and injuries
- Minimize exposure of health risk factors
- Strengthen collaboration with sector providers

The health sector is comprised of two units; Medical services and Primary Health care.

A. Primary Health Care – This sub-sector has three Programmes

i. General Administration and support services

Responsible for coordination of revenue, financial management services and support services.

ii. Promotive and Preventive Health Services

Responsible for making sure that there are no occurrences of disease and other health related problems. Also provides effective framework and Environment that support implementation of Health services

iii. Health Policy planning, Monitoring and Evaluation

Responsible for formulation of policy, generation of legislative drafts, carrying out monitoring and evaluation of Programmes and projects.

B. Medical Services –This sub-sector has two Programmes

i. Medical Support Services

Responsible for provision of the highest standards of curative and rehabilitative services.

ii. Health Products and Technologies

Responsible managing for timely and logistically efficient delivery of essential medicines and medical supplies to public health facilities.

1.3 Rationale for the County Sectoral Plan

1.3.1: Legal framework for sector plans

The right to health is a fundamental human right guaranteed in the Constitution of Kenya. Article 43 (1) (a) of the Constitution provides that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.

1.3.2: Linkages of sector plans with the Kenyan vision 2030

Like other plans within the sector the sectoral plan is expected to support implementation of the Vision 2030, CIDP III, Governor's manifesto and the SDG's goals and the broader goals of the Kenya Health sector. This plan will also form the basis for identifying deliverables under the performance contracting mechanism and for individual annual performance appraisal. The plan is also a resource mobilization tool. In addition, this plan will also inform the optimization of human resource required to facilitate a successful implementation of the mandate of the ministry. It tackles the health planning process such that the policy, outcomes and strategies of the Governors manifesto, CIDP III and the sustainable development goals which gives a better understanding of what is at stake in policy making hence address the specific issues and prioritize programmes to be implemented with focused attention. This helps get views and ideas from other government agencies, NGOs and civil society which will help to offer quality health services to the people better governance, public administration and prudent use of resources.

1.4 Approach/methodology in the preparation of the sector plan

A concept note was issued regarding the preparation of the sector plans. Then after a circular was circulated to departments by the budgeting and planning department to carry out public participation regarding the plan.

After the county cabinet approved the concept note, the governor went ahead to launch the exercise.

As a constitutional requirement, an advert was gazetted to give the public information on the venue, dates and issues to be discussed during public participation.

Afterward, a five-day consultation exercise to operationalize the various sector working groups

was held in Best Western hotel. This forum was meant to develop the sectoral plans. Several stakeholders allied to the sectors were invited for consultations. A template for the sectoral plans was shared by the National Treasury Planning department invited to the meeting to provide technical backstopping. The technical working group for the sector alongside the stakeholder went working into group to develop the sectoral plan. Various stakeholders were represented including the technical teams from the county government comprising the CEC Health services, CCO Health services, County directors of medical services, Public Health, Health planning and policy and Sub- County MOHs.

CHAPTER TWO

PERFORMANCE REVIEW OF THE PREVIOUS CIDP

PERIOD

2.0 Introduction

This chapter gives an overview of the sector revenue resources, sector budget expenditure analysis, sector programme performance review, challenges, emerging issues, lessons learnt and development issues.

2.1 Analysis of the Sector Revenue Sources

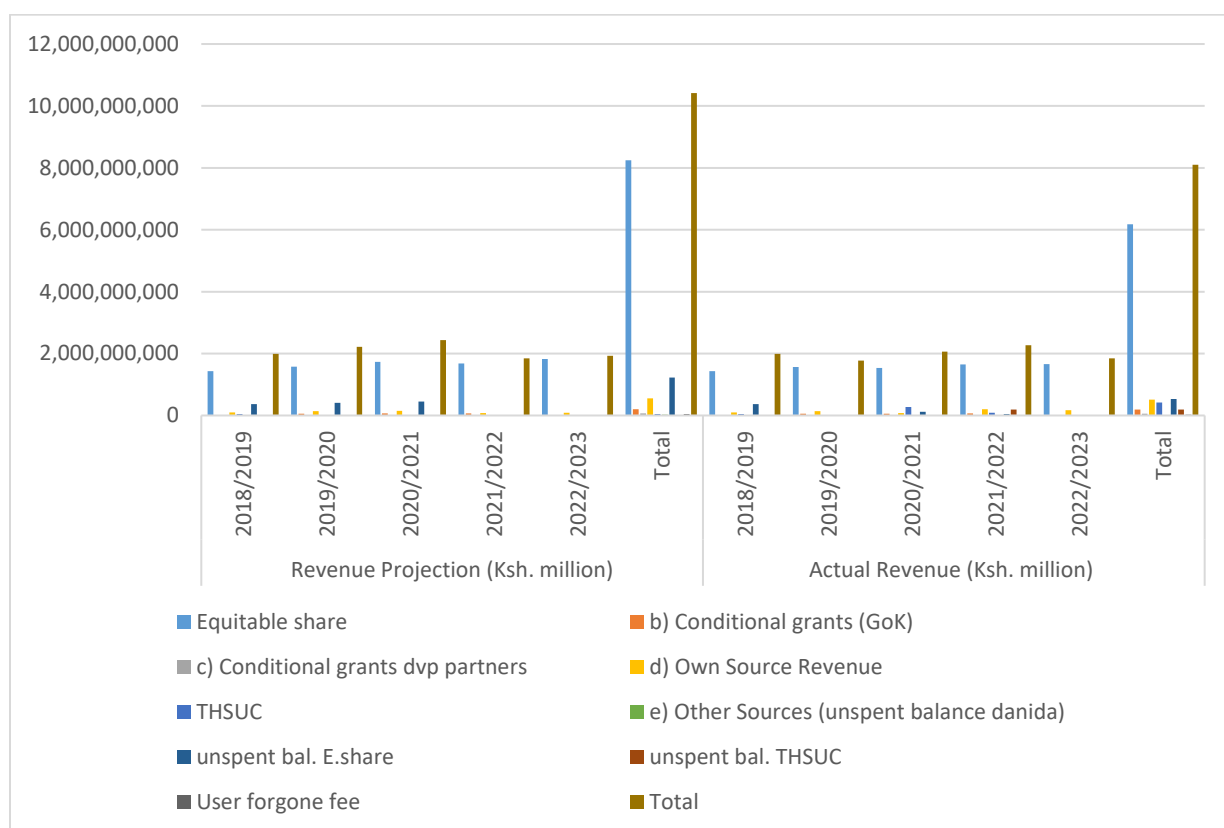
This section should provide annual projected revenues versus actual receipts within the period under review. The information should be tabulated as in Table 1.

Table 1 Analysis of Sector Revenue Sources

Revenue Sources	Revenue Projection (Ksh. million)						Actual Revenue (Ksh. million)					
	2018 /201 9	2019 /202 0	2020 /202 1	2021 /202 2	2022 /202 3	Tota l	2018 /201 9	2019 /202 0	2020/2 021	2021/ 2022	2022 /202 3	Tota l
Equitable share	1,43 1,06 3,98 9	1,57 4,17 0,38 8	1,73 1,58 7,42 7	1,68 4,53 6,39 8	1,82 6,99 3,80 6	8,24 8,35 2,00 8	1,43 1,06 3,98 9	1,56 6,00 4,72 4	1,531, 396,72 5	1,652 ,058, 804	1,65 6,35 0,80 1	6,18 0,52 4,24 2
b) Conditional grants (GoK)	-	59,7 02,0 00	65,6 72,2 00	72,2 39,4 20	-	197, 613, 620	-	59,7 02,0 00	59,702 ,000	72,23 9,420	-	191, 643, 420
c) Conditional grants dvp partners	15,4 91,2 50	14,2 50,0 00	15,6 75,0 00	10,6 59,0 00	11,7 24,9 00	67,8 00,1 50	15,4 91,2 50	14,2 50,0 00	5,320, 000	10,65 9,000	15,4 75,5 00	61,1 95,7 50
d) Own Source Revenue	98,7 74,9 60	135, 273, 640	148, 801, 004	82,8 01,0 04	91,0 81,1 04	556, 731, 712	98,7 74,9 60	135, 273, 640	75,273 ,640	203,8 46,93 1	171, 113, 720	513, 169, 171
THSUC	50,0 00,0 00	-	-	-	-	50,0 00,0 00	50,0 00,0 00	-	278,84 7,760	90,22 6,074	-	419, 073, 834
e) Other Sources (unspent balance danida)	6,50 0,00 0	7,15 0,00 0	7,86 5,00 0	-	-	21,5 15,0 00	6,50 0,00 0	-	-	-	-	6,50 0,00 0
unspent E.share bal.	368, 634, 048	405, 497, 453	446, 047, 198	-	-	1,22 0,17 8,69 9	368, 634, 048	-	116,18 6,650	51,12 3,597	-	535, 944, 295

unspent bal. THSUC	2,33 3,09 2	2,56 6,40 1	2,82 3,04 1	-	-	7,72 2,53 4	2,33 3,09 2	-	-	189,2 93,05 3	-	191, 626, 145
User forgone fee	13,1 75,2 21	14,4 92,7 43	15,9 42,0 17	-	-	43,6 09,9 81	13,1 75,2 21	-	13,175 ,221	-	-	26,3 50,4 42
Total	1,98 5,97 2,56 0	2,21 3,10 2,62 5	2,43 4,41 2,88 7	1,85 0,23 5,82 2	1,92 9,79 9,81 0	10,4 13,5 23,7 04	1,98 5,97 2,56 0	1,77 5,23 0,36 4	2,066, 726,77 5	2,269 ,446, 879	1,84 2,94 0,02 1	8,09 7,37 6,57 8

Figure 2 Analysis of Sector Revenue Sources chart



2.2 Sector Budget Expenditure Analysis

This section should provide an analysis of total budget allocation and total actual expenditure by sector. The information should be summarized as in Table 2.

Table 2 Sector Expenditure Analysis

FY	Total budget	Total actual	Variance	Absorption	Remarks
----	--------------	--------------	----------	------------	---------

		expenditure		rate (%)	
2018/2019	1,985,972,559	1,782,625,853	-203,346,706	89.77	Delay in exchequer release
2019/2020	1,891,525,342	1,793,102,956	-98,422,386	94.80	Delay in exchequer release
2020/2021	2,109,810,202	1,833,506,720	-276,303,482	86.90	Delay in exchequer release
2021/2022	2,299,126,991	1,660,566,314	-638,560,677	72.23	Delay in exchequer release
2022/2023	1,842,940,021			0	
Total	10,129,375,115	7,069,801,843	-3,059,573,272	69.8	Delay in exchequer release

2.3 Sector Programmes Performance Review

In this planned period, the Curative and rehabilitative services aim to reduce incidences of mortality and improve quality of life of individuals, households and community by ensuring Maternal mortality reduced from 385/100,00 to 349 per 100,000 live births; infant mortality went down to 27 per 1000 live births from 58 per 1000 live births; proportion of deliveries conducted by skilled attendants increased from 52% to 72.8% and proportion of women of reproductive age (WRA) receiving family planning (FP) from 65% to 87.8%, four facilities with functional radiology units, establishment of a functional dialysis center, 6 theatres completed and equipped, 1 operational dental unit, 1 ICU equipped, 1 hospital with oxygen generating plant, 111 facilities stocked with essential commodities and medical supplies, availability of 12 functional ambulances, 21 new primary health facilities, 10 motor bikes procured and installation of water tanks. These achievements can be attributed to recruitment of additional 573 staffs, opening of 27 new maternity units, enhanced referrals by community health workers, additional immunizing sites, community dialogue sessions with community gatekeepers as well as the Linda Mama Initiative.

The Promotive and preventive health services programme aimed to reduce incidence of preventable diseases and mortality in the county by ensuring a remarkable improvement in HIV interventions with the prevalence of HIV reducing to 3.9% from a high of 6.4% in 2017 due to concerted efforts that has been put over the years, a greater % of 77.8 women using modern family planning methods, construction of 24 staff houses in the Health facilities, operationalization of 27 maternity units, 72% of births are attended to by skilled health

personnel,95% of pregnant mothers are on insurance cover,86% of children are fully immunized, procurement of 24 vaccine fridge, in improving care, treatment and health promotion activities.

The general administration, planning and support services aimed at improving service delivery by providing supportive functions to implementing units under the health department by enactment of health policy and bill, recruitment of new 573 health workers, training of 576 health workers and procurement of 16 ICT equipment to aid in the performance of functions.

2.4 Challenges, Emerging issues and Lessons Learnt

2.4 .1 Challenges

This section highlights the constraints that prevented the programme from fully realizing set targets.

- Inadequate allocation of funds for recurrent expenditure
- Delayed completion of building projects due to internal and external factors
- Emerging issues eg covid 19
- Late disbursement of revenue from national treasury
- Inadequate human resource for health
- Unfavorable procurement policies e.g legislation to procure from KEMSA only, cumbersome procurement procedures
- Reducing donor funding due to change in international policies

2.4.2 Emerging issues

This section highlights the unforeseen issues that arose during implementation period that needed or needs to be addressed.

Emerging diseases such as Covid 19 and other Severe Acute Respiratory Syndromes (SARS) interfered with service delivery thereby straining the health system. The threat of Ebola from nearby countries which requires re-organization of the health systems including allocation of more resources to heighten surveillance. There is also the triple threat amongst adolescent which includes: Increasing new HIV infections, teenage pregnancy and gender-based violence which all calls for things to be done differently.

2.4.3 Lessons Learnt

- This section indicates the new knowledge gained during implementation of the previous CIDP, i.e. what worked and what did not work
- Digitalization of services increase revenue and improves service delivery
- Involvement of stakeholders in the developing plans and during implementation reduces political and community resistance
- Inter-sectorial collaboration is an important ingredient in project and programme completion in the health sector

2.5 Development Issues

This section should present key sector development issues and their causes as identified during data collection and analysis stage. The information should be provided as indicated in Table 3.

Table 3 : Sector Development issues

Develop ment Issue	Root Causes	Development Objective	Immediate Objective	Existing opportunities/ strengths within the sector	Strategies
Health financing and leadership	Inadequate health financing	Increase health financing	Increased Health financing and Reduce out of pocket expenditure	<ul style="list-style-type: none"> • Availability of Facility Improvement Fund (FIF) • Availability of funding through NHIF and other insurances 	<ul style="list-style-type: none"> • Digitalise billing system • Increase number of services provided • Lobby for increased departmental allocation from treasury • Advocate on the increase on registration on NHIF • Registration of indigents and funding of their NHIF premiums
	Inadequate policies and guidelines	Develop relevant policies and guidelines	Developme nt of Policies and guidelines	<ul style="list-style-type: none"> • Availability of national policies and guidelines that can be customized 	<ul style="list-style-type: none"> • Customization of national guidelines and policies • Enact the Revolving Drug Fund act
Health product and technologies	Poor preventative maintenance	Improve preventive maintenance	Medical equipment maintained	Availability of trained staffs	<ul style="list-style-type: none"> • Develop asset registers • Regular maintenance of vehicles, plant and medical equipment

	Inadequate medicines and non-pharms	Strengthen medicine and non-pharms supply chain	Medicines and non-pharms procured	Availability of guidelines for medicines	<ul style="list-style-type: none"> • Have in place commodity management system
	Inadequate medical equipment	Procure medical equipment as per norm and standard	Medical equipment procured	Availability of equipment norms and standards guidelines	<ul style="list-style-type: none"> • Progressively equip all health facilities to attain norms and standards
Health information Research and development	Inadequate ICT infrastructure	Digitalise health services	Health services digitalised	Availability of digital platforms that can be utilised	<ul style="list-style-type: none"> • Roll out a robust Health Management Information System
	Lack of research framework	Develop research framework	Research framework developed	Availability of trained staffs	<ul style="list-style-type: none"> • Institutionalize Research within the department
Health Workforce	Staff apathy	Improve staff welfare	Staff welfare improved	Availability of HRH manual	<ul style="list-style-type: none"> • Develop and implement staff motivation framework
	Inadequate skills mix	Improve skills mix	Staff skills improved	Availability of trainers	Training through on job and in service
	Inadequate staffing	Increase staffing	Staffing improved	Availability of trained staffs	Recruitment of additional missing staff
Service delivery and infrastructure	Inadequate specialized services	Avail specialized services.	Specialised services offered	Trained specialists available	Completion of doctors plaza
	Poor planned layout of health Facilities	Adequately layout \facilities	Health facilities well planned	Availability of infrastructure norms and standards guideline	Follow norms and standards to construct health facilities Strengthen collaboration with Public works
	Increase NCD malnutrition	Reduce the burden of non-communicable diseases and malnutrition	NCDs and malnutrition reduced	Availability of staffs and guidelines	Develop a cancer centre at NCRH Early screening and detection of NCDs
	Increase in HIV/communicable diseases/TB /	Eliminate communicable diseases	Communicable diseases eliminated	Availability of trained staffs and guidelines	Health promotion

	High maternal and neonatal deaths	Provide essential health services	Reduced maternal and neonatal deaths	Availability of trained staffs and guidelines	Conduct survey on causes of high maternal and neonatal deaths.
	Weak community health systems	Strengthen community health systems	Community health systems strengthened	Availability of guidelines	Provide incentives to Community Health workers
	Inadequate inspection, sampling and enforcement of public health issues	Strengthen provision of public health services	Public health services facilitated	Availability of trained staffs and guidelines	Carry out inspections of eateries and health facilities Carry out food sampling in markets Enforce public health laws
	Lack of health facilities master plan	Develop health facilities master plan	Facilities master plans developed	Availability of trained staffs and guidelines	Facilitate health facilities to develop master plans
	Weak collaboration with Health-Related Sectors	Develop collaboration framework with health-related sectors	collaboration framework developed	Supportive leadership in health-related sectors	Hold stakeholders meeting Establish call centre
	High exposure to health Risk factors within the County	Minimize exposure to health risk factors	Top 5 prevalent health risk factors mapped	Sensitized gatekeepers on health risk factors	Community health Education Set up IPC committees in all facilities AYSRH activities
	High burden of Violence & Injuries	Reduce the burden of Violence & Injuries	Safer and quality livelihoods for Nyamira people	High awareness among State actors	Capacity build staff on emergency response Create emergency response teams in all facilities Community sensitization Form a multi-sectoral TWGs Construction of Accident and emergency centre at

					NCRH Construction of GBVRC at NCRH
--	--	--	--	--	--

CHAPTER 3

SECTOR DEVELOPMENT PRIORITIES, STRATEGIES

AND PROGRAMMES

3.0 INTRODUCTION

This Chapter provides sector development priorities, strategies, programmes, flagship projects, and cross-sector linkages.

3.1 SECTOR MISSION, VISION AND GOALS

3.1.1 Sector Vision

A healthy and productive county with equitable access to quality health care.

3.1.2 Sector Mission

To provide quality health services for socio-economic development of the people of Nyamira County.

3.1.3 Sector Goal: The section provides what the sector aims to achieve.

The department is also guided by the following Strategic Objectives:

- Provision essential health services
- Eliminate Communicable Conditions
- Minimize exposure to health risk factors
- Halt, and reverse rising burden on non- communicable conditions
- Improve Health infrastructure
- Foster collaborations for sustainable health service delivery
- Policy development, planning and research
- Sustainable health care financing for achievement of Universal Health Coverage

3.2 SECTOR COMPOSITION AND THEIR ROLES

Sub sectors under the sector and their key roles.

3.2.1 Medical Services

Aims at ensuring improved service delivery.

3.2.2 Health Products and Technologies

Ensuring Improved commodity security in health facilities.

3.2.3 Promotive and Preventive Health Services

Responsible for making sure that there are no occurrences of disease and other health related problems. Also provides effective framework and Environment that support implementation of Health services

3.2.4 Health Administration, Policy planning, Monitoring and Evaluation and support services

Responsible for financial management and provision of policy guidance and leadership for the prudent use of resources and ensures that the core functions of the department are effectively and efficiently executed.

3.3 SECTOR DEVELOPMENT PRIORITIES AND STRATEGIES

The sector priorities are derived from the sector development issues documented in Chapters One and Two of the Plan. Strategies to achieve sector priorities should be proposed in relation to root causes of the development issues. Information in this section is presented in Table 4.

Table 4 Sector Priorities and Strategies

Programme 1: Medical Services	
Sector Priorities	Strategies
Increase health financing	<ul style="list-style-type: none"> • Digitalise billing system • Increase number of services provided • Lobby for increased departmental allocation from treasury • Advocate on the increase on registration on NHIF Registration of indigents and funding of their NHIF premiums
Develop relevant policies and guidelines	<ul style="list-style-type: none"> • Customization of national guidelines and policies Enact the Revolving Drug Fund act
Improve preventive maintenance	<ul style="list-style-type: none"> • Develop asset registers • Regular maintenance of vehicles, plant and medical equipment •
Strengthen medicine and non –pharms supply chain	<ul style="list-style-type: none"> • Have in place commodity management system
Procure medical equipment as per norm and standard	<ul style="list-style-type: none"> • Progressively equip all health facilities to attain norms and standards

Digitalise health services	<ul style="list-style-type: none"> • Roll out a robust Health Management Information System
Develop research framework	<ul style="list-style-type: none"> • Institutionalize Research within the department
Improve staff welfare	<ul style="list-style-type: none"> • Develop and implement staff motivation framework
Improve skills mix	<ul style="list-style-type: none"> • Training through on job and in service
Increase staffing	<ul style="list-style-type: none"> • Recruitment of additional missing staff
Avail specialized services.	Completion of doctor's plaza
Adequately layout facilities	Follow norms and standards to construct health facilities Strengthen collaboration with Public works
Provide essential health services	Conduct survey on causes of high maternal and neonatal deaths.
Strengthen community health systems	Provide incentives to Community Health workers
Develop health facilities master plan	Facilitate health facilities to develop master plans
Develop collaboration framework with health-related sectors	Hold stakeholders meeting Establish call centre
Minimize exposure to health risk factors	Community health Education Set up IPC committees in all facilities AYSRH activities
Programme 2: Preventive Health Services	
Strengthen provision of public health services	Carry out inspections of eateries and health facilities Carry out food sampling in markets Enforce public health laws
Reduce the burden of non-communicable diseases and malnutrition	Develop a cancer centre at NCRH Early screening and detection of NCDs
Eliminate communicable diseases	Health promotion
Reduce the burden of Violence & Injuries	Capacity build staff on emergency response Create emergency response teams in all facilities Community sensitization Form a multi-sectoral TWGs Construction of Accident and emergency centre at NCRH Construction of GBVRC at NCRH

3.4 SECTOR PROGRAMMES AND FLAGSHIP PROJECTS

This section provides sector Programmes and flagship projects to be implemented within the planned period as presented in tables 17 and 18 respectively.

3.4.1 Sector Programmes

The section provides sector programmes to be implemented within the planned period. This information should be presented in a tabular form.

Table 5 Sector Programmes

Programme	Delive ry Unit	Key Outputs	Key Performanc e Indicators	Linka ge to SDGs	5 years		5 years	
					Targ et	Cost	Targ et	Cost
						Ksh		Ksh
PROGRAM 1: MEDICAL SERVICES								
Outcome: Improved service delivery								
SP 1.1 Health infrastructure		Completion of Doctors Plaza/Amenity wards	Percentage of completion		100 %	24,024,112	100%	0
		Completion of Nyamira eye hospital at Nyamwetuereko	Percentage of completion		100 %	10,172,004	100%	0
		Completion of OPD and Inpatient at Ekerenyu	Percentage of completion		100 %	18,262,622	100%	0
		Completion of Inpatient wards at Manga Hospital	Percentage of completion		100 %	16,766,578	100%	0
		Completion Inpatient wards and theater at Magwagwa	Percentage of completion		100 %	980,455	100%	0
		Completion in patient wards at Nyamusi Hospital	Percentage of completion		100 %	6,828,315	100%	0
		Completion of twin staff house at motagara	Percentage of completion		100 %	3,990,155	100%	0
		Completion of twin staff house at emenyenche health facility	Percentage of completion		100 %	1,720,610	100%	0
		Completion of OPD at Kenyaware	Percentage of completion		100 %	1,337,914	100%	0
		Completion of Twin staff house at Nyakeore	Percentage of completion		100 %	1,546,676	100%	0
		Completion of twin Staff house at kahawa	Percentage of completion		100 %	1,715,205	100%	0
		Completion of OPD at Nyaobe	Percentage of completion		100 %	1,775,582	100%	0

		Completion of twin staff house nyanchonoria	Percentage of completion		100 %	1,556,597	100%	0
		Completion of twin staff house at chaina	Percentage of completion		100 %	3,505,363	100%	0
		Completion of 300 bed capacity isolation block at nyamira hospital	Percentage of completion		100 %	49,239,516	100%	0
		Proposed Renovation and installation of new cooling system at NCRH Mortuary	Percentage of completion		100 %	9,040,205	100%	0
		proposed renovation of NCRH Laboratory	Percentage of completion		100 %	5,450,509	100%	0
		Completion of maternity at isoge health facility	Percentage of completion		100 %	1,499,601	100%	0
		Completion of maternity block at Nyankono Health Centre	Percentage of completion		100 %	3,499,310	100%	0
		Isolation complex			2	95,000,000	100%	0
		Ekerenyo OPD block			2	35,000,000	100%	0
		Kiangoso staff house			1	12,000,000	100%	0
		S.P 1.1 Total				304,911,329		0
		S.P 1.2 Emergency and Referral Services	Ambulance procured	SDG 3	2	16,000,000	80%	16,000,000
			Hospitals with Accident and Emergency Centres		No of hospitals with Accident and Emergency Centres	2	35,000,000	80%
		SP 1.2 Total				51,000,000		51,000,000
		S.P.1.3 Hospital Specialized Services	Establish functional radiology unit at Kijauri	SDG 3 & 13	2	18,000,000	100%	18,000,000
			Establish Ophthalmic Unit at Ekerenyo SCH		Functional Ophthalmic Unit established	3	18,000,000	100%

		Establish functional Urology unit at NCRH	functional urology unit at NCRH established		1	5,000,000	100%	5,000,000
		Modernize lad at Borabu SCH			1	10,000,000	100%	10,000,000
		Modernize lad at Ekerenyo SCH	Modern, Equipped lab		1	6,000,000	100%	6,000,000
		Construction of mother child hospital			2	121,000,000	100%	121,000,000
		Construction of level 4 hospital at Ekerubo Gietai			5	100,000,000	100%	100,000,000
		Upgrade of NCRH to level 5			2	50,000,000	100%	50,000,000
		Construction of modern funeral funeral home			2	30,000,000	100%	30,000,000
		Construction of incinerators	No of incinerators constructed		2	12,000,000		12,000,000
		Hopitals renovated	No of hospitals renovated		6	15,000,000	80%	15,000,000
		Accrediting hospitals to be baby friendly	No of hospitals accredited to be baby friendly		2	2,000,000	50%	2,000,000
		Establish 2 staff breast feeding centres	No of breast feeding centres		2	6,000,000	100%	6,000,000
		Operation theatre constructed	No of theatre constructed		3	50,000,000	95%	50,000,000
		Construct and equip a Kitchen at Keroka SCH	functional Kitchen at Keroka established		1	10,000,000	100%	10,000,000
SP 1.3 Total						453,000,000		453,000,000
SP 1.4 Hospital Nutrition Services		Food and rations	No of hospitals supplied with adequate food and rations	SDG 2 & 3	3	70,000,000	0%	70,000,000
SP 1.4 Total						70,000,000		70,000,000
Total requirement Programme 1						878,911,329		878,911,329
PROGRAM 2: HEALTH PRODUCTS AND TECHNOLOGIES								

Outcome: Improved commodity security in health facilities								
S.P 2.1 Pharmaceuticals and non- pharmaceuticals		Facilities stocked with essential medicines and medical supplies (EMMS) annually	Proportion of days facilities were stocked with EMMS annually	SDG 3&9	4.8	850,000,000	80%	850,000,000
		Pharmaceutical Manufacturing Plants Phase 1	Pharmaceutical Manufacturing Plant civil works done		3	50,000,000	80%	50,000,000
S.P 2.1 Total						900,000,000		900,000,000
S.P 2.2 Medical equipment and technologies		Improve preventive maintenance on plant and medical equipment	Medical equipment maintained		1	95,000,000	100%	95,000,000
						0	0	
		Revolving drug fund	No of revolving drug fund established		1	20,000,000	100%	20,000,000
		Renovation of county drug store	No of county drug store renovated		1	5,000,000	100%	5,000,000
		Installation of integrated logistics MIS	No of integrated logistics MIS installed		2	7,500,000	100%	7,500,000
		Procure medical equipment as per norm and standard for primary health facilities	Medical equipment procured		1	75,000,000	100%	75,000,000
		Equipping of 80 bed amenity at county referral hospital	No. of 80 bed amenity equipped at county referral hospital		0.5	30,000,000	50%	30,000,000
S.P 2.2 Total					232,500,000		232,500,000	
Total requirement for Programme 2						1,132,500,000		1,132,500,000
PROGRAMME 3. PROMOTIVE AND PREVENTIVE HEALTH SERVICES								
Outcome: To Reduce Incidence Of Preventable Diseases And Mortality In The County								
S.P. 3.1: Rehabilitation of		Repair of burning chambers in	No of burning	SDG 3&6	20	4,000,000	90%	4,000,000

Primary Health Care Infrastructure		selected 10 facilities	chambers constructed				
		Construction of Pit latrines in 10No. primary facilities	No of Pit latrines constructed in primary facilities	20	10,000,000	80%	10,000,000
		Renovate and establish laboratory rooms in primary facilities currently not offering lab services	No. of laboratories renovated in primary facilities	4	10,000,000	80%	10,000,000
S.P 3.1 Total					24,000,000	0%	24,000,000
SP. 3.2 Communicable Disease control services		HIV/STI control		0	5,000,000	0%	5,000,000
		Malaria control activities		0	5,000,000	0%	5,000,000
		TB control Services		0	5,000,000	0%	5,000,000
S.P 3.2Total					15,000,000		15,000,000
SP3.3. Non - Communicable Disease control		Diabetes and hypertension screening services		0	5,000,000	0%	5,000,000
		Cancer screening activities		0	15,000,000	0%	15,000,000
S.P 3.3 Total					20,000,000		20,000,000
SP3.4 Environmental health services		Hygiene and sanitation	No. of water tanks installed and handwashing facilities	0	6,000,000	0%	6,000,000
		Disease surveillance activities		0	3,500,000	0%	3,500,000
S.P 3.4 Total					9,500,000		9,500,000
SP 3.5 Reproductive, Maternal, Neonatal, Child and Adolescent Health Services		Family Planning		0	30,000,000	0%	30,000,000
		Immunization activities		0	35,000,000	0%	35,000,000
		Scaling up skilled care deliveries		0	5,000,000	0%	5,000,000
		Construction of staff house in HF	No of staff houses constructed	21	63,000,000	70%	63,000,000
		Maternity units operational	No of maternity units operational	9	27,000,000	90%	27,000,000
		Procurement of vaccine fridges	No of vaccine	14	7,000,000	70%	7,000,000

			fridges procured					
		Youth friendly centers set up	No of youth friendly centers set up		3	50,000,000	30%	50,000,000
		Adolescent and youth Sexual Reproductive Health			0	13,000,000	0%	13,000,000
S.P 3.5 Total						230,000,000		230,000,000
Total requirement for Programme 3						298,500,000		298,500,000
PROGRAMME 4: HEALTH ADMINISTRATION, POLICY, PLANING, MONITORING AND EVALUATION AND SUPPORT SERVICES								
SP4.1 General administration and support services		Inclusivity and absorption of undefined cadres in the existing workforce (mother mentors,peer educators,hts counselors,sample collectors and CHVs)			0	610,510,000	0%	610,510,000
		ICT equipment procured laptops, computers and accessories)			15	1,500,000	80%	1,500,000
		Employment of Health care workers			30	30,000,000	100%	30,000,000
		Payment of casual wages at Primary health level			0	109,891,800	0%	109,891,800
S.P 4.1 Total					751,901,800	0%	751,901,800	
S.P. 4.2: Health policy and planning, Monitoring and evaluation		Nyamira Health Sector Plan	No. of Nyamira Health Sector Plan		5	5,000,000	100%	5,000,000
		County programs Strategic Plan(HIV, Community Health, Nutrition, M&E, HIS) developed	No. of County programs Strategic Plan(HIV, Community Health, Nutrition, M&E, HIS) developed		5	5,000,000	100%	5,000,000

	Environmental Health Policy and Bill enacted	No. of Environmental Health Policy and Bill enacted	1	5,000,000	100%	5,000,000
	One County Health Investment and Strategic Plan (CHSSP) developed	No. of One County Health Investment and Strategic Plan (CHSSP) developed	1	5,000,000	100%	5,000,000
	County Pharmaceutical Policy and Bill enacted	No. of County Pharmaceutical Policy and Bill enacted	1	5,000,000	100%	5,000,000
	Maternal and Child health Policy and Bill	No. of Maternal and Child health Policy and Bill	1	5,000,000	100%	5,000,000
	HRH strategic plan	No. of HRH strategy implemented	1	14,000,000	100%	14,000,000
	Health Sector Report developed	No. of Health Sector Report developed	5	2,500,000	100%	2,500,000
	APR developed	No. of APR developed	5	1,000,000	100%	1,000,000
	Projects monitoring and Evaluation	No. of Projects monitoring and Evaluation reports developed	5	3,250,000	100%	3,250,000
	Preparation of Health Department Budget	Health budget developed	5	3,900,000	100%	3,900,000
	Inventory Management	No. of inventory Managements done	5	1,000,000	500%	1,000,000
	Supportive supervision activities	Supervision reports made	5	250,000	100%	250,000

		Performance reviews	No of performance review meeting held		5	5,000,000	100%	5,000,000
		Data Quality Audits	No. of DQAa done		15	3,000,000	80%	3,000,000
		FIF scale up activities			10	3,000,000	1000%	3,000,000
S.P 4.2 Total						66,900,000		66,900,000
Total requirement for Programme 4						818,801,800		818,801,800
Total requirement for the Health Services (All Programmes)						3,128,713,129		3,128,713,129

Refer to the 169 SDGs Targets (<https://sdgs.planning.go.ke/>)

3.4.2 Flagship Projects

The section summarizes all known county flagship projects for implementation by both levels of Government and Development Partners in the county. The information should be presented in Table 6.

Table 6 Flagship Projects

Project Name	Location	Objective	Description of Key Activities	Key Output(s)	Time Frame *	Estimated cost (KSh.)	Source of Funds	Lead Agency
Mother child hospital	NCRH	To reduce maternal and neonatal deaths	Designs Tendering Construction Equipping Commissioning	Architectural and structural designs Successful bidder MC HF Medical equipment	3months 2month 3year 1year	240,000 760,000 100M 20M 121M	CGN	Health
Modern Funeral Home	NCRH		Designs Tendering Construction Equipping Commissioning	CGN	Health	240,000 760,000 50M	CGN	Health
Accident	NCRH		Designs	Architectural and	3	240,000	CGN	Health

and emergency center			Tendering Construction Equipping Commissioning	structural designs Successful bidder MC HF Medical equipment	months 2month h 3year 1year	760,000 34M		
----------------------	--	--	---	---	---	----------------	--	--

3.5 Sector Linkages with National Development Agenda, Regional and International Development Frameworks

This section indicates how the CIDP is linked with and is contributing towards the achievement of the following: Kenya Vision 2030 and its Medium-Term Plans; The UN 2030 Agenda and the Sustainable Development Goals; Africa’s Agenda 2063; Paris Agreement on Climate Change, 2015; EAC Vision 2050; ICPD25 Kenya Commitments; and Sendai Framework for Disaster Risk Reduction 2015 -2030

The information is presented in Table 7.

Table 7 Linkage with Kenya Vision 2030, other plans and international obligations

National Development Agenda/Regional/International Obligations	Aspirations/Goals (Frameworks goal)	County Government contributions/Interventions* (Programme strategies)
ICPD25 KENYA COMMITMENTS	Commitment no.3 Progressively increase health sector financing to 15% of total budget as per the Abuja declaration by 2030.	<ul style="list-style-type: none"> • Digitalise billing system • Increase number of services provided • Lobby for increased departmental allocation from treasury • Advocate on the increase on registration on NHIF • Registration of indigents and funding of their NHIF premiums
KENYA’S DEMOGRAPHIC DIVIDEND ROAD MAP (2020-2030)	Foster sustainable investments in health systems, including in human resources and infrastructure, with the goal of enhancing access to quality health services for all. Key action9(d) Employ more human resource for health	<ul style="list-style-type: none"> • Recruitment of additional missing staff
AGENDA 2063	Goal 3 Healthy and well-nourished citizens	Conduct survey on causes of high maternal and neonatal deaths.

ICPD25 KENYA COMMITMENTS	<p>Commitment no.13 End FGM by strengthening coordination in the area of legislation and policy framework, communication and advocacy, evidence generation and support cross border collaboration on elimination of FGM by 2022.</p> <p>Commitment no.14 Eliminate by 2030 all forms of GBV including child and forced marriages by addressing social and cultural norms that propagate the practice while providing support to women and girls who have been affected</p> <ul style="list-style-type: none"> ➤ Increased access to quality and comprehensive response and support services across sectors ➤ Improve coordination and sustainability for effective programming for GBV prevention and response. ➤ Eliminate social cultural norms that affect women and girls 	<p>Capacity build staff on emergency response Create emergency response teams in all facilities Community sensitization Form a multi-sectorial TWGs Construction of Accident and emergency centre at NCRH</p> <ul style="list-style-type: none"> • Construction of FGM and GBVRC at NCRH
--------------------------	---	---

**This should be presented either as priorities and/or strategies.*

3.6 Cross-Sectoral Linkages

This section provides the cross-sectoral impacts of each sectoral programme and appropriate actions to harness cross-sector synergies or mitigate adverse cross-sector impacts.

- ✦ **Harnessing cross-sector synergies:** Indicate what considerations will be made in respect to harnessing cross-sector synergies arising from possible programme impacts.
- ✦ **Mitigating adverse cross-sector impacts:** State the mitigation measures that may be adopted to avoid or manage potential adverse cross-sector impacts.

The cross-sectoral impacts and the mitigation measures are presented in the format indicated in Table 8.

Table 8 Cross-sectoral impacts

Programme Name	Linked Sector(s)	Cross-sector Impact		Measures to Harness or Mitigate the Impact
		Synergies*	Adverse impact	
P1: Medical Services	Roads	Physical access to health services	Pulling down of structures on road reserve	Develop a resettlement plan. Proper county plan to guide construction.
P1: Medical Services	Environment and water	Prevention of water borne diseases	Environment pollution	Comply and enforce NEMA guidelines
P3: Promotive and Preventive	Education	Improved maternal and child health Reduced teen pregnancies	High mortality rates Teen pregnancies	Creating of youth friendly centers.
P2: Health Products and Technologies				
P3: Promotive and Preventive	Agriculture, Livestock and Fisheries	Food security and good nutrition		
P4: Health Administration and Support services	Finance and Accounting			

**Synergies – areas of collaboration between sectors for greater impact*

CHAPTER FOUR

SECTOR IMPLEMENTATION FRAMEWORK

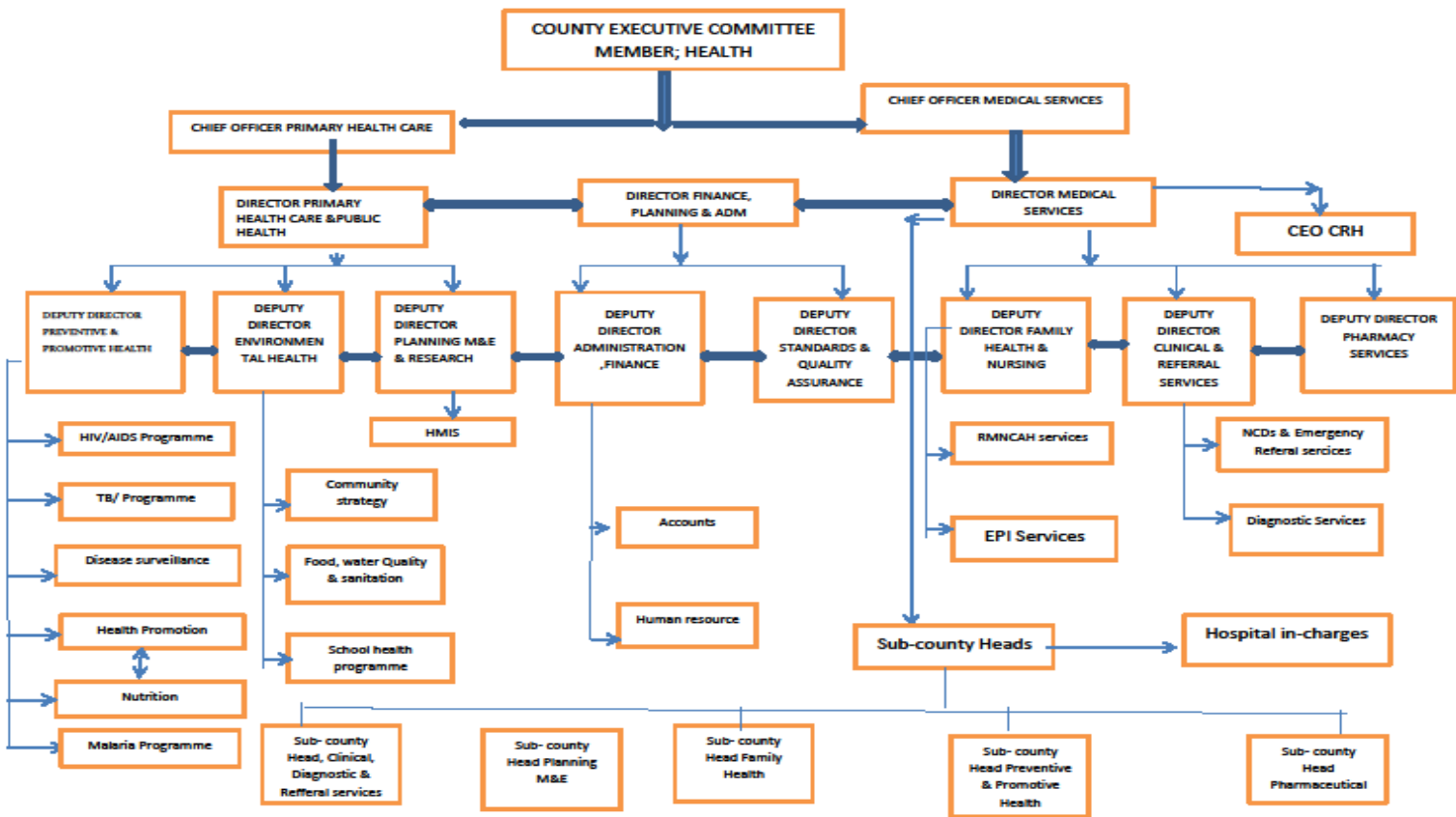
4.1 Overview

This chapter provides the county's institutional arrangement and their specific roles towards implementation of the CIDP. In addition, the chapter presents the resource mobilization and management framework, asset management, and risk and mitigation measures.

4.2 Institutional Framework

This section provides the institutional framework of the County including an organizational chart that displays the implementation the CIDP and how the County's internal transformation needs are addressed. The framework indicates the County Government's institutional arrangements and demonstrate linkages with the National Government Departments at the county as well as other key stakeholders.

Figure 3: Health Organogram



4.3 ROLE OF THE STRUCTURE IN THE IMPLEMENTATION OF THE SECTOR PLAN

4.3.1 County Executive Committee Member: – Head of the Department. Coordinating policy formulation and implementation while overseeing the plan implementation. Representing the Department in the Executive Committee and Cabinet meetings, develop policy and assist in implementation. The CECM will also be responsible for Resource mobilization at county and outside the county levels.

4.3.2 County chief officer for Primary Health and Medical services: In charge of administration and accounting for financial undertakings of the Department, overseeing the implementation of the strategic plan and coordinating all departmental activities.

4.3.3 Director Primary Healthcare and public health: Management and co-ordination of Primary Healthcare and public health directorate

4.3.4 Director Medical services: Management and coordinate Medical services functions

4.3.5 Director Finance, planning and Administration: To be Incharge of Administration

The section indicates the specific roles of the key institutions towards implementation of the CIDP as in Table 9.

Table 9 Stakeholders

S/No.	Stakeholders	Role in Implementation of the sector plan
1.	County Executive Committee	Policy formulation and implementation of sector plans.
2.	County Assembly	Legislation and oversight of projects and their implementation.
3.	County Government Departments	Executives of various functions are mandated under schedule 4 of COK 2010
4.	County Planning Unit	Budgeting, planning and implementing programs and budgets.
5.	Office of the County Commissioner	Co-ordination of the national government functions at the county level.
6.	Other National Government Departments and Agencies at the county	A link to the national government to ensure both the county and national government agenda are aligned towards.
7.	Development Partners	Entering into PPP to ensure achievement of development.
8.	Civil Society Organizations	Whistle blowers and educating the public.
9.	Private Sector	Complementing the county government and addressing dynamics.

4.4 Resource Mobilization and Management Framework

This section provides the projected resource requirements by sector, revenue projections, estimated resource gap and measures of addressing the gaps.

4.4.1 Resource Requirements by Sector

This section indicates the projected financial resources required for each sector during the plan period. The section includes the percentage of the total budget for each sector. This information is presented as in Table 10.

Table 10 Summary of Sector Financial Resource Requirements

Health Services	2023-2028	% of total budget requirements	2028-2033	% of total budget requirements
	Ksh		Ksh	
P1- Medical services	878,911,329	28.09178	878,911,329	28.09178
P2-Health products and technologies	1,132,500,000	36.19699	1,132,500,000	36.19699
P3-Promotive and preventive health services	298,500,000	9.540664	298,500,000	9.540664
P4-Health administration, policy, planning, M&E and support services	818,801,800	26.17056	818,801,800	26.17056
Sector total	3,128,713,129	100	3,128,713,129	100

Source: Sectors

**1-2% of the total budget should be allocated to County Climate Change Fund to enhance county resilience*

and mitigation to climate change (Climate Change Act, 2016)

4.4.2: Revenue Projections

This section indicates the various sources of revenue in the County as in Table 11.

Table 11 Revenue Projections

Type of Revenue	Base year 2022/23	FY	FY	FY	FY	FY	Total
		2023/24	2024/25	2025/26	2026/27	2027/28	
a) Equitable share	1,680,834,021	1,848,917,423	2,033,809,165	2,237,190,082	2,460,909,090	2,706,999,999	11,287,825,760
b) Conditional Grants FIF (GOK)	155,000,000	170,500,000	187,550,000	206,305,000	226,935,500	249,629,050	1,040,919,550
c) Conditional Grants (Development Partners)	7,106,000	7,816,600	8,598,260	9,458,086	10,403,895	11,444,284	47,721,125
e) Conditional allocations from loans and grants(GoK)	-	-	-	-	-	-	-
f) Conditional allocations from loans and grants (Development Partners)	-	-	-	-	-	-	-

g) Own Source Revenue	-	-	-	-	-	-	-
h) Public Private Partnership (PPP)	-	-	-	-	-	-	-
g) Other sources (Specify)	-	-	-	-	-	-	-
Total	1,842,940,021	2,027,234,023	2,229,957,425	2,452,953,168	2,698,248,485	2,968,073,333	12,376,466,434

4.4.3 Estimated Resource Gap

This section highlights the County resource gap in terms of the estimated resource needs against the projected revenues as in Table 12.

Table 12 Resource Gaps

FY	Requirement (Ksh.)	Estimated Revenue (Ksh.)	Variance (Ksh.)
2023-2028	3,128,713,129	12,376,466,432	9,247,753,303
2028-2033	3,128,713,129	12,376,466,432	9,247,753,303

4.4.4 Resource Mobilization and Management Strategies

This section identifies the feasible resource mobilization and management strategies to address the resource gap. The section includes capital financing strategies, operational financing strategies and other strategies that will enhance cost effectiveness.

4.5 Asset Management

The section discusses the measures the County Government has put in place to manage its assets.

4.6 Risk Management

This section provides the key anticipated risks that may hinder the implementation of the CIDP, potential risk implications and proposed mitigation measures to enhance sustainable development. The information is provided in the format presented in Table 13.

Table 13 Risk, Implication, Level and Mitigation Measures

Risk Category	Risk	Risk Implication	Risk Level (Low, Medium, High)	Mitigation measures
Financial	Inadequate financial resources	Stalled projects	Medium	Resource mobilization Strategies
Technological	Cyber security Risk	Breach of valuable information	High	Investment in cyber security risk management
Climate Change	Drought	Malnutrition and poor health standards.	High	Climate smart agriculture practices
Organizational	Inadequate Human Resource Capacity	Inefficiency in service delivery	Medium	Timely recruitment

CHAPTER FIVE

MONITORING, EVALUATION AND LEARNING

5.0 INTRODUCTION

This chapter outlines how the plan will be monitored and evaluated during and after its implementation. The M&E processes, methods and tools are guided by Section 232 of the Constitution and all the legal provisions that provide for M&E, County M&E Policy in line with the National M&E Policy, CIMES Guidelines, Kenya Norms and Standards for M&E and Kenya Evaluation Guidelines. The chapter highlights: The proposed M&E structure; data collection, analysis, reporting and learning; M&E outcome indicators tracking; and dissemination and feedback mechanism.

5.1 County Monitoring and Evaluation Structure

This section summarizes systems and structures put in place in the County to organize the M&E process for implementing the plan.

5.1.1 County Monitoring and Evaluation Committee (CMEC)

The CMEC has the responsibility of the overall supervision of the sector plans implementation and to ensure that the sector plans are evaluated every five years. The quarterly reports based on the monthly reports emanating from the DMEC and SCMEC through the technical scrutiny by the Technical Monitoring and Evaluation Unit. The CMEC will be in charge of monitoring and evaluating all the flagship projects and any programme and projects costing more than Ksh. 10,000,000. The process shall require the co-operation and collaboration of all stakeholders.

The findings and recommendations from the CMEC shall be submitted to the Executive Committee Member for Planning and Finance for the Cabinet Decisions. The findings and recommendations shall also be copied to the Head of Results Office for the analysis to Governor's office for the information and use. The CMEC shall be chaired by the County Executive Committee Member and that all the Accounting Officers of the County entities shall be members of the committees. The Accounting Officer Planning shall be the secretary and The Directorate of Economic Planning and Budgeting shall be the ex-official member of the committee.

5.1.2 Technical Monitoring and evaluation unit (TMEU)

This unit is anchored under Economic Planning directorate with responsibility of technically

carrying out the site visits to all the County Projects and Programmes. The Unit is chaired by the Directorate of County Economic Planning and membership shall comprise of the Planning and M & E Officers under the directorate of Economic Planning. The secretary and convener is the County M & E officer. The unit shall initiate all the project site visits together with the Head of accounts, Procurement, Revenue and Finance and Statistics. The same shall be done at the County departmental entities. The monitoring and evaluation reports from SCMEC and DMEC shall be submitted to the TMEU on monthly basis to be technically scrutinized and submitted to the CMEC on a quarterly basis. Technically it shall be the responsibility of the TMEU to provide site visit on the flagship projects and programmes above Ksh. 10,000,000 on behalf of the CMEC and report quarterly to the same Committee.

5.1.3 The Departmental Monitoring and Evaluation Committee (DMEC)

This is a committee based at the departmental level of the County government and the membership shall comprise of the Accounting officer of the department being the chairperson and the Programme Managers appointed in writing by the Executive Committee Member for Finance and Economic planning to be members of the committee. Other members include the departmental accountant, procurement officers, revenue officers and finance officers. The Departmental head of Economic Planning shall be the secretary to the committee.

The departments shall ensure that Departmental Monitoring and Evaluation Units are created within the departments with the following memberships; Departmental Head of economic planning who shall be spearhead the process of project site visits of the departmental projects and Programmes, the departmental head of accounts, departmental head of revenue, departmental head of procurement shall be members. The departmental Monitoring and Evaluation Units shall be responsible for the day to day site visits of the projects and Programmes and shall monitor projects between Ksh.5,000,000 to at most Ksh.10,000,000. The DMEC shall submit its reports on a monthly basis to TMEU.

5.1.4 Sub-County Monitoring and Evaluation Committee (SCMEC)

The committee shall be constituted in the Sub-Counties to monitor and evaluate projects and Programmes within the Sub-County. The committee is chaired by the Sub-county Administrator and the secretary is the officer in charge of Planning at the Sub-county level who shall convene

the meetings. The membership is comprised of the Sub-county heads of departments. There shall be established Monitoring and Evaluation secretariat comprised of sub-county administrator, the in charge of economic planning, the sub-county procurement officer, sub-county accountant and sub-county revenue officers who shall be responsible on day to day monitoring and evaluation of projects and Programmes at the sub-county level. The SCMEC shall monitor all the projects and Programmes between Ksh.1000000 to Ksh.5000000 and shall report to the TMEU on monthly basis.

5.1.5 Ward Monitoring and Evaluation Committee

There established Ward Monitoring and Evaluation Committee to be chaired by the Ward Administrator and the secretary is the officer in charge of planning at the Sub-county level or his/her representative. The convener is the Ward Administrator. The membership comprises of the ward heads of departments and the Committee is in charge of coordinating M & E activities at the ward level. The committee shall report to the SCMEC on monthly basis and shall monitor the projects and Programmes below Ksh1,000,000.

5.2 M&E Capacity

This section discusses M&E skills available, the resources allocated for M&E function and technological requirements for implementing the M&E function.

5.3 M&E Outcome Indicators

Programme outcome indicators by sector as captured in Table 14 on sector Programmes in Chapter Four. The information is presented as in Table 14.

Table 14 Outcome Indicator Reporting

Programme	Outcome	Outcome Indicator (s)	Baseline*		Mid Term Target	End Term Target	Reporting Responsibility
			Value	Year			
General administration, policy planning and support services	Efficient and effective customer satisfaction in public service delivery to the citizen of the county and	Inclusivity and absorption of undefined cadres in the existing workforce (mother mentors, peer educators,hts counselors,sample		2022	5	5	Directorate of administration

	health policy formulation	collectors and CHVs)					
		ICT equipment procured (laptops, computers and accessories)		2022	7	8	
		Employment of Health care workers		2022	15	20	
Medical Services	Reduced maternal and child mortality rate	Proportion of maternal and child mortality rate		2022	9	10	Directorate Medical support services
Health products and Technologies	Improved commodity security in health facilities	Proportion of days facilities were stocked with EMMS annually		2022	80%	90%	Directorate of Health products and Technologies
		Pharmaceutical Manufacturing Plant civil works done		2022	3	6	
Preventive Health Services	Increased life expectancy rates	Proportion of life expectancy rates.		2022	80%	100%	Directorate of Preventive Health services
		No. of laboratories renovated in primary facilities		2022	4	6	

**Use most recent reliable statistics*

5.4 Data Collection, Analysis and Reporting

This section provides the main methods and tools that will be used for data collection, archiving, analysis and reporting arrangements in line with the National M&E norms and standards. This includes development of sector plan indicator handbook, standard reporting templates based on the county annual progress guidelines. The county government should also state how they integrate technology in M&E through the use of E-CIMES. The section provides the types of M&E reports to be prepared and the frequency of reporting.