REPUBLIC OF KENYA

BUSIA COUNTY

COUNTY GOVERNMENT OF BUSIA

HEALTH SECTOR STRATEGIC AND INVESTMENT PLAN

2018 – 2023

JUNE 2018

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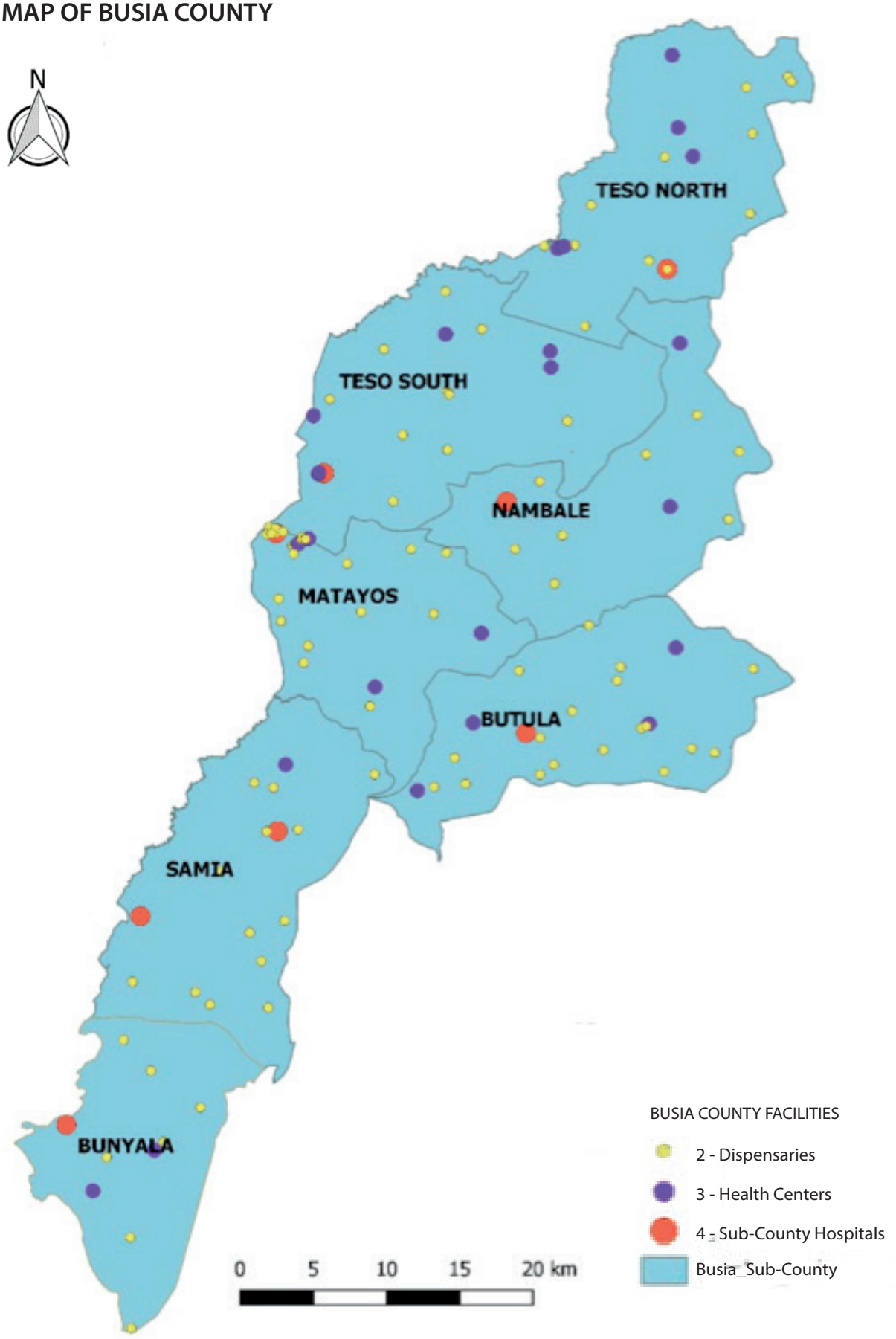
Citation:
Busia County Department of Health and Sanitation. Report on the Busia County Health Sector Strategic and Investment Plan, 2018-2023

MAP OF BUSIA COUNTY



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List of Acronyms

A&E	Accident and Emergency
ACSM	Advocacy Communication and Social Mobilization
ALOS	Average Length of Stay
ANC	Ante Natal Clinic
AMPATH	Academic Model Providing Access to Healthcare
APHIA	AIDS, Population Health Integrated Assistance
APDK	Association for the Physically Disabled of Kenya
AIDS	Acquired Immuno Deficiency Syndrome
ART	Antiretroviral Therapy
AWP	Annual Work Plan
BCG	Bacille Calmatte Guerin
BEmONC	Basic Emergency Obstetric and Newborn Care
BMI	Body Mass Index
BP	Blood Pressure
BUWASCO	Busia Water Services Company
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHMT	County Health Management Team
CHSSIP	County Health Sector Strategic and Investment Plan
CIDP	County Integrated Development Plan
CHC	Community Health Committee
CHSCC	County Health Sector Coordinating Committee
CHSF	County Health Stakeholders Forum
CU	Community Unit
CECM	County Executive Committee Member
COH	Chief Officer of Health
CDH	County Director of Health
CDF	Constituency Development Fund
CSSD	Central Sterile Services Department
CME	Continuous Medical Education
CCC	Comprehensive Care Clinic
CHV	Community Health Volunteer
CSOs	Civil Society Organizations
DHIS	District Health Information System
DM	Diabetes Mellitus
DSA	Daily Subsistence Allowance
EMONC	Emergency Obstetric and Newborn Care
EMR	Electronic Medical Record
ENT	Ear Nose and Throat
eMTCT	Elimination of Mother to Child Transmission
EPI	Expanded Program On Immunization
ETR	End Term Review
FHMC	Facility Health Management Committee
FANC	Focused Ante Natal Care
FBO	Faith-Based Organization
FIC	Fully Immunized Child
FP	Family Planning
GoK	Government of Kenya
NHSSP	National Health Sector Strategic Plan
KEMSA	Kenya Medical Supplies Agency
KHSSP	Kenya Health Strategic Plan
LLITN	Long Lasting Insecticide Treated Net
UNDP	United Nations Development Plan
USAID	United States Agency for International Development
NHIF	National Hospital Insurance Fund
HC	Health Center
HDU	High-Dependency Unit
HF	Health Facility
HMT	Health Management Team
HMC	Hospital Management Committee
HMIS	Health Management Information System

HIS	Health Information System
HSSF	Health Sector Service Fund
HRH	Human Resource for Health
HSSF	Health Sector Service Fund
JICA	Japan International Cooperation Agency
JAHSR	Joint Annual Health Sector Review
LATF	Local Authority Transfer Fund
ICD	International Classification of Diseases
ICT	Information and Communications Technology
IFAS	Iron Folic Acid Supplementation
IP	Infection Prevention
IPC	Infection Prevention and Control
IPT	Intermittent Prophylaxis Treatment
IRS	Indoor Residual Spraying
IEC	Information Education Communication
IV	Intravenous
IVM	Integrated Vector Management
KRCHN	Kenya Registered Community Health Nurse
KECHN	Kenya Enrolled Community Health Nurse
KEMRI	Kenya Medical Research Institute
KEPH	Kenya Essential Package for Health
KMTC	Kenya Medical Training College
HTS	HIV Testing Services
ICU	Intensive Care Unit
MCH	Maternal Child Health
MEDs	Mission for Essential Drugs
M&E	Monitoring and Evaluation
MPDSR	Maternal Peri-natal Death Surveillance and Review
MRI	Magnetic Resonance Imaging
MVA	Manual Vacuum Aspiration
MTC	Medicine and Therapeutic committee
MTEF	Medium Term Expenditure Framework
MTP	Medium Term Plan
NCA	National Construction Authority
NEMA	National Environmental Management Authority
NACC	National AIDs Control Council
NGO	Non-Governmental Organization
NCD	Non-Communicable Disease
NTD	Neglected Tropical Diseases
NPHL	National Public Health Laboratory
ODF	Open Defecation Free
OPD	Out Patient Department
PPP	Public Private Partnership
RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
SAGA	Semi-Autonomous Government Agency
SDG	Sustainable Development Goal
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infection
SOP	Standard Operating Procedure
SP	Strategic Plan
SWOT	Strength Weakness Opportunities and Threats
SCHMT	Sub-County Health Management Team
TBA	Traditional Birth Attendant
PMTCT	Prevention of Mother to Child Transmission
PPE	Personal Protective Equipment
VMMC	Voluntary Medical Male Circumcision
WRA	Women of Reproductive Age
WHO	World Health Organization
TB	Tuberculosis
TB ACF	Tuberculosis Active Case Finding
TWG	Technical Working Group

Foreword

The Busia County Health Sector Strategic and Investment Plan (BCHSSIP) 2018-2023 is aligned with the County Integrated Development Plan (CIDP) 2018 - 2023, vision 2030, the Constitution of Kenya 2010, and other national commitments. The plan draws sector priorities from the evaluation findings of the end term review of the BCHSSIP 2013/14 – 2017/18. It focuses on six policy objectives and seven health investment areas with an aim of attaining the overall health goals of the County.

The plan recognizes high quality of life as a pillar towards accelerating economic development as envisioned in vision 2030 and realization of fundamental human rights. The plan envisages the Universal health coverage (UHC) approach to ensure greater access to health care through an efficient health system, sustainable health financing, access to essential medicines and technologies and adequate capacity of human resources for health.

The document also emphasizes equity and efficiency using a multi- sectoral, people-centered, participatory approach, characterized by social accountability in the delivery of health care services. It envisages functional structures for service delivery responsibilities at the county, sub-county and community levels, each with hierarchical accountability, reporting and management lines. It proposes an inclusive and innovative approach to provide and synergize health services delivery at all levels by, thus establishing a radical departure from past trends in addressing the health agenda.

This plan was developed through a participatory process involving all stakeholders in health including the county political leaders, county government departments, development partners, faith-based organizations, civil society organizations and the private sector. The implementation of the BCHSSIP will cover five years beginning July 2018 to June 2023. The County Department of Health (CDOH) will monitor implementation of the BCHSSIP, conduct mid-term review to assess progress and end term evaluation to inform priorities for the subsequent strategic planning period.

This strategic plan demonstrates the County government's commitment to its vision of making Busia a healthy, productive and internationally competitive County.

Hon. Moses Mulomi
Deputy Governor and Acting County Executive Committee Member
for Health and Sanitation
BUSIA COUNTY

Preface

The Busia County Health Sector Strategic and Investment Plan (BCHSSIP) 2018-2023 is comprehensive and will be the overarching framework for implementation and mobilization of resources. This plan has incorporated the priorities in the County Integrated Development Plan 2018-2023 (CIDP) and informs subsequent Annual Development Plans and Work plans.

The strategic plan outlines high impact interventions to be undertaken at all levels. This is a living document that will be revised as new ideas, innovations, programs and policies are developed. We require all health workers and stakeholders to familiarize themselves with the content. The department will provide the required stewardship and oversight to ensure full implementation of this plan.

The department is committed to enhance efficiency in utilization of existing resources and will also advocate with the relevant arms of the County and National Government on the need for additional resources. We encourage our stakeholders and partners to supplement in resource mobilization to fully realize the plan.

Dr. Isaac Omeri
Chief Officer for Health and Sanitation
BUSIA County

Acknowledgements

The Busia County Department of Health and Sanitation acknowledges the contribution of the County government leadership, development and implementing partners and all other stakeholders who participated in the development of its health sector strategic and investment plan 2018-2023.

In particular, we appreciate USAID Tupime Kaunti project for providing technical and financial support. We thank Save the Children International, Systems Enhancement for Transforming Health, Kenya Nutrition and Health Program Plus, Living Goods, civil society organizations and numerous individuals for their immense contribution during the development of this plan. Their concerted support made it possible to undertake this comprehensive process.

Our appreciation also goes to the County Department of Health team under the leadership of: the CEC Member for Health and Chief Officer Health for their stewardship in the development of this strategic plan. The Strategic Plan would not have been completed without the dedication of CHMT and SCHMT members.

We thank you all!

Dr. Melsa Lutomia
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BUSIA County

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BUSIA County

Executive Summary

This Strategic Plan lays the framework upon which Busia Health and Sanitation Department will achieve its intended commitment and aspirations for the next five years (2018/19 -2022/23). It provides clear strategies, objectives and outputs that will guide stakeholders implement projects and programs to realize the health sector overall goal. The plan will also act as a guide for assessing performance and achievement of the outlined targets. It aligns itself to key long term planning documents including Kenya Vision 2030, Kenya Health Policy 2012 – 2030 and Busia County Integrated and Development Plan as summarized in the planning framework.

The departmental vision is "**A healthy, productive and internationally competitive County"while the mission is "To build a progressive, sustainable, technologically driven, evidence-based and client-centred health system with the highest attainable standards of health at all levels of care in Busia County.**"

This Strategic and Investment Plan has provided a comprehensive situation analysis of the County's Health status including population demographics, key selected health indicators, morbidity and mortality data, together with an assessment of the state of the health investment areas and their impact on the health outcomes.

The department's priorities, objectives and targets have been outlined in the third chapter. Considerable investment in preventive and promotive healthcare as a driver towards achievement of Universal Health Coverage is a major priority in this plan.

Great focus will also be laid on strengthening of the Kenya Essential Package for Health (KEPH) service targets. Other areas prioritized include upgrading of Health centres to Level 4 hospitals, construction of 4 zoned commodity warehouses, equipping of level 4 hospitals, operationalization of completed facilities, investment in medical technology and improvement of financial collection among others. The plan has also stipulated the implementation framework, including partner coordination which is key in resource mobilization for attainment of the department aspirations.

The cost of this plan's implementation is Kes 18 billion with a projection of Kes 10 billion from the exchequer and Kes 8 billion from partners and stakeholders. Through Public private partnership financing plan that will focus on areas of development that are capital intensive. The department hopes to grow the financial improvement Fund base by expansion of services offered. Other strategies include engaging insurance entities e.g. National Hospital Insurance Fund for accreditation. Investment in technology for revenue collection and compliance with the Public Finance Management Act will safeguard the finances generated to ensure its prudent collection and use to finance the plan.

The plan outlines an effective monitoring and evaluation frame work to measure its implementation progress.

1 INTRODUCTION AND BACKGROUND

1.1 Background

The new Constitution promulgated in 2010 established County Governments, within which health was one of the devolved function. The health departments were therefore required to develop their own strategic and investment plans. Busia County Department of Health and Sanitation, developed its first County Health Sector Strategic and Investment Plan (CHSSIP) for 2013/14 – 2017/18 in line with the Kenya Health Policy 2014–2030 and the County Integrated Development Plan (CIDP I). The strategic plan was implemented yearly through Annual Work plans (AWPs). The Kenya Health Policy (KHP) provides a framework for translating the requirements of the Constitution 2010, Vision 2030 and Global commitments in the health sector. The CIDP is an overarching reference for planning at County level.

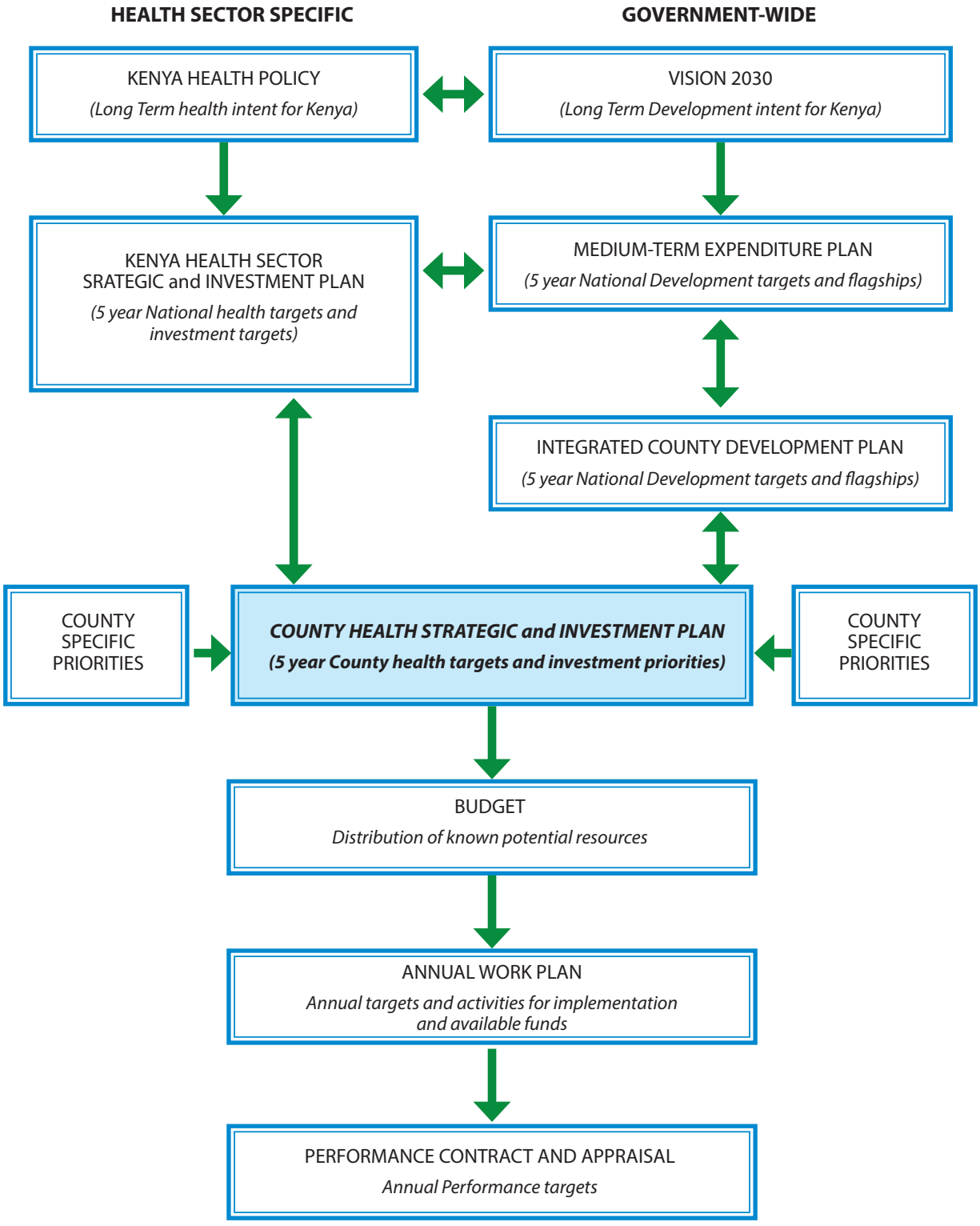
The 2018/19 – 2022/23 CCHSSIP is informed by the findings of the review of the first CHSSIP 2013/14 – 2017/18 which focussed on performance analysis across the various investment outputs and outcomes. also It has been developed in cognisant of the Presidential big four agenda of universal health care provision, United Nations Sustainable Development Goals (SDG),specifically SDG 2 - zero hunger, SDG 3 - good health and wellbeing and SDG 6 - clean water and sanitation and Busia Governor's manifesto on health that seeks to strengthen ambulance services and NHIF cover for all.

1.2 Purpose of this Investment Plan

The main purpose of the strategic and investment plan is to define the desired direction for delivery of health services in Busia County in line with the devolved governance framework national strategic direction and existing international frameworks. It outlines the key priority health interventions in Busia County and forms the basis of preparation and implementation of Annual Work Plans, measurement of performance of individuals and institutions. It also outlines estimates for resource needs and proposed ways to mobilize the resources. In line with the requirements of the County Governments Act 2012, this plan operationalizes the five-year County Integrated Development Plan. The strategic plan will inform budget preparation as stipulated in the Public Finance Management Act, 2012.

1.3 Planning Framework

Figure 1: Planning Framework



Source: Ministry of Health

1.4 Vision, Mission and Goal

VISION

"A healthy, productive and internationally competitive County."

MISSION

"To build a progressive, sustainable, technologically driven, evidence-based and client-centred health system with the highest attainable standards of health at all levels of care in Busia County."

GOAL

"Better health in a responsive manner."

Core Values: We cherish and inculcate the following core values in our staff and all those that we deal with in the course of providing services:

- **Trustworthiness** – Being honest, fair, dependable, and worthy of confidence
- **Customer-centeredness** – Addressing customers' needs and concerns
- **Teamwork** – Working together towards a common goal
- **Effective communication** – Conveying information clearly to our customers for desired actions
- **Professionalism** – Serving customers with competence, integrity, and a positive attitude

1.5 Process of Development

The process of developing this strategic plan was inclusive and participatory, coordinated by the County Health Management Team. A road map and schedule of activities with timelines was developed. This document was informed by data collected across all levels of health service delivery together with end term review of first CHSSIP 2013 – 2017. It was also synchronized with the Busia County Integrated Development Plan. With the priorities and key reference documents, a stakeholder workshop to set targets for this strategic plan was held followed by a drafting workshop that generated a zero draft. A final workshop to refine the CHSSIP was held and a final draft realized. The final draft was subjected to a stakeholder validation forum then shared with the County Executives for approval.

2 SITUATION ANALYSIS

This section provides an overview of the situation in Busia County and its effect on health service delivery.

2.1 Population Demographics

Busia County has an estimated population of 869,978 – 1.9% of the national population as projected from the 2009 Kenya National Bureau of Statistics Census report. The annual population growth rate is 2.54%, giving a projected population of 993,412 by 2022. Teso South Sub-County has the largest population, 160,466 people, with Bunyala having the lowest, at 78,117. The table below shows the population trends for the period 2018 to 2022.

2.1.1 Catchment Population Trends

Table 1: Population Trends

	Sub-County Units	Population trends				
		2018	2019	2020	2021	2022
1	Bunyala	78,117	80,776	84,986	86,998	89,200
2	Butula	142,682	147,540	155,228	158,903	162,926
3	Matayos	130,359	134,797	141,822	145,179	148,855
4	Nambale	110,798	114,570	120,541	123,395	126,518
5	Samia	109,467	113,194	119,093	121,912	124,998
6	Teso North	138,089	142,790	150,231	153,788	157,681
7	Teso South	160466	165929	174576	178709	183233
	TOTAL	869,978	899,596	946,476	968,885	993,412

Source: Kenya National Bureau of Statistics

2.1.2 Population Description

The estimated number of households in Busia County is 173,996, with an average family size of 5. The poverty level stands at 66.7%, while the literacy level is 75.3% .The male to female ratio stands at 1:1.08 i.e. 48% male and 52% female. The age dependency ratio is 100:107. Almost half of the population (47.1%) is children aged 0 to 14 years, and 26.4% are women of reproductive age. The population is further distributed as follows: under one, 3.6%; under five, 17.5%; adult population, 27.4%. People 60

and over are 5.3% of the total population. The respective population cohorts are calculated for the entire plan period.

Table 2: Population Description

	Description	Population estimates	Target population				
			2018	2019	2020	2021	2022
1	Total population		869,978	899,596	946,476	968,885	993,412
2	Total Number of Households		173,996	179,919	189,295	193,777	198,682
3	Children under 1 year (12 months)	3.6476%	31,733	32,814	34,524	35,341	36,236
4	Children under 5 years (60 months)	17.619413%	153,285	158,504	166,764	170,712	175,033
5	Under 15 year population	47.7911927%	415,773	429,928	452,332	463,042	474,763
6	Women of child bearing age (15 – 49 Years)	22.7907463%	198,274	205,025	215,709	220,816	226,406
7	Estimated Number of Pregnant Women	3.7996%	33,056	34,181	35,962	36,814	37,746
8	Estimated Abortion Cases	0.3% of ANC Mothers	99	103	108	110	113
9	Estimated Number of Deliveries	3.7996%	33,056	34,181	35,962	36,814	37,746
10	Estimated Live Births	3.7996%	33,056	34,181	35,962	36,814	37,746
11	Total Number of Adolescents (10-19)	25.83	224,703	232,353	244462	250,250	256,585
12	Total number of Youths (15-24)	20.12419%	175,076	181,036	190,471	194,980	199,916
13	Adults (25-59)	27.38574%	238,250	246,361	259,199	265,336	272,053
14	Elderly (60+)	5.30286%	46,134	47,704	50,190	51,379	52,679

Source: Kenya National Bureau of Statistics

2.2 Health Impact

The table below describes selected health Indicators for the county from different source documents comparing some of them to the national estimates.

Table 3: Select Health Impact Indicators

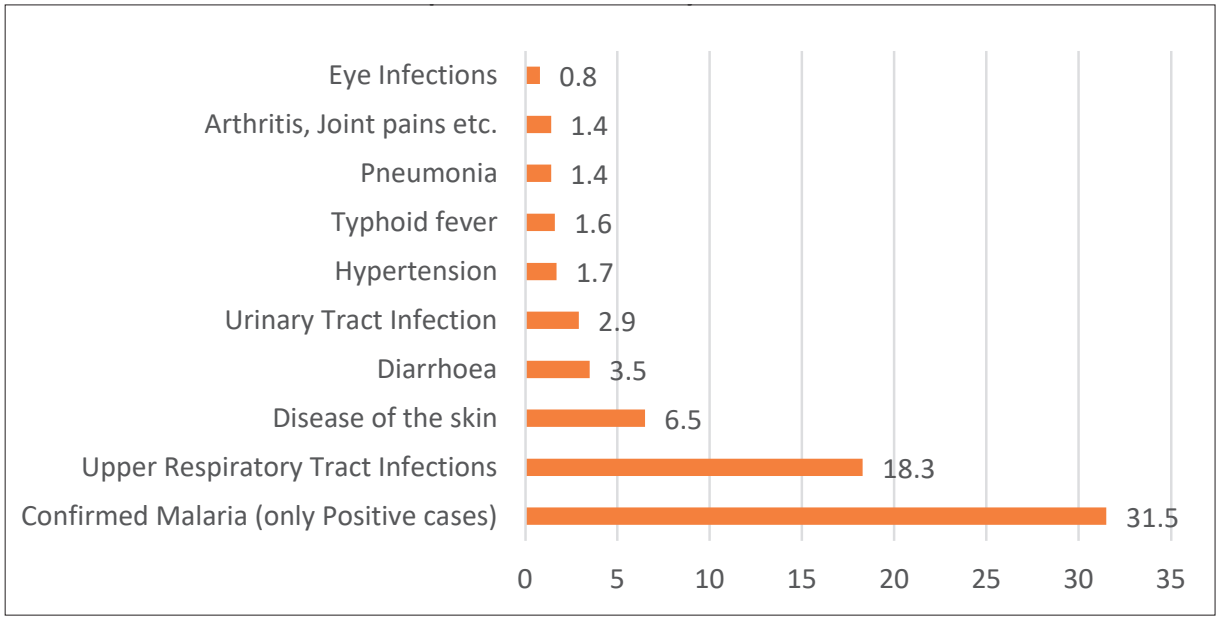
Indicator	County Estimate	National Estimate	Source & Date
Crude Birth Rate (per 1000)		31.78/1000	KNBS, 2016
Life Expectancy at birth for females (years)		65.8 years	WHO, 2016
Life Expectancy at birth for males(years)		61.1 years	
% Population Growth rate(between)	3.1%	2.6%	KNBS, 2009
Neonatal Mortality Rate (per 1,000 births)	24/1000 live births	22.6/1000	KNBS, 2016
Infant Mortality Rate (per 1,000 births)	84/1000 live births	36/1000	KNBS, 2016
Under 5 Mortality Ratio (per 1,000 births)		49.2/1000	KNBS, 2016
Maternal Mortality Rate (per 100,000 births)	307/100,000	488/100,000	KNBS, 2016
Fully Immunized population < 1 year) (2017)	66%	68%	DHIS2, 2017
TB incidence per 100,000 persons)	176	319	KNOEMA 2017

Indicator	County Estimate	National Estimate	Source & Date
HIV prevalence rate (2018)	7.7%	4.8%	NACC, 2018
Number of People living with HIV	38,606	1,493,382	NACC, 2018
HIV incidence rate per thousand	3.1%	1.8%	NACC, 2018
New HIV infections	1,601	52,767	NACC, 2018
Need for PMTCT	2,401	53,067	NACC, 2018
Malaria cases (per 100,000)	270	70.30.3	KNOEMA 2017
Malaria test positivity rate (%)	46%	41	Health at a Glance 2012
Contraception prevalence rate (%)		53.2	Health at a Glance 2012
Skilled deliveries (%) (2016)	42.8	44.6	DHIS 2

2.2.1 Top Ten Major causes of Morbidity and Mortality in the County

The county is faced with a significant burden of both communicable and non-communicable diseases. Based on inpatients data from the health facilities in the county, Malaria remained the leading cause of death, with HIV/AIDS, Lower respiratory infections, Iron deficiency Anaemia and Diarrheal diseases following closely. The others were premature and low birth weight, Ill-defined diseases, birth asphyxia & birth trauma, tuberculosis and meningitis. Malaria also topped the chart in terms of morbidity, though the county recorded significant progress in terms of Anti-Retroviral therapy (32,000 currently on ART). However, challenges still exist in maintaining high viral loads (81% adults and 61 % paediatrics). Malaria too was reported as the leading cause of morbidity with 31.5% followed by Upper Respiratory Tract Infections (URTI).

Figure 2: Top Ten Causes of Morbidity in Busia County



Source: DHIS2, 2018

Table 4: Top Ten causes of Mortality in Busia County

Condition	Busia County (%)	National Coverage (%)
Malaria	13.6	5.7
HIV	8.6	10.5
Lower respiratory infections	7.4	9.0
Iron deficiency, Anaemia	6.8	3.3
Diarrhoeal diseases	6.4	3.9
Prematurity and low birth weight	6.4	3.7
Ill-defined diseases	5.8	3.6
Birth asphyxia and birth trauma	3.5	2.5
Tuberculosis	3.5	4.6
Meningitis	2.9	2.9

Source: Kenya Mortality Study March, 2018

2.3 Health Services Outcomes and Outputs

In order to offer the highest attainable quality health of services, the Department of Health and Sanitation strives to address the inequalities that exist in the health sector. The department will focus on two main output areas: access to and quality of care in all intervention areas. The county continues to experience human resource challenges and is grappling with limitations related to equipment, machines and infrastructure. This section provides an overview of the health performance for the period 2013 - 2017 to inform strategic prioritization.

2.3.1 Eliminate Communicable Conditions

The department of health and sanitation aimed to improve delivery of routine health services targeting children through universal immunization of children under 1 against 10 common vaccine-preventable diseases, namely tuberculosis, polio, diphtheria, whooping cough (pertussis), pneumonia, haemophilus influenza, hepatitis B, neonatal tetanus, rotavirus, and measles was prioritized. This is crucial in improving health outcomes as well as reducing infant and child morbidity and mortality. During the period under review immunization performance increased from 80% in 2013/14 to 89% in 2014/15, but dropped to 66% in 2016/17.

Halt, and reverse the rising burden of non-communicable conditions (NCDs)

During the period under review, the department of health undertook screening of various NCDs such as diabetes, hypertension and breast cancer among others. The plan prioritizes NCD interventions with particular emphasis on cervical cancer screening.

Reduce the burden of violence and injuries

Road traffic accidents (RTAs) account for a significant proportion of morbidity and fatalities in Busia County, with motorcycles contributing the greatest share of the burden. The County Department of Health (CDOH) continues to provide specialized services to critical emergency and trauma cases through an orthopedic consultant at the Busia County Referral hospital. Some of the challenges that affected implementation of this objective included inadequate trauma care personnel, space and shortage of essential commodities. The CDOH is currently constructing an accident and emergency care unit at Busia County Referral Hospital (BCRH) and plans to scale up to the sub-counties. In addition, there is need to train more personnel on trauma care and to establish the emergency preparedness committees to strengthen coordination of service delivery. Further, the CDOH has increased budgetary allocation for commodities to address stock outs as part of emergency preparedness.

Provide essential health services

This policy objective provides that all women should access skilled care during pregnancy, childbirth and post-partum to ensure prevention, detection and management of complications. The objective seeks to lower maternal and perinatal morbidity and mortality. In the initial three years (2013 - 2015) of the strategic plan implementation, deliveries by skilled birth attendants improved gradually; however, there was a decline in 2016/2017 that could be due to the industrial unrest that led to non-operation of health facilities. In spite of this, skilled deliveries surpassed the targets set for the reporting period as shown in the figure 16.

Challenges experienced included shortage of staff, stock outs of commodities and the lack of equipment in both maternal and newborn units as well as knowledge and skills gap in Basic emergency obstetric and neonatal Care (BEmONC). The CHSSIP 2014/18 review recommended the need to address these challenges through staff training and procurement of maternity equipment

The national under five mortality rate is 52 deaths per 1000 live births (KDHS, 2014) compared to Busia County estimate of 121 per 1000 live births (CHSSIP 2013/2014 – 2017/2018). This estimate is almost three times the national under five mortality rate. over the performance period, the incidence of under five deaths peaked in 2014 followed by a steady decline to the end of the evaluation period as shown in the figure 19.

Strengthen collaboration with health related sectors

The school health package helps link the resources within the health and sanitation, education and, nutrition sectors within a common framework. This is to ensure schools provide a healthy environment for school children, teachers and other staff. According to the school health policy, the school health package includes adequate sanitation systems, availability of adequate water supply, operational school health clubs, established health referral systems and adequate tuition capacities in schools. During the previous implementation period, there was inadequate data to monitor and report on

the performance of this policy objective. Public officers and the community health extension workers (CHEWs) were noted to be visiting schools, to provide relevant education on nutrition; however, very few schools had been reached. Some of the challenges experienced included over reliance on partners, teachers had not been educated on such programs, inadequate resources, shortage of staff and a lot of school activities.

2.4 Health Investments

2.4.1 Health Workforce

The importance of health workforce in the delivery of quality healthcare cannot be over emphasized as health service is labour intensive. In the last CHSSIP 2013 – 2017, the department managed to recruit a total of 441 new health workers which included; contract staff absorbed from partners as well as new recruits across all cadres. As of June 2018, the department had a total workforce of 1,180 of which comprised of: 52 doctors, 114 clinical officers, 505 nurses and 671 other cadres. This figure is well below both the WHO and MOH norms and standards for HRH. Further, the department had a total of 2061 community health volunteers who are paid a monthly stipend. However, over the same period, there was high staff attrition due to retirement, deaths, resignations and inter county transfers. A total 35 staffs exited the service. The many episodes of staff industrial action during the period interfered with health service delivery. There is a significant number of staff in long term training which has resulted to an artificial gap that needs to be addressed. A comprehensive staff establishment showing the current staff in post and the gaps.

The department also benefited from partner contracted staff from AMPATH, APHIA plus and Kenya Aids response program. The department has a HR strategic plan, 2018 – 2021 which captures elements of human resource management such as the succession plans including staff absorption of contract staff, capacity building and performance management. Personnel emoluments consumes the highest budget for the department as shown in table 5.

Table 5: Total Health Budget vis a vis Amount Spent on Personnel Emolument

Financial Years (FY)	Total Budget allocated	Amount spent on staff salaries	% of health budget to salaries
FY 2015/2016	1,558,838,378	832,886,817	53
FY 2016/ 2017	1,501,220,941	957,575,498	64
FY 2017/ 2018	1,802,125,293	1,308,001,332	73

Source: County Government records

In this planning period, the department needs to lobby for additional resources to recruit staff to bridge the staffing gaps as well as for capacity building, motivation and retention of health workforce.

2.4.2 Health Infrastructure

Infrastructure is critical in ensuring the delivery of quality health services. It includes establishing health facilities, buildings, medical equipment, plants and ambulances. The 142 health facilities are owned by the County Government, Faith Based Organizations (FBO) and the private sector. There are eight hospitals, sixteen health centres, one hundred eighteen dispensaries and medical clinics.

As per the Kenya Service Availability and Readiness assessment of 2013, Busia was among the counties with a relatively low facility density per 10,000 population, standing at 1.0 against the national average density of 204. Since then a number of facilities were constructed to completion courtesy of CDF and the County Government of Busia as per table 6.

Table 6: New Dispensaries

	Dispensaries opened	New Dispensaries Operationalized
1	Kamuria	Segero
2	Mudembu	Odengero
3	Namusala	Akobwait
4	Musokoto	Buyofu
5	Kwangamoru	Wakhungu
6	Apatit	Buyingi
7	Neela	Nyalwanda
8	Khajula	Igula
9	Busagwa	Busibula
10	Mayenje	Buyosi
11	Burumba	Kapesuri
12	Kabuodo	Muyafwa
13	Emafubu	Aloet
14		Akolong/Maembe
15		Mukonjo
16		Luliba
17		Imanga
18		Okwata
19		Osuret
20		Esidende

Source: County Department of Health Records

As at 2013 most of the health facilities were operating with limited infrastructure. To deliver quality services, the County embarked on a massive improvement of all its hospitals, health centres and dispensaries. The construction of theatres, maternity wards, laboratories and x-ray units was initiated at Sio Port, Khunyangu and Nambale Sub-County Hospitals to enable them operate as proper level 4 facilities. The County flagship projects were upgrading of BCRH to a Level 5 Referral and Teaching

Hospital, Medical Training College (MTC) and purchase of ambulances to enhance and strengthen referral services. Consequently, there was massive investment in infrastructure at BCRH which include construction of the Accident Emergency unit, an ultra-modern maternity new born unit and purchase of 4 – bed ICU equipment. These constructions are at varied degree of completion and have been prioritized for completion in the subsequent CIDP II. There has also been significant support at the lower end facilities to expand the array of services being offered, with additional construction of strategic units such as maternity wards, laboratories and wards courtesy of County Government. This includes construction of maternity wards and laboratories at Malaba, Obekai, Sidende, Malanga, Moru Karisa, Namuduru, Bumutiru, Osieko, Nasira and Khayo Dispensaries which need to be upgraded to Health centre status

The National government has also contributed to improving service delivery through the Managed Equipment Services (MES) program which invested heavily in imaging services (Digital Xrays, Mammography machines, Ultra sound machine, C-arm and CT scan), Renal unit and theatre equipping.

With the support of Fred Hollows Foundation Ophthalmic equipment have been installed and supplied to BCRH, Alupe, Nambale, Khunyangu, Sio Port and Port Victoria Hospitals which has improved eye management in the County. The County has a modern laboratory at BCRH supported the World Bank through East Africa Public Health Laboratory Network.

The county has a total of 12 ambulances. 7 were procured and equipped with basic life support equipment and each deployed to serve the 7 sub counties. 3 ambulances existing before the 1st phase of the new dispensation continue to provide referral services at the lower facilities, while 2 are from the private sector, i.e. Red Cross and Kabras Sugar Company at Tanagakona. The department plans to procure more ambulances as outlined in the Governor's manifesto and equip the 3 previously existing ambulances with equipment to improve their functionality. To ensure 24hour services in our health facilities staff houses for key staff to be constructed in all our primary health care facilities.

In order to provide quality health care services equitably there is need to upgrade the following Health centres to Sub-County hospital status in addition to the existing ones. These include Amukura, Bumala B, Matayos, Malaba, Mukhobola and Moding Health Centres. In addition to service delivery improvement this will allow the facilities to collect FIF hence support health care financing sustainability.

The County prioritizes further investment in Health Infrastructure as a key pillar for delivery of quality healthcare.

Table 7: Existing Health Infrastructure versus Requirements

Health Inputs & Processes	No. available	No. / 10,000 persons		Required numbers	Gaps
		County	National		
Physical Infrastructure					
Hospitals	8	0.09		8	0
Primary Care Facilities	141	1.32		134	19
Community Units	184	2.11		194	10
Full equipment availability for					
Maternity	68	0.78		124	56
MCH / FP unit	93	1.07		105	12
Theatre	7	0.08		11	4
CSSD	7	0.08		11	4
Laboratory	58	0.67		69	161
Imaging	5	0.06		9	4
Outpatients	95	1.09		124	29
Pharmacy	124	1.43		124	0
Eye unit	3	0.03		8	4
ENT Unit	1	0.01		7	6
Dental Unit	2	0.02		7	5
Minor theatre	26	1.43		26	0
Wards	34	0.39		37	3
Physiotherapy unit	9	0.16		23	9
Mortuary	5	0.06		14	4
Transport					
Ambulances	11	0.12		16	9
Private ambulances	3	0.03			
Support / utility vehicles	7	0.08		14	7
Bicycles	990	11.38		2154	1164
Motor cycles	58	0.67		194	136

Source: County Health Records

2.4.3 Health Products

Health products comprise of pharmaceutical and non-pharmaceutical commodities procured by the County and National Government. Program specific commodities which include; vaccines, family planning commodities, HIV/TB/malaria commodities are supplied by the National Government. Health product and technologies take a significant percentage of the Busia Health sector recurrent budget after staff salaries and emoluments. In the implementation phase of the CHSSIP 2013-2018, the department had recorded a significant increase in the amount allocated for the purchases and management of health products and technologies. This was informed by the quantification exercise with assistance from a partner(MSH) , undertaken in FY 2014/2015 which developed realistic commodity demand for the county based on existing workload. This is a clear manifestation of goodwill from the county leadership. Other interventions by the department included the setup of buffer stores at

Matayos Health Centre to mitigate against stock outs, commodity security and better management of commodity distribution across the county. The department also has a vibrant Technical Working Group on Commodity security to enhance prudent coordination of the same. In the County Integrated Development plan 2018-20122, the department has prioritized development of additional 4 zoned buffer stores to further improve management. Among the challenges experienced include inadequate budgetary allocation, distribution of commodities, specifically from the buffer stores and procurement complexities, e.g. local suppliers. In the 2nd CIDP 2018-2022, procurement of distribution tracks has been prioritized to ease commodity logistics and advocate for additional budgetary allocation through the necessary players. The table below summarizes health products budgetary allocation between 2013 and 2017.

Table 8: Comparison of Quantification and Allocation for Commodities 2013-2017

Year	2013/2014	2014/2015	2015/2016	2016/2017
Quantification	0	418 million	464 million	464 million
Allocation	82 million	111 million	356 million	286 million

Source: Busia county treasury

2.4.4 Health Financing

Health care financing strategies are central to the provision of quality services to its citizens. Healthcare financing remains the cornerstone and pivot onto which the other health investment areas leverage on. The goal of health financing is ensure optimal resource mobilization, prudent allocation of financial resources to health services and effective and efficient expenditure.

Among the department's sources of funding are allocation from the equitable share which comprises the largest segment, grants comprising DANIDA, Health Sector Services Fund (HSSF), free maternity service reimbursement, World bank THS-UC (transforming health systems for Universal Care), Facility Improvement Fund (FIF) and an allocation from the national government for foregone user fee for level II and III facilities. The significant resource input of the development partners over the period cannot be overlooked. Their contribution has effectively supplemented budget gaps in the different programmatic areas and their support has been crucial in realization of health objectives. The department looks forward to sustaining their engagement in implementation of this plan over the coming 5 years.

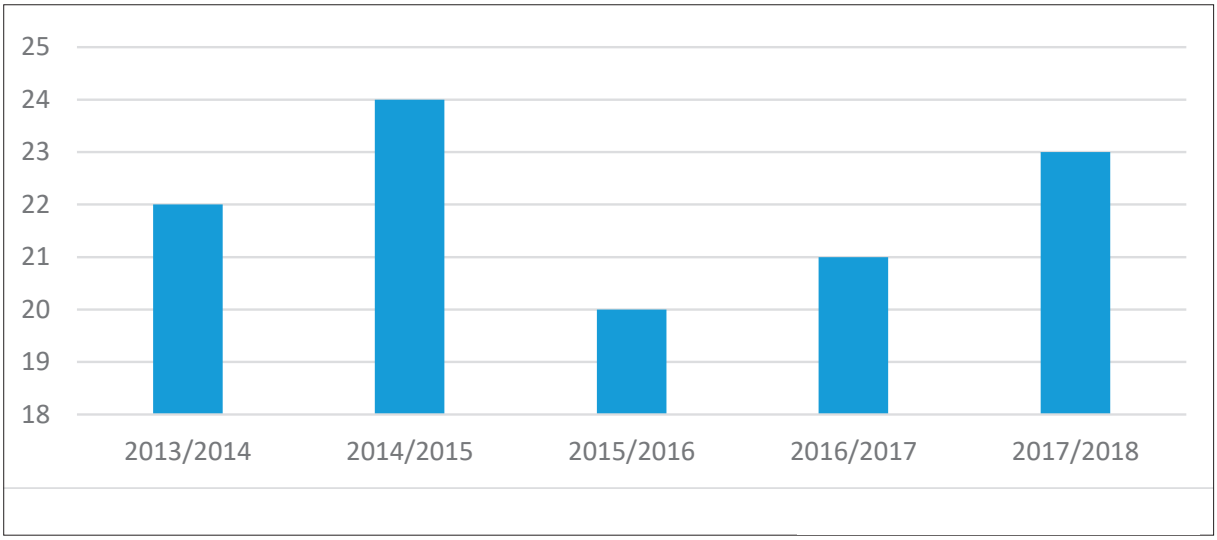
The department undertook a costing exercise for all its services in 2016, which indicated it needs 6.7 billion annually to optimally sustain its services across all programmes. The cumulative budgetary allocation of the department for the last five years (2013 – 2017) was Kshs.5.66B representing 25% of the total county budget. The department's cumulative expenditure during the same period was Kshs. 5.04B representing an absorption rate of 89.05%. The department received 0.964m during the FY 2013/2014, Kshs.1.49B FY 2014/2015, Kshs. 1.43B FY 2015/2016 and Kshs. 1.58B FY 2016/2017.

Pending bills continue to impact negatively on the department's financial performance. Stringent procurement regulations, coupled with late disbursement of funds and contactors'/merchant capacities

and inadequate budgetary allocation have contributed to this. The total county's pending bills as at 30th June 2018 was Kshs.755.9m. The departments total pending bills as at 30 June 2018 was Kshs. 27.2 million representing 4% of the total county pending bills. The department will endeavour to prioritize payment of all pending bills as required by the PFM Act 2012. It will also strive to initiate procurement processes at the earliest opportune time once budgetary approvals have been undertaken. The department shall also advocate for additional budgetary allocation to meet its expenditure needs.

One of the challenges the department has experienced and has significantly affected delivery of quality of healthcare has been the concern of flow of funds to the lower level units. Control of funds for implementation of programmes is centralized in the office of the accounting officer. The referral hospital and the Sub-County level 4 hospitals have endeavoured to retain the cost sharing funds which they collect at their level. This led to development of the Health Service Funding Act of 2016 (county legislation) which sought to reverse this trend and allow them timely access the funds. The regulations have already been adopted and its roll out is expected soon. The level II and III will continue to be supported through the DANIDA funds and the foregone user fee allocation, and an additional funding from the county budget shall be appropriated to supplement their activities, in full realization that achievement of Universal Health coverage can only be realized at the Primary healthcare level.

Figure 3: Graph: % of Health Financing Trend (FY 2013/14 -2017/18)



Source: County Treasury

2.4.5 Health Information

The HIS Unit is tasked with the role of data management which takes into the account the performance of the sector in terms of service delivery. Over the period, the unit has played a lead role in development of strategic documents such as Annual Work Plans, Commodity quantification, Annual performance review reports and the sector strategic Plan. The overall reporting rates have shown a steady improvement from 80.3% in 2013/2014 to 91.2% in 2016/2017. This success can be attributed to direct support to the unit in terms of availing of reporting tools, staff recruitment and capacity building from

both the County Government and partners. In 2016/2017 the County supported printing of reporting tools with a tune of kshs.1.3m. Despite all this the unit faces challenges including inadequate staff, inadequate and low quality tools, inadequate bundles for data uploading. The HIS requires Kshs. 6.5M for printing of reporting tools and airtime for bundles in each financial year. The table below shows reporting performance in the County. The department established an M&E unit to strengthen routine monitoring and outcomes measurement.

Table 9: Reporting Rates for the County (2013 to 2017)

Period/ Report	MOH 710 Vaccines and Immunization	MOH 711 Integrated Summary Report	MOH 717 Service Workload	MOH 705 A Outpatient summary < 5 years	MOH 705 B Outpatient summary > 5 years	MOH 713 Nutrition Monthly Reporting	Average reporting rate
2013/2014	72.4	79.5	80.6	82.2	80.5	88.6	80.3
2014 /2015	86.7	80.1	81.2	83.3	82.5	98.8	85.4
2015/2016	87.6	84.7	89	87.9	86.6	87.9	87.2
2016/ 2017	89.3	94.6	94.4	96.1	96.8	77.6	91.2

Source: DHIS2, November 2018

2.4.6 Health Leadership

The County Department of Health and Sanitation managed to implement programs through an all participatory leadership and governance structure cutting across all levels. The County Executive Committee Member (CECM) and the department's Chief Officers took charge of policy and administrative direction, while the County Assembly continued to play its oversight and legislative role. The County Directors of Health steered the technical implementation. Three health related bills namely; County Public Health Act, County Health Services Act and County Health Financing Act geared towards enhancing service delivery were enacted by the County Assembly. The department is working on two other bills namely; reproductive health bill and maternal child health bill. To provide oversight at health facilities, hospital management committees and health facility management committees (for dispensaries and health centres) were formed and gazetted for a 3-year term which has since expired. The department is in the process of formulating new committees.

To implement its planning function, the department spearheaded the development of vital planning documents including the CHSSIP 2013 -2017, subsequent annual work plans and annual development plans. The department also participated in the development of the CIDP 2013 – 2017. These documents formed the basis for resource mobilization and allocation as well as provided a reference for target setting and performance contracting. However, full implementation of these plans was hampered by inadequate resources. The department recorded success in areas like support supervision and improved functionality facility management committees, but needs to put in more effort in performance management. The completion of health related bills, formulation and gazettement of new committees and sustaining functionality of management structures will be key priorities in this strategic plan.

2.4.7 Service Delivery

The health infrastructure available to support service delivery at all tiers of care as defined by the Kenya Essential Package for Health is inadequate. The County has 184 functional CUs out of an expected 195. This gives coverage of 95% as per community strategy norms and standards. The County has currently 8 hospitals, however, 3 among them require additional facilities and equipment to make them fully operational. Additionally, there are 17 health centres and 98 dispensaries and clinics, all of which are staffed by the Government of Kenya (GoK), Faith-Based Organizations (FBOs), and private sector. The County health department plans to upgrade facilities in order to have additional 3 hospitals and 10 health centres, and to operationalize 20 dispensaries during this fiscal planning.

2.5 Problem Analysis

This section summarizes the priority investments for each service area to enhance service delivery.

Table 10: Problem Analysis

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
Eliminate Communicable Conditions	Immunization	• Poor road network • Long distance between facilities • High dropout rates • Hard to reach areas • Poor health seeking behaviors • Social cultural beliefs	• inadequate supply of non-Pharmaceuticals • inadequate/supply of vaccines • inadequate/lack/obsolete refrigerators • Poor documentation. • Power failure • Inadequate gas for refrigerator • Knowledge gap among health worker • Inadequate staffs	• Procure fridges • Daily immunization days • Forecasting and procurement of vaccines • Forecasting and procurement of general supplies • Distribution of vaccines • Conduct integrated outreaches in hard to reach areas • Conduct intensive defaulter tracing • Conduct support supervision • Conduct EPI review meetings • Data analysis • Transport: purchase

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	Screening for communicable conditions	• Lack of sensitization of health care workers on screening of communicable diseases • Low motivation of health care workers to conduct screening og communicable diseases • Inadequate budget for community screening • Inadequate number of cough monitors	• Weak laboratory diagnosis • QA/QI • Inadequate laboratory staff • Weak referral and lab networking • IP practices • Inadequate laboratory infrastructure • Weak referral and laboratory networking • Weak infection prevention practices • Poor staff attitude	• Training HCW on surveillance system • Purchase lab equipment and reagents • Renovate & expand existing lab space • Recruit lab Staff • Conduct DQA meetings • Develop referral strategy to address referral needs • Capacity building of health care workers on communicable diseases IP • Sensitize health care workers on screening of communicable • Disseminate IP guidelines
	Antenatal Care	• Inadequate knowledge among care seekers • Long distance to facilities • TBF factor • Shortage of staffs • Negative staff attitude	• Knowledge and skills gap • Inadequate Commodities • Inadequate equipment • Inadequate ANC SOPs and Guidelines and IEC materials • Inadequate Mentorship processes • Inadequate ANC profile services	• Train staff /sensitize on FANC/EMONC • Procure pharmaceutical and non-pharmaceutical • Advocacy and social mobilization • Scale up ANC profile screening services • Train staffs on public relation and respectful maternal care • Scale up mentorship process • Dissemination and sensitization of SOPs /Guidelines • Conduct health education talks ,CMEs • Conduct dialogue and action days • Reorient TBAs to become community referral agent • Conduct outreach services

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	Malaria Control activities Integrated Vector Management (IVM) Advocacy Communication and Social Mobilization Malaria in pregnancy Malaria case management	• Attitude change (BCC) • Inadequate equipment i.e. PPE, Pumps and Commodities • Stock out of chemicals • Lack of Advocacy and social mobilization. • Lack of awareness/ knowledge of IVM among community members • Social cultural beliefs on affecting LLINs use	• Misuse of LLINs • Lack of IEC materials • Poor Environmental sanitation practices	• Intensify ACSM on IVM • Procure commodities (LLINs, IRS,Pumps) • Training on CHVs environmental sanitation • Acquire .distribute and disseminate IEC materials • Train health care workers on IVM package
	Good hygiene practices	• Open defecation • Poor food handling practices • Poor water supply • Poor Hand washing practices • Social cultural beliefs	• Knowledge gap among HCWs and CHVs • Lack of awareness among the community members	• Scale up house hold sanitation through CHVs • Scale up HH water treatment through CHVs and chlorine promoters • Sensitize the community on hand washing with soap and water • Conduct health education in health facilities and schools • Conduct sanitation marketing through CHVs • Sensitization of the community on latrine usage
	HIV and STI prevention	• Stigma and discrimination • Bad Cultural practices • Inadequate Youth friendly services • Opt out policy in all facilities • Inadequate Outreach services • High Poverty • High SGBV	• Lack of Confidentiality • Inadequate Knowledge and skills • Poor data quality • Social cultural beliefs	• Staff training/update/CME on HIV/STI management • Staff training on stigma reduction • Community sensitization on safe cultural practices • Integrate /scale up youth friendly services • Conduct integrated outreach services to improve on HTS service uptake • Scale up HIV services among key population • Enhance NHIF enrollment for vulnerable population • Train staffs on SGBV • Conduct data quality audit • Conduct integrated data review meetings • Conduct support supervision for HIV/STI services

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	Port health	• Weak Cross boarder collaboration	• Knowledge & skills	• Information sharing • Enhance information sharing • Strengthen cross border collaboration meetings
	Control and prevention of neglected tropical diseases	• Inadequate awareness Advocacy • Inadequate Screening programs • Sharing data not done	• Knowledge & skills • Low Diagnostic capacity • Lack of IEC materials Inadequate Commodities • Inadequate research and surveillance on neglected tropical diseases • Dissemination of data for sharing	• Active case surveillance • Collaborate with affected regions and research institutions • Sensitize the community on neglected tropical diseases • Train staffs on neglected disease management • Capacity build laboratory staffs on NTD diagnosis • Purchase equipment for NTDs diagnosis • Sharing data and policy guidelines
Halt, and reverse the rising burden of non-communicable conditions	Health Promotion & Education for NCD's	• Low Awareness NCDs • Insufficient Outreach services (medical Camps) • Lack of Geriatric care • Social cultural beliefs • Religious beliefs • Poor health seeking behavior • Lack of EIC materials	• Inadequate Equipment and supplies for screening • Knowledge and skills gap • Inadequate dissemination of NCD control guidelines	• Acquisition of screening equipment and drugs • Health care worker training on NCDs (Ca Cx, DM, HT e.t.c..) • Scale up of specialized care setting • Reverse referrals • Hiring of specialists • social mobilization on lifestyle change including use of media • conduct regular outreaches and medical camps on NCDs • Community sensitization on NCDs • Capacity build CHVs to conduct house hold health education for NCDs • Integration of NCDs services with other services

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	Institutional Screening for Non-communicable Diseases (NCD's)	• Lack of screening program • Lack of Awareness creation • High Cost of treatment for NCDs • Poor attitude towards screening by health care seekers	• Inadequate knowledge and skills • inadequate dissemination of Treatment protocols and guidelines • Staff shortages • Inadequate Laboratory capacity to diagnose NCDs • Poor data quality • Lack of data review meetings on NCDs • Frequent stock outs of pharms and non-pharms	• Procure point of care diagnostic equipment • Conduct ACSM on NCDs • Introduce e-health/ telemedicine to support specialized management • Purchase laboratory equipment's for NCDs • Conduct quarterly audit for NCds • Procure pharms and non-pharms for NCDs • Enroll NCD clients on NHIF • Disseminate treatment protocol and guidelines
	Rehabilitation	• Inadequate awareness of rehabilitation services • Few Number of rehabilitation sites • Staff shortage	• Knowledge skills gap • Poor Preventive maintenance • Lack of Disability boards/committees • Inadequate Assessment and registration • Inadequate Equipment and Commodities • Staff shortage	• Scale up registration of people with disabilities • Procure equipment and commodities • Establishment of disability boards and committees • Capacity build staffs on rehabilitation service provision • Sensitize the community on rehabilitation services • Avail space in health facilities for rehabilitation services • Recruit more staffs
	Workplace Health & Safety	• Inadequate Equipment/supplies • Inappropriate infrastructure to enhance work safety	• Lack of Emergency preparedness • Knowledge, skills • Poor Physical planning • Inadequate PPE i.e. Protective gears (radioactive e.g.) • Lack of dissemination of policy guidelines on OHS • Lack of OHS committees	• Improve on quality of infrastructure to minimize work place risks • Conduct regular fire Drills • Procure workplace safety equipment • Collaboration with housing and public works • Training on safety at workplace • Formulate OHS committee in facilities • Disseminate OSH policy guidelines • Sensitize staffs on workplace safety

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	Food quality & Safety	• Lack of Awareness • Inadequate storage facilities	• Weak food quality control measures • Lack Professional ethics • Corruption • Lack of equipment for food sampling and testing	• Community Health education on food safety • Strengthen inspection of food premises • Screening of food handlers • Formation of anticorruption committees in facilities • Procure food testing equipment
Reduce the burden of violence and injuries	Health Promotion and education on violence / injuries	• Low Awareness on violence and injuries • Insufficient Outreach services (medical Camps) • Socio-cultural and religious beliefs • Poor health seeking behavior • Lack of IEC materials	• Knowledge and Skills gap • Inadequate Policy documents and guidelines on Violence and injuries	• Intersectoral collaboration • Staff training on violence and injuries • Conduct ACSM on violence and injuries • Dissemination of policy guidelines • Community Sensitization on legal issues • Conduct health education talks • Conduct CMEs on violence and injuries • Recruit rehabilitation officers
	Pre-hospital Care	• Inadequate knowledge on First AID among community members/CHVs • Inadequate ambulance services • Lack of rescue centers	• Knowledge & skills • Inadequate first aid kit • Lack of documentation	• Establishment of SGBV rescue centers • Procure first AID kits • Train community health volunteers on first aid • Establish emergency teams in communities • Avail community health kit for few supplies • Formulate data tool at the community level
	OPD/Accident and Emergency	• Lack of OPD A&E supply services	• Knowledge and skills • Inadequate A&E equipment • Staff shortage	• Complete A&E at referral hospital • Train HCW on A&E services • Procure A and E equipment • Scale up A and E services to one more level 4 hospitals • Train staffs on A and E subspecialty

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	Management of injuries	• Inadequate infrastructure (theatres)	• Knowledge and skills gap • Poor IP practices • Inadequate commodity supply • Lack of modern equipment	• Procure commodities and suppliers • Procure equipment • Set up minor/major theatres in three hospitals • Strengthen/establish IP committees • Recruit orthopedic technician
Provide essential health services	General Outpatient	• Long waiting hours • High cost of services • Knowledge gap in the community about services offered • Poor health seeking behaviors • Negative cultural and religious believes • Staff shortage	• Staff shortage • Inadequate supply of commodities, equipment and drugs • Negative staff attitude • Poor referral and network system • Poor planning and coordination • Inadequate supply of primary documentation tools • Poor data management	• Improve on client flow to ease movement • Conduct Outreach services • Operationalize new facilities • Employment of new and replacement staff • Enhance insurance coverage • Improve on data management processes • Procure data reporting tools • Community sensitization • Conduct medical camps for some services e.g eye care • Carry out client satisfaction survey • Avail triage section • Proper Signage
	Elimination of Mother to Child HIV Transmission	• Identification and Linkage • Few facilities offering full package of ePMCTC. • Shortage of skilled counseling staffs • Lack of awareness among community members • Stigma and discrimination	• Poor drug adherence • Weak follow up mechanisms • Lack of Early infant diagnosis services • Inadequate Commodities • Knowledge and skills eMTCT gap	• Acquire commodities(test kits and ARVs) • Mentorship and Support supervision • Train health care workers on EMCTC package • Sensitize community on availability of services • Sensitize CHVs on PMCTC services • Scale up DBS collection in facilities • Strengthen and enlist Psychosocial groups • Employ more HTS counselors • Train staffs and CHVs on stigma reduction

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	Integrated MCH / Family Planning services	• Out of pocket cost of services • Lack of male/partner involvement • Myths and misconception about family planning • Lack of information on the services	• Inadequate laboratory services • Inadequate commodities and other supplies • Inadequate equipment • Knowledge and skill gap	• Proper forecasting and quantification of FP commodities • Scale up the services to lower facilities e.g. lab services • Intensify community sensitization through community strategy • Capacity build HCWs on long lasting family planning method • Sensitize CHVs on FP services • Procure equipment (weighing scale, BP machines) • Commemorate world contraceptive days yearly to raise awareness
	Maternity	• Inadequate infrastructure for maternity services • Lack of theatre services in four sub-counties • Staff shortage	• Inadequate maternity equipment • Poor referral systems and networks • Negative attitude from health care workers • Poor documentation • Poor interpretation and use of partographs • Lack of knowledge on respectful maternity care • Lack of disability friendly delivery beds • Unstructured NHIF, linda mama initiative roll out	• Construct and complete theatres in 4 sub counties • Procure theatre equipment in the four sub-counties • Upgrade 10 dispensaries to health centres through construction of maternity • Renovate existing r maternity units infrastructures • Conduct Clinical mentorship and on job training on partographs • Capacity bulb staffs on respectful maternity care • Use of CHVs to give health information and be birth companions • Conduct MPDSR quarterly meetings • Enhance NHIF registration for the Linda mama program • Motivate staffs • Procure assorted maternity equipment(baby warmers, delivery beds, weighing scales and MVA kits • Construct placenta pits in lower health facilities • Procure disability friendly delivery beds • Sensitize mothers on the NHIF and Linda mama initiative

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	New born services	• Inadequate equipment of new born unit services	• Inadequate knowledge & skills on new born management	• Capacity build staff on program management • Set up and equip program units (resuscitaire, linen, penguin sucker etc.) • Intensify Kangaroo mother care • Procure incubators in all level 4 facilities
	Reproductive health	• Inadequate reproductive health services (cancer screening, youth friendly services)	• Inadequate commodities, equipment • Inadequate knowledge and skills on reproductive services	• Scale up various reproductive services • Community sensitization on reproductive health services • Capacity building of healthcare workers on reproductive health
	In Patient	• Inadequate inpatient facilities (equipment, beds,	• Inadequate supply of commodities (drugs, non-pharms, food etc.) • Poorly maintained infrastructure • Lack of isolation wards • Lack of heaters for management of malnutrition	• Procurements of inpatient commodities and equipment • Construct isolation wards in the seven major sub counties • Procure heaters for management of patients with malnutrition
	Clinical Laboratory	• Inadequate supply of equipment and reagents • Inadequate clinical laboratories • Inadequate IPC equipment • Inadequate laboratory tools	• Poor documentation • Poor IPC practices • Inadequate SOPs and guidelines • Lack of QC material	• Employment of more laboratory staffs • Procure IPC equipment • Avail IPC guidelines • Completion of laboratories under construction • Renovate existing laboratories • Sensitize the community about uptake of laboratory services • Procurement equipment, data capturing tools and reagents • Source for QC materials from NPHL

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	Referral laboratory (specialized laboratories)	• Long distance to facilities • Frequent breakdown of equipment, due to infrequent servicing • Frequent stock outs of reagents • Lack of laboratory data tools • Lack of QC martials	• Inadequate knowledge and skills • Shortage of staffs with specialised skills and knowledge • Inadequate equipment for specialised tests • Inadequate funds for preventive maintenance of specialised machines • Poor documentation • Inadequate SOPs • Poor IPC practices in some facilities	• Employ staffs with specialized skills • Procurement of specialised equipment • Procure reagents • Avail funds for preventive maintenance of equipment and machines • Renovate laboratory infrastructure • Complete construction of hospital laboratories under construction • Procure laboratory tools(lab registers) • Procure/source for QC materials from national public health laboratories(NPHLs) • Avail SOPs and guidelines on laboratory service provision • Avail guidelines and protocols on IPC practices
	Imaging	• Distance to access • Unavailability of imaging services • High Cost of the services • Lack of imaging equipment	• Shortage of imaging staff • Lack of specialised imaging services e.g. CT scan, MRI e.tc. • Poor maintenance of imaging equipment • Inadequate commodity supply	• Set up and equip imaging centres • Preventive and maintenance plan and budgets • Procure more imaging equipment • Purchase CT scan • Sensitize clients on health insurance (NHIF) to cover imaging cost • Allocate funds for preventive maintenance of imaging equipment
	Pharmaceutical and Non Pharmaceuticals	• Inadequate/irregular supply of drugs and Non Pharmaceuticals • Inadequate storage space	• Shortage of pharmaceutical technologists and pharmacists • Lack of knowledge and skills in commodity management • Weak Medicine and therapeutic committees (MTCs)	• Employment of pharmacist and pharmaceutical technologists • Training of staff on commodity management/ specialization • Construction of drug stores • Procure utility vehicle for distribution of pharms and non-pharms • Strengthen pharmacovigilance • Develop strategy for disposal of expired drugs

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	Blood safety	• Inadequate laboratory space for blood bank services • Inadequate/erratic blood donation campaigns • Inadequate equipment and supplies • Shortage of staff trained on blood transfusion services • Lack of awareness by the community on blood donation services	• Inadequate storage facilities (Refrigerators) • Lack of funds for blood satellite activities e.g. buying refreshments, buying motorcycle, tents • Lack of backup generator • Inadequate blood transfusion equipment	• Sensitize the community on blood donations • Strengthen the existing satellite unit • Procure blood transfusion equipment e.g. refrigerator, .blood stand • Renovate laboratories to cater for blood bank department • Train more staffs on blood transfusion services • Allocate budget for blood satellite activities • Procure a backup generator • Sensitization of the community on the need of blood donation
	Rehabilitation	• Lack of knowledge about rehabilitation services	• Inadequate equipment and supplies	• Procurement of supplies of equipment • Employment of rehabilitative staff • Community sensitization
	Palliative care	• Lack of facilities to carry out palliative care services • Lack awareness	• Lack of specialization palliative services • Knowledge gap • Inadequate commodities and equipment	• Set up a palliative care clinics • Training of specialised staff on palliative care • Procure and avail commodities and supplies
	Specialized clinics	• Inadequate specialized clinics and space	• Knowledge gap • Staff attitude • Lack of renal unit in BCRH	• Comprehensive health insurance • Train HCWs on specialized service • Avail space and establish specialised clinics in facilities • Procure and supply of commodities • Sensitize the community on specialised clinic services • Construct renal unit

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	Comprehensive youth friendly services	• Inadequate comprehensive youth friendly services	• Knowledge gap • Lack of policy guidelines • Lack of furniture and equipment • Lack of IEC materials	• Set up the comprehensive youth friendly centres • Capacity build staffs on youth friendly services • Avail space for youth friendly services • Avail and disseminate IEC materials • Sensitize youths on youth friendly services
	Operative surgical services	• Inadequate services • Lack of theatres in three sub-counties	• Inadequate equipment and commodities • Stock outs of pharm and non-pharms • Frequent power outages	• Complete and operationalize the theatres • Training of surgeons and anaesthetist • Procurement of equipment and other commodities • Procure standby generators for level 4 facilities • Train additional theatre nurses
	Specialized Therapies	• Inadequate services	• Inadequate equipment	• Set up the facility and capacity building, procurements • Procure more equipment
Minimize exposure to health risk factors	Health Promotion including health Education	• Inadequate health promotion and health education services	• Lack of IEC materials • Inadequate funding	• Create awareness of availability of service • Robust unit for health promotion and education • Training of staff on health promotion. • Production and dissemination of relevant IEC materials. • Training of CHVs on health promotion. • Collaboration with other sectors • Engagement of media in disseminating health messages • Establish health promotion resource center

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	Sexual education	• Inadequate information in the community • information myths and culture • inadequate youth friendly centers	• Lack of integration of sex education in curriculum. • Knowledge gaps among health care workers and stake holders • Lack of training in youth friendly services	• Community sensitization • Intersect oral collaboration • Strengthen school health education. (integrated school health program) • Education through youths groups for youths out of school • Engagement of religious leaders • Engagement of media (radio and social media) • Train staff on youth friendly centres • Establish youth friendly centres
	Substance abuse	• Lack of program on substance abuse • Cultural practices	• Lack of knowledge and skill on managing substance abuse • Shortage of staff • Lack of rehabilitation services	• Capacity building substance management • Develop programs on substance abuse. • Develop programs that keep the youth occupied • Train peer educators • Enrol the affected for rehabilitation programs • Multi-sectoral collaboration with NACADA
	Micronutrient deficiency control	• Lack of community awareness on this services • Poor cooking practices • Poor feeding habits in the household • Low socio-economic status of the community	• Lack of integrated services at the facility • Inadequate commodities for supplementation • Knowledge gaps among health care providers on micronutrients. • Inadequate monitoring of micronutrients	• Sensitization/training the CHVs and HW. • Health education on available food resources • Procurement and distribution of commodities • Sensitization on proper cooking services and feeding habits • Continuity of IFAS.
	Physical activity	• Lack of awareness on the importance of physical activities • Cost implication	• Inadequate physical health clubs • Lack of equipment. • Knowledge gap	• Sensitize the community on importance on physical activity • Establish health club in every Sub-County. • Procure equipment and distribute. • Capacity build staffs on the new updates

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
Strengthen collaboration with health related sectors	Safe water	• Inadequate supply of safe water • Long distances to the safe water sources	• Inadequate supply of chlorine/chemicals • Lack of water sampling and testing kits • Cost of water bills	• Procure enough chemicals • Inter-sectoral collaboration with other sectors to ensure availability and safe water. • Procure enough chemicals of treatment of water
	Sanitation and hygiene	• Socio-cultural beliefs and practices. • Low social economic status at the community. • Knowledge gaps on importance of sanitation and hygiene.	• Inadequate IEC materials • Weak community health services	• Staff employment • Print and distribute IEC materials to household • Strengthen community health services. • Sensitize CHVs on hygiene, sanitation and MHM • Conduct action and dialogue days • Sensitize CHVs on sanitation marketing • Sensitize the community on hygiene and sanitation and MHM.
	Nutrition services	• Inadequate community awareness on nutrition services • Poverty levels • Lack of awareness • Ignorance on health feeding practices	• Poor integration of nutrition services in mainstream health services • Shortage of nutritional supplements and equipment • Inadequate dissemination of quality nutrition guidelines • Knowledge gap • Social cultural beliefs • Religious beliefs	• Community sensitization • Inter-sectoral collaborations • Strengthen integration of nutrition services in the mainstream health • Procure nutritional commodities and equipment • Capacity build staffs on nutritional interventions(IYCY),IFAS • Sensitize CHVs on nutritional interventions • Implement nutritional demonstration gardens • Conduct health education • Allocate a budget for nutritional services
	Pollution control	• Inadequate awareness on causes of pollution and its control	• Lack sampling and testing equipment	• Inter-sectoral collaborations • Procure and supply sampling equipment

Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	Housing	• Poor construction of houses • Lack of approved plans • Poor siting of buildings • Inadequate of awareness	• Inadequate awareness on services being provided • Knowledge gap • Presence of corruption	• Community sensitization on the services being provided • Inter-sectoral collaborations • Proper zoning of buildings • Sensitization of CHVs on housing plans • Use of building code • Capacity build staffs on housing plans
	School health	• Inadequate health services in schools • Poor attitude on hygiene and sanitation on schools by teachers • Inadequate health education programs in schools	• Poor implementation of school health policy • Shortage staff to conduct school health services • Inadequate funding for school health programs	• Collaboration with other sectors • Training of teachers on school health education • Provide support to school health programs • Integrate school health program in schools • Strengthen health clubs in schools • Sensitize teachers on hygiene, sanitation and Menstrual hygiene management (MHM) • Disseminate guidelines on school health policies • Conduct school health education
	Water and Sanitation Hygiene	• Inadequate supply of safe water • Poor sewerage systems	• Poor liquid and solid waste management system • Lack of awareness on available services • Inadequate water treatment chemicals • Inadequate water systems	• Create awareness to the household level • Procure water treatment chemicals • Allocate funds for maintenance of water system • Allocate funds for construction of more water systems • Sensitize CHVs on household water treatments • Health education to the community on safe ware usage
	Food fortification	• Lack of awareness on food fortification	• Shortage of staff • Inadequate nutritional survey on food fortification • Knowledge gap • Inadequate IEC materials	• Sensitization of the community on food fortification • Avail IEC materials • Procure sampling and testing kits • Capacity build staffs on food sampling and testing

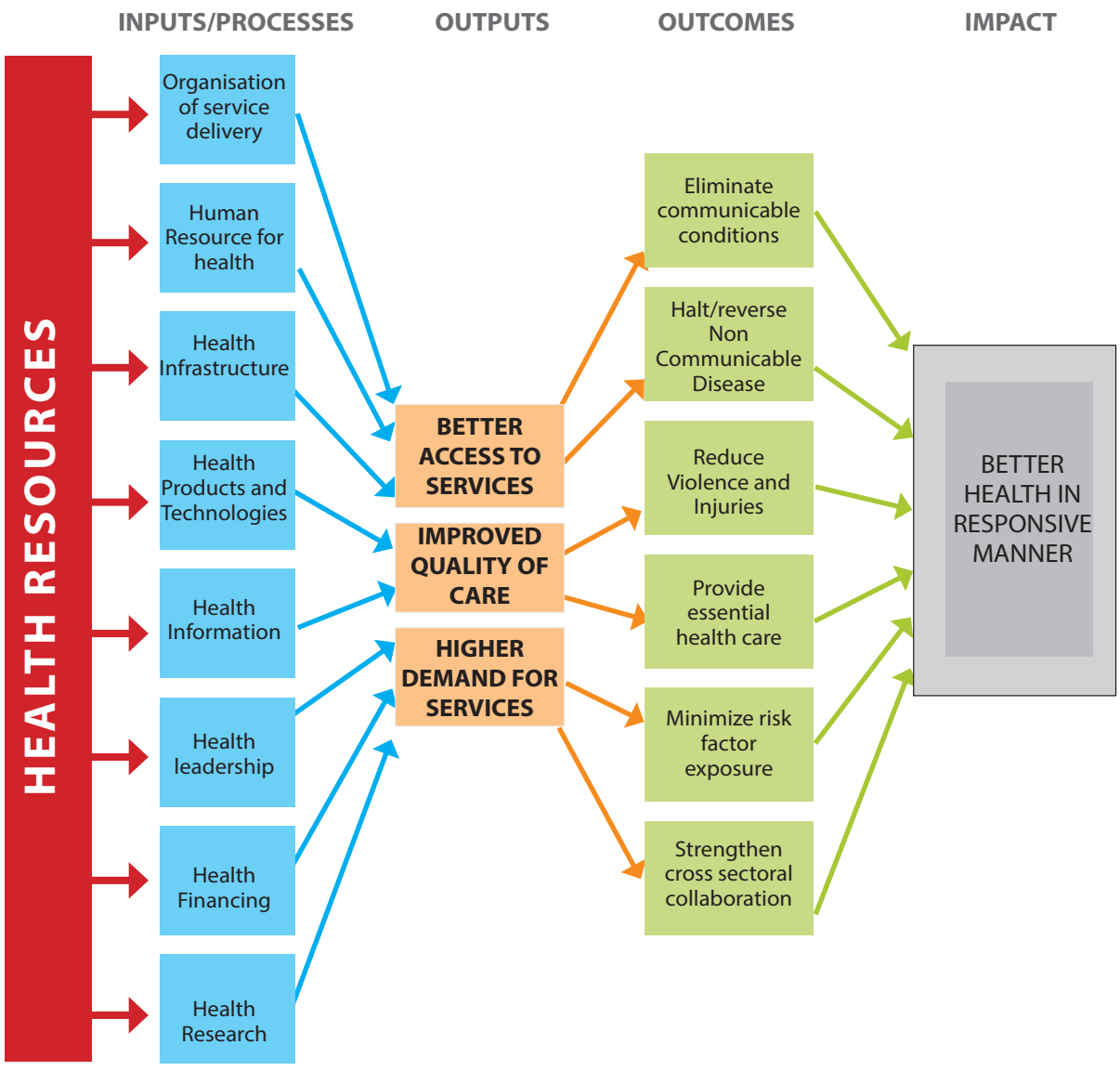
Policy Objective	Services	Challenges (hindrances to attaining desired outcomes)		Priority Investment areas to address challenges
		Improving access (Where applicable)	Improving quality of care (Where applicable)	
	Population management	• Inadequate community awareness • Lack of advocacy plans • Myths & misconception about family planning	• Weak collaboration other actors • Inadequate stakeholders forums to discuss population management	• Strengthen collaborations with other sectors. • Quarterly stakeholders forums
	Road infrastructure and Transport	• Terrains/topography • Poor road networks	• Poor road network linking institutions • Poorly maintained motor vehicle/cycles	• Inter-sectoral collaboration • Budget allocation for maintenance and fuel for motor vehicle/cycle • Regular road maintenance

3 STRATEGIC PRIORITIES, OBJECTIVES AND TARGETS

3.1 Strategic Priorities

This section outlines how the department intends to scale up services offered at the primary and secondary levels of care in line with the Kenya Essential Package for Health over five years. It also provides details on the sector inputs and processes in line with the eight investment areas to enable achievement of the targets as summarized in the framework in figure 4.

Figure 4: Strategic Priority Framework



Source: KHSSIP 2018 - 2023

3.2 Strategic Objectives

3.2.1 Service Delivery

The focus of health service delivery will be geared towards realization of the Universal Health Coverage agenda. The Busia health sector will focus on:

- Realizing the objectives as set in the Kenya Health Policy (2012-2030).
- Enhancing access to quality treatment, rehabilitative and palliative care services by ensuring 65% of all facilities offer these services Improving preventive and Promotive health care services.
- Strengthening the health system to be resilient to emergencies and health securities.

Table 11: Health Service Delivery

Eliminate communicable conditions	• To improve access to quality health care services at both the community and facility levels
	• To provide high quality preventive, curative and rehabilitative health care services
	• To increase number of current staff by at least 60% of the staffing levels
	• To reduce malaria prevalence from 27% to 18% by 2023
	• Improve the health outcome of people living with HIV by increasing ART coverage from 80% to 95% by 2023
	• Increase PMCTC coverage from 88% to 95% by 2023
Halt and reverse increasing burden of non-communicable conditions	• To increase awareness on NCDs (prevention) • To scale up screening and diagnosis of NCDs • To provide high quality treatment services
Reduce the burden of violence and injuries	• To create awareness on the burden of violence and injuries • Increase access to Accident and Emergency (A&E) services by establishing an A&E department at the Busia County Referral Hospital • To provide comprehensive services at the GBV center in Nambale • To strengthen ambulance services through improved management and operations for effective and efficient service provision
Provide essential medical services	• To provide quality essential medical services as per the Kenya Essential Package for Health (KEPH) • To strengthen quality assurance in service delivery areas • To operationalize the commodity security technical working group • To strengthen health commodity supply system through capacity-building and innovation • To provide physical infrastructure facilities to improve health commodity storage services
Minimize exposure to health risk factors	• To strengthen health education on change of lifestyle through promotion of good sanitation and hygiene practices
Strengthen collaboration with health-related sectors	• To strengthen inter-sectoral and cross-border collaboration on health-related issues • To foster collaboration with line county and national departments • To foster collaboration with health development and implementing partners • To promote public participation through engagement with communities and community groups and CSOs in health affairs

3.2.2 Leadership and Governance

The focus of this strategic plan is to ensure effective leadership and governance for the provision of quality health services at all levels. The strategic objectives include:

- To improve health systems stewardship, public and social accountability at all levels of health care.
- To ensure functional governance structures at all levels of health facilities.
- To maintain, convene and coordinate activities of health strategic partners at all levels of health care.
- To customize, formulate and implement policies that support health systems and investment at all levels health care.

3.2.3 Human Resources for Health

To realize the objectives of this strategic plan, the sector requires adequate, well trained, skilled and equitably distributed human resource for health with the right cadre mix. The strategic objectives include:

- To recruit appropriate HCWs and deploy them equitably at all levels of health service provision.
- To build capacity of health workers.
- Advocate for increased financial resources for attraction, retention and HRH activities.

3.2.4 Health Infrastructure

To realize the objectives set forth in service delivery, the department will focus on improving the existing infrastructure as well as constructing new facilities. The strategic objectives include:

- To develop and maintain physical health infrastructure for the provision of quality health services.
- To provide appropriate health equipment for efficient, effective and sustainable health services at all levels as per approved national standards.
- To ensure availability of an efficient transport and ambulance system for prompt health service provision.
- To avail, maintain and protect ICT infrastructure for efficient health service provision.

3.2.5 Health Financing

The key objectives are:

- To scale up resource mobilization efforts by advocating for increase in County budget allocation to health to a minimum of 30% of County budget.
- To strengthen capacity for budget execution and expenditure tracking at all levels of service provision.
- To increase NHIF coverage to 30% of the population.

3.2.6 Health Research:

- To establish a research unit and repository center.
- To develop health sector research framework.
- To advocate for health research funding.

3.2.7 Health Products and Commodities

- To advocate for increased financial allocation from County government to 5% of the County budget.
- To provide physical safety and security of commodities (quality checks, inspection & acceptance).
- To streamline procurement and logistics of health products to for timely delivery as per specifications.

3.2.8 Health Management Information System, Monitoring and Evaluation

- Strengthen integrated, comprehensive and quality health information generation in a timely manner.
- Strengthen the systems for predictable and targeted dissemination of information to all stakeholders for use to guide policies, planning, programme management.
- To monitor the County health systems outcomes for efficiency and standard performance.
- To advocate for more funding of HMIS and M&E unit.
- To establish a central information hub.

3.3 Sector Targets

3.3.1 Scaling up Provision of KEPH Services Targets

Health care has 5 levels, in accordance with the Kenya National Health Policy 2012/2030 as outlined below:

1. **Level 1**: Community level – Community units, providing integrated health services to all age cohorts at the community level. A community unit to have 10 CHVs handling 100 households each.
2. **Level 2 & 3**: Primary care level – Providing basic outpatient health services; facilities that have a maternity unit, an inpatient ward for observation, and basic laboratory services. Nursing and maternity homes too are defined under this level.
3. **Level 4**: Sub-County level – Sub-County hospitals providing primary referral services. These are expected to have fully functional outpatient and inpatient services, with operating theatres, laboratory for specialized services, x-ray departments, and a mortuary.
4. **Level 5**: County level – Provision of secondary and referral services; Busia County Referral Hospital is assuming these services.

The health infrastructure available to support service delivery at all levels of care as defined by the Kenya Essential Package for Health is inadequate. The County has a total of 184 functional community units. There are 8 public hospitals with 115 primary care facilities. The County health department plans to increase additional primary care to 160 in the next five years. The tables below indicates incremental target for achievement of selected key service delivery indicators. It uses the 2016/17 achievement as the baseline from which achievement is projected. These indicators will help to monitor and evaluate the overall performance of the department in its implementation of the strategic plan.

Table 12: Targets for KEPH services

Policy Objective	KEPH Services	# units currently providing service			Strategic Plan targets		
		Community	Primary care	Hospitals	Community	Primary care	Hospitals
Eliminate Communicable Conditions	Immunization	184	80	8	195	99	8
	Immunization outreaches	292	NA	8	1848	NA	8
	Child Health	184	85	8	195	104	8
	Screening for communicable conditions	184	87	8	195	106	8
	Antenatal Care	184	86	8	195	105	8
	Condom promotion	184	87	8	195	115	8
	Prevention of Mother to Child HIV Transmission	184	86	8	195	105	8
	Integrated Vector Management	184	84	8	195	103	8
	Good hygiene practices	184	86	8	195	105	8
	HIV and STI prevention	184	87	8	195	106	8
	Port health	0	2	0	0	2	0
	Control and prevention neglected tropical diseases	184	71	7	195	90	8
Halt, and reverse the rising burden of non-communicable conditions	Health Promotion & Education for NCD's	184	56	8	195	75	8
	Institutional Screening for NCD's	0	84	7	0	103	8
	Rehabilitation	184	0	6	195	0	7
	Workplace Health & Safety	184	103	7	195	115	8
	Food quality & Safety	184	17	7	195	20	8
Reduce the burden of violence and injuries	Health promotion and education on violence / injuries	184	80	7	195	99	8
	Pre hospital Care	184	46	7	195	56	8
	OPD/Accident and Emergency	184	75	8	0	85	8
	Management for injuries	0	87	8	0	85	8
	Rehabilitation	0	0	1	0	5	8

Policy Objective	KEPH Services	# units currently providing service			Strategic Plan targets		
		Community	Primary care	Hospitals	Community	Primary care	Hospitals
Provide essential health services	General Outpatient	N/A	87	8	0	106	8
	Integrated MCH / Family Planning services	184	115	8	195	120	8
	Accident and Emergency	0	115	8	0	134	8
	Emergency life support	0	115	8	0	134	8
	Maternity	0	60	8	0	79	8
	New born services	0	60	8	0	79	8
	Reproductive health	184	115	8	195	134	8
	In Patient	N/A	17	8	0	24	8
	Clinical Laboratory	0	44	7	0	64	8
	Specialized laboratory	0	3	4	0	0	1
	Imaging	0	1	6	0	1	8
	Pharmaceutical	0	123	8	0	134	8
	Blood safety	0	0	6	0	0	8
	Rehabilitation	0	1	6	0	17	8
	Palliative care	184	0	1	195	0	2
	Specialized clinics	0	1	3	0	0	8
	Comprehensive youth friendly services	0	0	1	0	15	8
	Operative surgical services	0	2	4	0	0	8
	Specialized Therapies	0	0	3	0	0	8
Minimize exposure to health risk factors	Health Promotion including health Education	184	75	7	195	134	8
	Sexual education	184	75	7	195	134	8
	Substance abuse	184	64	7	195	134	8
	Micronutrient deficiency control	184	72	7	195	134	8
	Physical activity	184	40	7	195	134	8
Strengthen collaboration with health related sectors	Safe water	184	76	6	195	134	8
	Sanitation and hygiene	184	84	7	195	134	8
	Nutrition services		75	7	195	134	8
	Pollution control	0	57	5	195	134	8
	Housing	0	32	7	195	134	8
	School health	0	56	6	195	134	8
	Water and Sanitation Hygiene	184	74	7	195	134	8
	Food fortification	N/A	12	1	195	143	8
	Population management	0	87	8	195	134	8
	Road infrastructure and transport	0	47	3	0	134	8

3.3.2 Service Outcome and Output Targets

Table 13: Indicators and Targets

Objective	Indicator	Targets (where applicable)					
		Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
Eliminate Communicable Conditions	% Fully immunized children	66%	70%	75%	80%	90%	95%
	% of TB patients completing treatment	83.3%	90%	100%	100%	100%	100%
	% HIV + pregnant mothers receiving preventive ARV's	95%	100%	100%	100%	100%	100%
	% of eligible HIV clients on ARV's	97%	98%	99%	100%	100%	100%
	% of HEI who test positive started on ART	90%	100%	100%	100%	100%	100%
	% of clients on ART achieving viral load of <400cps/ml	78%	90%	100%	100%	100%	100%
	% of targeted under 1's provided with LLITN's	63%	90%	100%	100%	100%	100%
	% of targeted pregnant women provided with LLITN's	70%	90%	100%	100%	100%	100%
	% community units performing community case management of malaria	68.5%	90%	100%	100%	100%	100%
	% of health facilities performing malaria microscopy	44%	50%	55%	60%	65%	70%
	% of pregnant mothers getting IPT2	64%	90%	100%	100%	100%	100%
	% of under 5's treated for diarrhea	19%	17%	15%	13%	11%	9%
	% School age children dewormed	76%	90%	92%	94%	96%	98%
	% Women of Reproductive age screened for Cervical cancers	4.6%	8%	12%	16%	20%	24%
	% of new outpatients with mental health conditions	480	456	434	412	392	373
	% of children 12 – 59 months dewormed at the health facility	50.36%	58%	65%	70%	75%	80%
	% of children 6 – 59 months receiving 2 doses of vitamin	47.2%	54%	62%	68%	75%	80%
	% of children 6 – 23 months receiving adequate and diverse complementary foods	20%	30%	40%	50%	60%	70%
	% of pregnant women receiving combined IFAS	59.8%	62%	65%	69%	74%	80%

Objective	Indicator	Targets (where applicable)					
		Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
	% of children below 5 years wasted	2%	1.9%	1.8%	1.7%	1.6%	1.5%
	% of WRA screened for cervical cancer	3%	6%	11%	18%	27%	37%
Reduce the burden of violence and injuries	% new outpatient cases attributed to gender based violence	3,776	3588	3409	3239	3077	2924
	% new outpatient cases attributed to Road traffic Injuries	4,030	3829	3638	3456	3284	3120
	% new outpatient cases attributed to other injuries	11,261	10698	10164	9656	9174	8716
Provide essential health services	% deliveries conducted by skilled attendant	51.9%	58%	64%	70%	76%	80%
	% of women of Reproductive age receiving family planning	47%	53%	59%	67%	73%	77%
	% of facility based maternal deaths	17%	14%	11%	8%	6%	5%
	% of facility based under five deaths	177	168	156	144	138	133
	% of new born with low birth weight	657	617	577	537	497	460
	% of facility based fresh still births	299	269	239	209	179	150
	% of pregnant women attending 4 ANC visits	41%	49%	57%	65%	72%	80%
	% of Adolescent pregnancies among new ANC Mothers	42%	37%	32%	27%	22%	17%
	% infants under 6 months on exclusive breastfeeding	61%	63%	67%	72%	75%	78%
	Number of clients screened for eye related conditions	15125	15830	16650	17420	18200	21150
	Number of patient who have undergone eye surgery	2170	2200	2340	2670	2930	3200
	Couple year protection due to condom use	198177(4954)	5449	5944	6439	6934	7431
Strengthen collaboration with health related sectors	% population with access to safe water	60%	66%	72%	78%	84%	90%
	% under 5's stunted	9.6%	8.2%	6.8%	5.4%	4.0%	2.5%
	% under 5 underweight	25.2%	22.7%	20.2%	17.7%	15.2%	12.5%
	% of children 12 – 59 months deformed at the health facility	62.3%	100%	100%	100%	100%	100%
	% of households with improved latrines	59.7%	66%	72%	78%	84%	90%

Objective	Indicator	Targets (where applicable)					
		Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
	% of houses with adequate ventilation	70%	75%	80%	85%	90%	95%
	% Schools providing complete school health package	6%	17%	28%	39%	50%	60%
INVESTMENT OUTPUTS							
Improving access to services	Per capita Outpatient utilization rate (M/F)	1.7	1.6	1.5	1.3	1.2	1.0
	% of population living within 5km of a facility	80.6%	82%	84%	86%	88%	90%
	% of facilities providing BEmOC	32%	40%	50%	65%	75%	90%
	% of facilities providing CEmOC	5%	7%	8%	8%	9%	10%
	Bed Occupancy Rate for Hospitals	117%	112%	100%	100%	100%	100%
	Bed Occupancy Rate for Health Centres	38	42	46	50	55	60
	% of facilities providing Immunization	83	91	99	107	115	123
	% of health facilities with capacity to manage acute malnutrition	37.5%	45%	55%	65%	75%	85%
Improving quality of care	TB Cure rate	68%	78%	80%	82%	83%	85%
	% Confirmed malaria cases treated with ACT	85%	100%	100%	100%	100%	100%
	% maternal audits/deaths audits	18%	100%	100%	100%	100%	100%
	Malaria inpatient case fatality rate	5%	4.5%	4%	3.5%	3%	2.5%
	Average length of stay (ALOS)	0	3	3	3	3	3

3.3.3 Sector Input and Process Targets

Table 14: Sector Inputs and Processes

Strategic Objectives	Inter-vention	Milestone	Performance Indicators	Milestones for Achievement					
				Annual Targets					
				Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
Service Delivery									
To improve preventive and Promotive health care services	Community Health	Maintenance of the existing CUs	Number of functional CUs	184	184	184	195	195	195
		Installation of chlorine water dispensers at designated water points	# of water points installed with chlorine dispensers	150	150	200	250-	300-	350-
		Procurement and distribution of LLTINs	# of LLIN campaign held	0	0	0	1	0	0
		Purchase and distribute male and female condoms	# of condoms distributed	10 M	11 M	12 M	13 M	14 M	15 M
		Strengthened weekly surveillance reporting activities	# of surveillance reports generated	1,524	2172	3420	5534	61202,172	6432
	Outreach services	Conduct monthly integrated outreaches	# of outreaches undertaken	282	465	654	788	850	1040
		Conduct ACSM routine campaigns	# of campaigns done	4	12	12	12	12	12
		Conduct outreaches for disability site services	# of outreaches held	240	240	240	240	240	240
		Conduct quarterly school health programs per school (421 schools)	# of school health programmes held	1,684	1,684	1,684	1,684	1,684	1,684
	Supportive supervision to lower units	Conduct quarterly supportive supervision to lower facilities per sub-counties	# of supervisory visits undertaken	21	28	28	28	28	28
	County supportive supervision	Conduct quarterly County support supervision.	# of supervisory visits undertaken	4	4	4	4	4	4
		Conduct hospital reforms appraisals	# of appraisal sessions held	-	4	4	4	4	4

Strategic Objectives	Intervention	Milestone	Performance Indicators	Milestones for Achievement					
				Annual Targets					
				Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
	Emergency preparedness planning	Annual emergency drills conducted per facility	# of drills conducted	-	7	21	50	82	82
		Fire extinguishers procured	# of firefighting equipment procured	87	100	100	100	100	100-
	Patient safety initiatives	Construct perimeter fencing for five health facilities County wide	No of fenced facilities	0	0	1	2	1	1
				82	84	88	92	95	98
		Conduct occupation safety trainings per facility(1 training per facility per year)	# of safety training sessions held	82	84	88	92	95	98
	Clinical audits (including maternal death audits)	Conduct quarterly clinical audit per facility	No of clinical audit sessions held	328	328	328	328	328	328
	Referral health services	Conduct free medical camps biannually	# of medical camps held	2	2	2	2	2	2
		Customize National referral strategy	Developed County referral strategy	-		1	-	-	-
Health Infrastructure									
To develop and maintain physical health infrastructure for the provision of health services	Physical infrastructure: construction of new facilities	11 health facilities – see annex	Number of facilities constructed	1	-	3	3	3	2
		Construct KMTC blocks in Teso North and Butula	No of functional KMTC			1	1		
		Construction of 15 Demontfortte incinerators – see annex	Number of incinerators constructed	5	5	5	5		
		Construct Disability friendly facilities (Toilets and walkways)	Number of health facilities supported with disability friendly facilities	1	1	1	1	1	1

Strategic Objectives	Inter-vention	Milestone	Performance Indicators	Milestones for Achievement					
				Annual Targets					
				Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
		Equip County Blood Transfusion Centre (blood satellite)	Number and type of equipment	1	1	1	1	1	1
		Construct commodity warehouses (Teso North, Bunyala, Butula, Teso South)	Number of warehouses constructed	1		1	1	1	1
		Construction of a private wing at Busia County referral Hospital	Availability of a private wing at Busia Referral hospital	-	-	-	1	-	-
		Construct & equipping of gender-based violence center at Namable	Number of centers constructed	1		1			
		Construct an Orthopedic workshop in Port Victoria	Number of workshops constructed	-	-	1	-	-	-
	Physical infrastructure: expansion of existing facilities	Expansion of KMTC in Busia	Availability of a Functional KMTC	1	1	1	1	1	1
		Construct a dermatology centre at Alupe	Availability of a functional dermatology unit at Alupe	-	-	-	1	-	-
		Upgrade 3 health centers (Amukura, Nambale, Matayos) to Sub-County hospitals	Number of health centers upgraded	-	-	1	1	1	-
		Upgrade Busia County referral hospital to fully functional level 5	Number upgraded	-		1	-	-	-
		Upgrade Port Victoria SCH to fully functional level 4	Number upgraded				1		
		Upgrade 20 dispensaries to health centers - see annex	Number of dispensaries upgraded	-	20	5	5	5	5

Strategic Objectives	Intervention	Milestone	Performance Indicators	Milestones for Achievement					
				Annual Targets					
				Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
		Complete facilities under construction (Buyosi, Muyafwa, Luliba, Benga, Kapina, Aloete, Omayembe, Totokakile)	Completed facilities	8	2	2	2	2	2
	Physical infrastructure: Maintenance	Maintain existing health facilities	Number of facilities maintained	82	84	87	90	92%	92%
To provide appropriate health equipment for efficient, effective and sustainable health services	Equipment: Purchase	Equip all existing level 4 hospitals with assorted medical equipment	Number and type of assorted equipment	1	1	1	1	1	2
		Purchase disability friendly delivery bed	Number of disability friendly delivery bed	-	7	7	7	7	7
		Purchase physiotherapy equipment	Number of equipment and type	9	9	9	9	9	9
		Purchase EPI cold-chain equipment	Number of equipment and type	70	12	12	12	12	12
		Operationalize new dispensaries	Number operationalized	12	2	2	3	3	3
		Purchase Orthopedic equipment and tools.	Number of equipment and type	-	1	1	1	1	1
		Purchase assorted equipment for a satellite eye clinic	Number of equipment and type	0		2	1	1	
	Equipment: Maintenance and repair	Conduct routine maintenance on existing equipment all facilities	Number of equipment maintained	77	80	82	85	89	92
		Procure 5 standby generators for 5 health facilities	No of facilities installed with stand by generator	4	-	2	2	1	-
		Procure 7 laundry machines for every hospital in each Sub-County	Number of equipment and type	0	2	2	2	1	-

Strategic Objectives	Inter-vention	Milestones for Achievement						
		Milestone	Performance Indicators	Annual Targets				
				Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
		Procure 4 anesthetic machines for every hospital in each Sub-County (Matayos, Nambale, Khunyangu and Sio Port)	Number of equipment and type	-		1	1	1	1
		Procure 9 baby resuscitaires for every Sub-County and County referral hospital	Number of equipment and type	1	3	3	3	-	-
		Procure short wave diathermy	Number of equipment and type	-	2	2	2	1	-
		Purchase oxygen concentrators per facility	Number of equipment and type	1	5	5	5	5	5
		Purchase therapeutic ultra sound machine	Number of equipment and type	-	2	2	2	1	-
		Procure refrigeration equipment for mortuaries	Number of equipment and type	3	1		1	1	-
		Procure pressure equipment for embalming for the hospitals	Number of equipment and type	3	1		1	1	-
		Purchase 16 EPI refrigerators	No of EPI refrigerators procured	3	6	7	3	-	-
		Purchase 7 EPI deep freezers	No of Deep Freezers procured	0	1	1	1	2	2
		Purchase assorted medical equipment for all primary health care facilities	No of medical equipment procured	75	75	75	75	75	75
		Purchase radiology equipment (x-ray) machines for the new hospitals (Matayos, Alupe, Sio Port, Port Victoria, Khunyangu)	No of facilities with functional radiology equipment	1	1	1	1	1	2
		Purchase imaging equipment (MRI, CT scan) machines for BCRH	No if radiology equipment procured and installed	-	-	1	-	-	-

Strategic Objectives	Intervention	Milestone	Performance Indicators	Milestones for Achievement					
				Annual Targets					
				Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
		Purchase 21 water testing kits (3 per Sub-County)	No of water testing kits purchased	-	-	6	6	9	-
		Purchase oxygen plants for the County hospital	No of facilities with functional oxygen plant	1	1	-	-	-	-
To ensure availability of efficient transport and ambulance system for prompt health service delivery	Ambulance and vehicle purchase	Purchase ambulance (1 per sub-County and 2 for County referral hospital)	No of referral ambulances procured	7	2	2	2	3	-
		Purchase 6 utility vehicles	No of utility vehicles procured	3	2	2	2		-
		Purchase a truck for delivery of drugs	Availability of a truck for drugs distribution	0	-	1	-	-	-
To avail, maintain and protect ICT infrastructure for efficient health service delivery	ICT equipment availability for service automation interoperability	Procure and install ICT equipment	Number of functional ICT equipment	7	2	2	2	2	
	ICT equipment: Maintenance and repair	Routine maintenance of ICT County and Sub-County equipment	No of ICT equipment serviced	67	89	84	100	104	
Human Resources for Health									
To recruit and deploy appropriate health care workers at all levels	Recruitment of new staff	Staff recruitment	Number of staff recruited	441	150	150	150	150	100
		Develop job descriptions and disseminate to all staff	% of staff with job description	0	100%	100%	100%	100%	100%
To train and capacity build health workers	Managerial training	Leadership and management training	Number of staff trained in leadership and management	NR	25	25	25	25	25
	Professional training	Professional staff training	Number of staff on professional training	22	25	25	25	25	25

Strategic Objectives	Intervention	Milestone	Performance Indicators	Milestones for Achievement					
				Annual Targets					
				Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
To implement strategies for motivation and retention	Staff motivation	Staff performance awards	Number of best performing staff awarded (2 per Sub-County)	14	14	14	14	14	14
		Performance management	% of staff appraised	0%	100%	100%	100%	100%	100%
		Team building	Number of team buildings held	2	1	1	1	1	1
		Establish County OSH communities	OSH committee place	0	1				
		Quarterly engagement meetings with the staff unions	Number of meetings held		4	4	4	4	4
Health Information Management Systems and Monitoring and Evaluation									
To strengthen integrated, comprehensive and quality health information generation in a timely manner	Data collection: routine health information	All facilities/ levels reporting monthly/ DHIS upload, Mortality, disease surveillance	% reporting rate	92%	100%	100%	100%	100%	100%
		To enhance quality of reporting – DQA	Number of DQAs conducted and findings implemented	4	4	4	4	4	4
		Avail reporting tools and HIS policies and standards	% of facilities with reporting tools, policies and standards		100%	100%	100%	100%	100%
		Collected data analyzed and used		28	28	28	28	28	28
		Develop a County repository and website	County repository in place and functional	0	1				
		Capacity building on HIS and M&E	Number of staff trained	10	10	10	10	10	10
		Scale up use of electronic medical records and interoperability	Propotion of facilities installed with EMR (H/C & Hospital)	4.7	9.5	14.3	19	23.8	28.5

Strategic Objectives	Intervention	Milestone	Performance Indicators	Milestones for Achievement					
				Annual Targets					
				Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
To strengthen the systems for systems for predictable and targeted dissemination of information to all stakeholders for use	Information dissemination	Conduct data review meetings	Number of data review meetings conducted and findings utilized	4	4	4	4	4	4
		County stakeholder forums for data dissemination and use		4	4	4	4	4	4
		Quarterly information products	Number of information products developed	4	4	4	4	4	4
To monitor the County health systems outcomes for efficiency and standard performance	Monitoring & evaluation	Develop M&E plan and conduct evidence based surveys and research	M&E Plan in place	0	1	0	0	0	0
		To conduct performance review	Number of performance review reports developed	1	1	1	1	1	1
		Conduct mid-term reviews and evaluation	No of evaluation reports developed			1			1
		Routine monitoring of outputs, outcomes and policy implementation	Number of reports developed	4	4	4	4	4	4
Health Products									
To streamline procurement and logistics of health products	Procurement of required health products	Establish a County Health Tender Committee	Tender committee established	0	1	0	0	0	0
		Procurement and distribution of health products for facilities	% of facilities that experienced stock outs		0	0	0	0	0
	Distribution of health products	Develop a protocol for health commodities distribution and redistribution	Protocol established	0	1	0	0	0	0
		Train 500 health care providers on LMIS	No of healthcare workers trained	100	100	100	100	100	100

Strategic Objectives	Intervention	Milestone	Performance Indicators	Milestones for Achievement					
				Annual Targets					
				Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
To promote safety and security in commodity use through supporting prudent management of commodity use	Warehousing /storage of health products	Improve storage capacities for health products	Number of stores constructed	1	2	1	0	0	1
	Quality checks	Inspection of health products bi-annually	Number of inspections conducted	0	2	2	2	2	2
		Medical therapeutic committee meetings	No of medical therapeutic committees sessions minutes	28	28	28	28	28	28
To advocate for increased financial allocation from County government to 5% of the County budget	Advocacy	Update health product quantification	Number of quantification conducted	1	1	1	1	1	1
		Engage with policy makers (executive and County assembly) on the requirements for health products	Number of advocacy meetings	1	1	1	1	1	1
Health Financing									
To scale up resource mobilization efforts while advocating for increase in County budget allocation to health to a minimum of 30%	Resource mobilization	Updated comprehensive costing of health services	Number of costings conducted	1	1	1	1	1	1
		Convene advocacy meetings with the relevant policy makers – County Assembly Health Committee, Treasury, CBOs	Number of advocacy meetings conducted	1	3	3	3	3	3
		Proposal development	Number of proposals developed	0	1	1	1	1	1
		Develop a resource mobilization strategy	Resource mobilization strategy	0		1		1	
To increase NHIF coverage to 30% of the population	NHIF Enrollment	NHIF enrollment	% of population enrolled to NHIF	11%	15%	20%	20%	25%	30%
		Integrate NHIF in social protection package	Number of persons on social protection package covered on NHIF						
To strengthen capacity for budget execution and expenditure tracking at all levels	Health expenditure reviews	Capacity building for staff	Number of staff trained	0	7	7	7	7	7
		Conduct expenditure reviews	Number quarterly reviews conducted (County and Sub-County)	4	4	4	4	4	4

Strategic Objectives	Intervention	Milestone	Performance Indicators	Milestones for Achievement					
				Annual Targets					
				Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
Leadership and Governance									
To improve health systems stewardship, public and social accountability at all levels	Public and social accountability	Convene annual public participation forums	Number of annual public participation forums	1	1	1	1	1	1
		Update service charters for all facilities	Number of facilities with service charters	10		78		78	
		Hold open days for all facilities	Number of open days	0	78	78	78	78	78
To ensure functional health governance structures at all levels	Health Facility management committees	Appointment and gazettement of health facility management committees	Number of health facility management committees gazetted	65	78			78	
		Induction of the health facility management committees	Number of health facility management committees inducted	65	78			92	
	CHMT, SCHMT and HMTs	Induction of health managers	Number of health managers inducted	55		45		45	
		Convene management meetings	Number of management meetings held by structures	12	12	12	12	12	12
To maintain, convene and coordinate activities of health strategic partners at all levels	Stakeholder coordination	Conduct quarterly TWGs and stakeholders' forums at County level	Number of quarterly stakeholder forums held	4	4	4	4	4	4
		MOUs for all partners	Number of MOUs signed	7	5	5	5	5	5
		Updated stakeholder inventory	Stakeholder inventory in place	1	1	1	1	1	1
To customize, formulate and implement policies that support health systems and investment at all levels	Annual work planning	AWPs and budget developed	Number of AWP / budgets developed	4	4	4	4	4	4
	Development of bills	Bill developed	Number of bills developed	3	1		1		1
	Strategic plans developed	Strategic plans developed	Number of strategic plans developed	3	1	2	2	0	1

Strategic Objectives	Inter-vention	Milestone	Performance Indicators	Milestones for Achievement					
				Annual Targets					
				Baseline 2016/17	2018/19	2019/20	2020/21	2021/22	2022/23
Health Research									
To develop a health sector research framework	Research framework	Research framework development	Research framework in place	0		1			
		Implement the research framework – database, research committee	Number of researches approved and conducted	3	0	2	2	2	2
		Dissemination of research findings	Number of research findings disseminated	0	0	2	2	2	2

4 IMPLEMENTATION ARRANGEMENTS

4.1 Coordination Framework

The County Department of Health and Sanitation is headed by a County Executive Committee Member (CECM) who is appointed by the Governor. The CECM provides policy direction for health service delivery and represents the department in the County Executive Committee. The Department has a Chief Officer, who is the Accounting Officer and reports to the CECM. The Department has two Directors who report to the Chief Officer; one in charge of preventive and promotive health services which includes primary health services, programs and level one and two facilities. The other one is in charge of curative and rehabilitative health services in level four hospitals. The CDHs are responsible for providing technical advice in the department.

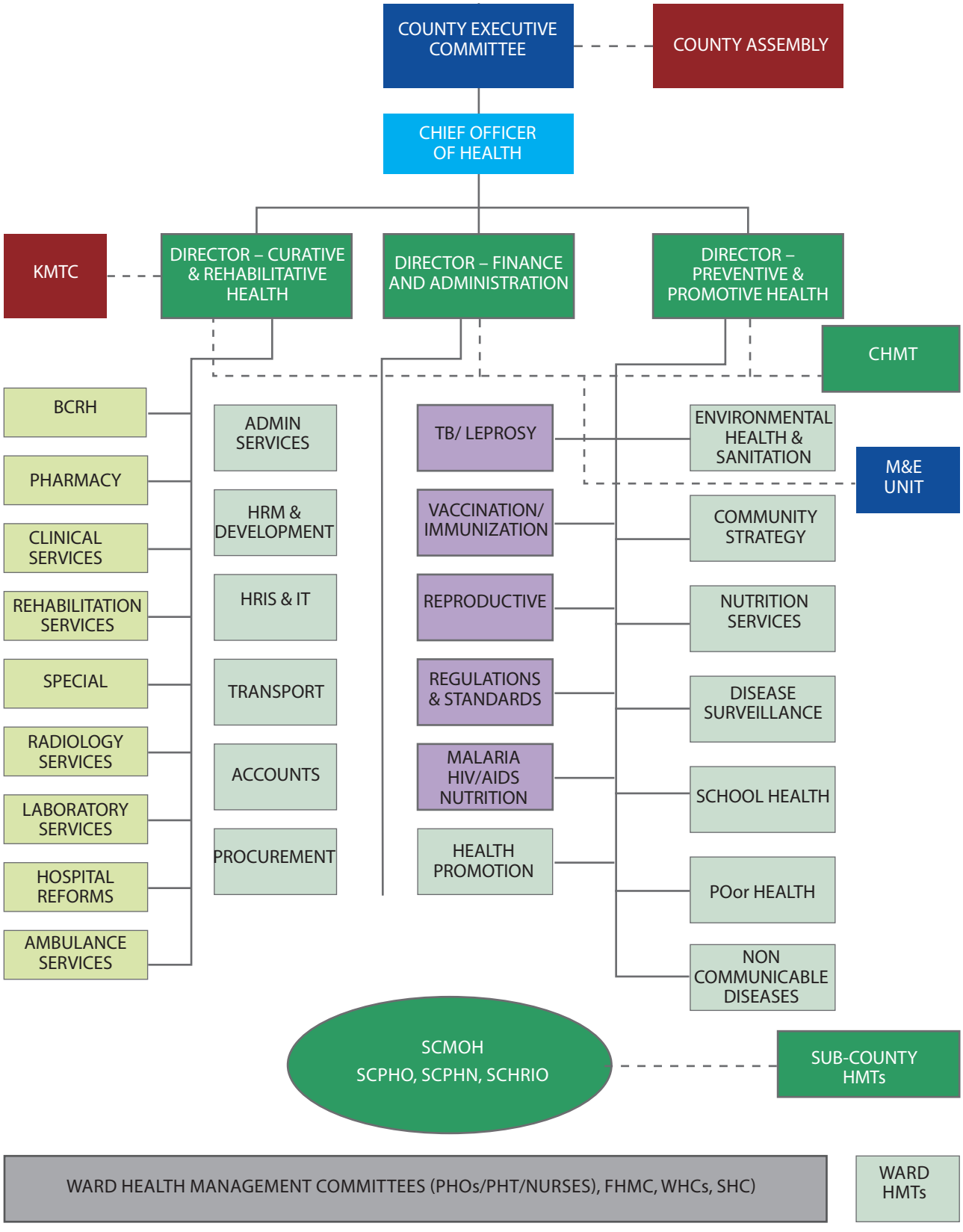
The departmental organizational structure is based on its functions as outlined in the Fourth Schedule of the Constitution, health policy objectives and the need for clearly demarcated areas of responsibilities. At the departmental level there is a County Health Management Team (CHMT) that is constituted of the two directors, program coordinators, heads of service units and head of M&E unit. Health Service provision at the Sub-County level is coordinated by the SCHMT under the leadership of the SCMOH.

With the exception of BCRH which is headed by Medical Superintendent, all the other Sub-County hospitals are headed by Medical Officer In-Charges. The hospital management is supported by HMTs and HMCs. The health centres and dispensaries are led by facility-in-charges, supported by management teams and committees. The Community Health Units have CHVs who are supervised by CHAs. Community Health Committees have been constituted to support health service delivery at the community level. The health service delivery in the County is also supported by a number of partners.

The coordination framework is outlined in the departmental organogram in figure 5.

4.2 Busia County Health and Sanitation Organogram

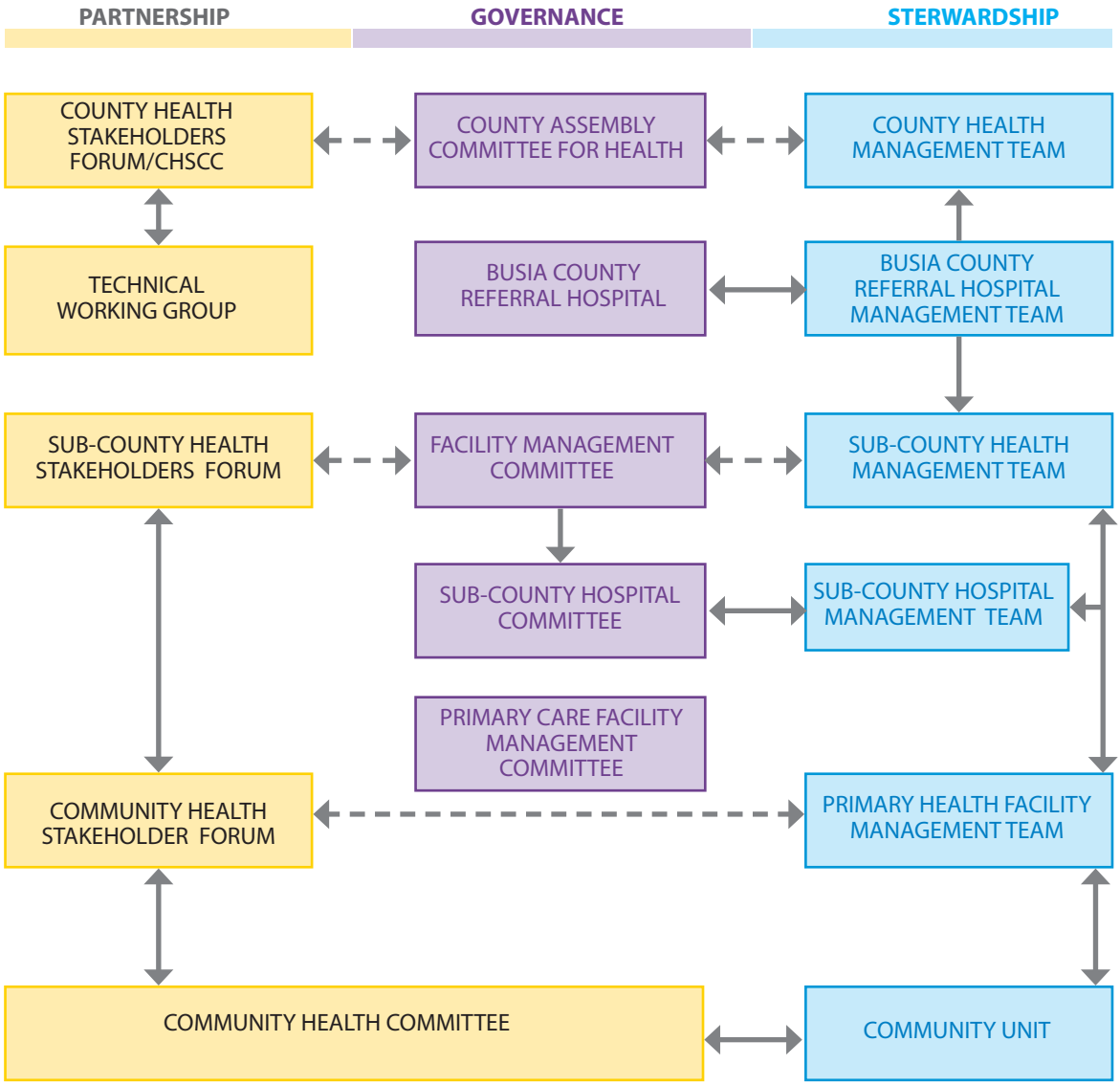
Figure 5: Busia County Health and Sanitation Organogram



Implementation framework for the BCHSSP

The overall framework for sector leadership that will be applied is shown in figure 6.

Figure 6: Health Sector Leadership framework



Partnership and coordination framework

Effective coordination of health partnerships is key to responding to the needs and agenda of the health sector. The County health sector partnership and coordination is guided by the Kenya Health Sector-Wide Approach, which provides the framework for inter and intra-sectoral engagement. The principles of the partnership are built around health sector ownership, alignment, harmonization, leadership and accountability to achieve the goals of one planning framework, one budgeting framework and one monitoring framework. The partnership and coordination framework provides

a structure through which all sector actors engage to improve effectiveness of health actions. The full implementation of the CHSSIP 2018 - 2023 will require multi-sectoral effort and approach with various health stakeholders playing different roles at the various levels - more often than not, the roles will be complementary and synergistic. Stakeholder Coordination Framework developed by the County Department of Health will guide stakeholder coordination during the CHSSIP 2018 - 2023 period.

County assembly committee for health and committee for budget

The department is expected to work closely with the County Assembly which provides oversight and legislation roles. The above named committees of the County Assembly are pivotal to the success of the department of health and Sanitation. The Health Committee is expected to push the health agenda as the budget committee allocates the needed funds for the implementation of the strategic plan. This calls for frequent engagement for them to comprehend the priorities for health. Legislation for supportive bills is also fundamental for the health committee.

5 RESOURCE REQUIREMENTS AND FINANCING

5.1 Resource Requirements

Health Financing remains a key pillar in ensuring the department meets its overall objective. The resource requirements to finance has been projected at Kshs. 18.3 Billion. This is against a projected County allocation to the health department of Kshs. 10.2 Billion. This resource requirement aims at achieving the goals and objectives by leveraging on the six investment areas. Among the sources of financing include transfer from national government categorized as equitable share and specified conditional grants, facility Improvement Fund generated by the Referral Hospital and the Sub-County Hospitals, County specific. Conditional grants including DANIDA and World Bank (Both THS –UC and Kenya Devolution Support Programme) and a significant commitment from the partners that support programmatic interventions aimed at supplementing the department in realizing health objectives.

Table 15: Resource Estimation

Strategic Objectives	Annual resource requirements in Kshs.				
	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5
Service Delivery					
To improve preventive and Promotive health care services	134,154,400	144,886,752	156,477,692	168,995,908	182,515,580
To enhance access to quality inpatient/ outpatient treatment, rehabilitative and palliative care services	198,528,400	214,410,672	231,563,526	250,088,608	270,095,696
Eliminate Communicable Conditions	141,701,200	141,701,200	141,701,200	141,701,200	141,701,200
Halt, and reverse the rising burden of non-communicable conditions	5,880,000	5,880,000	5,880,000	5,880,000	5,880,000
Reduce the burden of violence and injuries	12,230,400	12,230,400	12,230,400	12,230,400	12,230,400
Provide essential health services	20,238,000	20,238,000	20,238,000	20,238,000	20,238,000
Strengthen collaboration with health related sectors	235,200	235,200	235,200	235,200	235,200
To develop and maintain physical health infrastructure for the provision of health services	448,333,990	372,266,385	183,302,024	146,681,226	158,415,724
Human Resources					
To provide appropriate health equipment for efficient, effective and sustainable health services	57,023,690	51,023,650	101,236,040	23,000,000	-
To recruit and deploy appropriate health care workers at all levels	18,975,600	20,493,648	22,133,140	23,903,791	25,816,094
Personnel Emoluments	1,406,000,254	1,518,480,274	1,639,958,696	1,771,155,392	1,912,847,823

Strategic Objectives	Annual resource requirements in Kshs.				
	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5
CHV stipend	49,464,000	49,632,000	49,704,000	50,184,000	51,936,000
To train and capacity build health workers	41,232,500	44,531,100	48,093,588	51,941,075	56,096,361
To implement strategies for motivation and retention	6,300,000	6,804,000	7,348,320	7,936,186	8,571,080
Health Information and M&E					
To strengthen integrated, comprehensive and quality health information generation in a timely manner	36,000,030	38,880,032	41,990,435	45,349,670	48,977,643
To strengthen the systems for systems for predictable and targeted dissemination of information to all stakeholders for use	11,000,542	11,880,585	12,831,032	13,857,515	14,966,116
To monitor the County health systems outcomes for efficiency and standard performance	9,623,500	10,393,380	11,224,850	12,122,838	13,092,666
To streamline procurement and logistics of health products	710,200,000	767,016,000	828,377,280	894,647,462	966,219,259
To promote safety and security in commodity use through supporting prudent management of commodity use	20,000,000	8,000,000	8,640,000	-	-
Health Financing					
To advocate for increased financial allocation from County government to 5% of the County budget	4,800,082	5,184,089	5,598,816	6,046,721	6,530,459
To scale up resource mobilization efforts while advocating for increase in County budget allocation to health to a minimum of 30% of County budget	10,080,107	10,886,516	11,757,437	12,698,032	13,713,874
To increase NHIF coverage to 30% of the population	1,680,000	1,814,400	1,959,552	2,116,316	2,285,621
To strengthen capacity for budget execution and expenditure tracking at all levels	2,940,000	2,890,450	2,546,030	2,749,712	2,969,689
Leadership and Governance					
To improve health systems stewardship, public and social accountability at all levels	5,250,000	5,670,000	6,123,600	6,613,488	7,142,567
To ensure functional health governance structures at all levels	40,180,000	10,250,450	11,070,486	11,956,125	12,912,615
To maintain, convene and coordinate activities of health strategic partners at all levels	7,056,000	7,620,480	8,230,118	8,888,528	9,599,610
To customize, formulate and implement policies that support health systems and investment at all levels	15,480,260	16,718,681	8,045,025	8,688,627	9,383,717
Health Research					
To develop a health sector research framework	5,045,000	45,250,230	24,054,060	25,978,385	28,056,656
TOTAL	3,419,633,155	3,545,268,574	3,602,550,547	3,725,884,404	3,982,429,652

5.2 Available Financing and Financing Gaps

Financing projections for implementation of the plan is pegged at an estimated Kshs. 10 Billion based on trends from allocations to the department over the last 5 years. The resource requirement over the period is Kshs. 18.3 Billion. This leaves a deficit of Kshs. 8.1 Billion which is comparatively lower than the deficit projected in the Plan of 2013-2018 which stood at Kshs. 8.4 Billion. The department hopes to device strategies to meet this deficit for attainment of overall health objectives.

5.3 Resource Mobilization Strategy

5.3.1 Strategies to Ensure Available Resources are Sustained

Among the interventions the department plans to put in place to sustain the available resources include tapping into the opportunities availed through Public- Private Partnerships. It shall endeavor to allocate significant resources towards maintaining of available infrastructure and equipment to minimize maintenance costs in the future. It will Maintain and strengthen relations with donors and development partners for continued funding.

It will also advocate for additional budgetary allocation from the current average by building on the goodwill from the County leadership. The importance of the human capital investment, as a key resource, cannot be re-emphasized further. Strategies will be put in place to ensure the staff are motivated for optimal output, and that relevant policy documents supporting the same are developed and fully implemented.

5.3.2 Strategies to Mobilize Resources from New Sources

The department shall pursue strategic financing approaches including public private partnerships, more so in infrastructure development requirements which by their nature are capital intensive. It will also widen the Financial Improvement Fund base by improving through expanding the array of services provided at level I, III and IV which are the Facility Improvement Fund (FIF) revenue sources, and at the same time partner with the National Hospital Insurance Fund towards facility accreditation for better services and improved reimbursements.

The department shall also map out additional partners and seek their engagement in addressing health needs. It shall also pursue other national government established funds including Constituency Development Fund and HIV/AIDS fund. It will also device mechanisms that will enhance access and utilization of these funds that towards meeting the health needs of the vulnerable groups including PLWD, Youth and women.

5.3.3 Strategies to Ensure Efficiency in Resource Utilization

Adherence and compliance to requirements of Public Finance Management Act (PFM Act 2012) and other relevant Finance Acts on allocation and expenditures of resources shall be given priority. The department shall also prioritize its interventions on need basis for prudent allocation of resources to achieve efficiency and effectiveness of resource use.

6 MONITORING AND EVALUATION

6.1 Monitoring and Evaluation Framework for BCHSSIP

The BCHSSIP II End Term Review highlighted the absence of a robust Monitoring and Evaluation framework as one of the challenges in assuring adequate follow up of implemented activities. This chapter, therefore, is aimed at addressing this gap. It shall provide direction on Monitoring and Evaluation/Review of the implementation of the BCHSSP III.

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

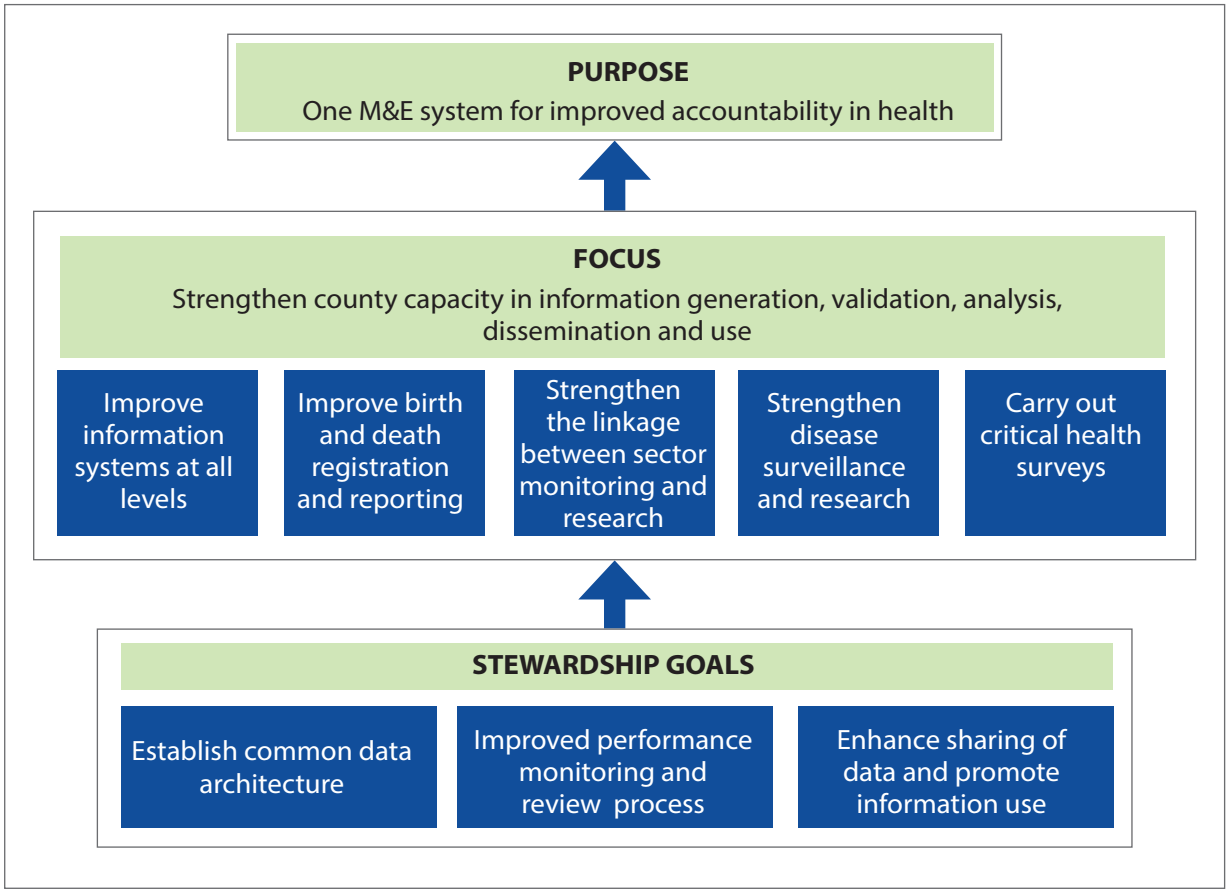
- Guiding decision making in the sector, by characterizing the implications of progress (or lack of it) being made by the sector.
- Guiding implementation of services by providing information on the outputs of actions being carried out.
- Guide the information dissemination and use by the sector amongst its stakeholders and with the public that it serves.
- Providing a unified approach to monitoring progress by different planning elements that make up the sector – Counties, programs, Partner's, and others.

6.1.1 Scope of the Monitoring and Evaluation Framework

The overall purpose of the M&E framework is to improve on the accountability of the Health Sector. This shall be achieved through a focus on strengthening of the Country capacity for information generation, validation, analysis, dissemination and use through addressing the priorities as outlined in the Health Information System investment section of this document. This M&E chapter focuses on how the sector will attain the stewardship goals needed to facilitate achievement of the HIS investment priorities. These stewardship goals are:

- Supporting the establishment of a common data architecture.
- Enhancing sharing of data and promoting information us.
- Improving the performance monitoring and review process.

Figure 7: Scope of the M&E Framework



Source: KHSSIP 2018 - 2023

6.1.2 Establishment of Common Data Architecture

Common data architecture is needed to ensure coordinated information generation; data and information sharing and efficiencies are maximized in data and information management. The County M and E unit will carry the mandate of establishing and overseeing the common data architecture. The health sector has identified sector indicators for monitoring and evaluating the implementation of BCHSSIP. The common data architecture will provide the data sources for these indicators, which have been defined in the 2nd edition health sector indicator manual.

The information from these different sources shall be brought together to inform the sector on overall trends. A composite of indicators shall be used to calculate the health service index. This index shall be used to compute, and interpret emergent trends to show sector progress (or lack of it). It will summarize the different priority areas of service intervention into a single index, to allow for an overall and fair judgment on the presence, or lack of it on improvement in Health Services. The index is designed, in line with the sector service package, the Kenya Essential Package for Health (KEPH). The indicator number is informed based on the need to balance between ensuring that no single indicator on its own has a significant impact on the overall index and having a manageable number of service coverage indicators for monitoring progress. For details on calculation of the health service index, refer to the health sector M and E framework and guidelines.

The total number of indicators per policy objective is fixed. The focus of the indicators is on implementing the respective policy objective, and is not an end in themselves. In line with this, the indicators used will not be fixed, but may be changed, to limit the vertical focus on improving a single indicator during implementation, and instead focus efforts on improving the targeted result against whose progress the indicator is measuring. Where no data is available for an indicator, its value/ achievement shall be taken as zero. This is to ensure the sector takes appropriate steps to improve data collection on all result areas, so that there is adequate planning for activities for all life cohorts.

Basic indicator information shall be the County average achievement. This will be obtained from collating all the available information from all reporting units into the County average figure.

Information on indicators will be analyzed in the following lines:

1) Overall County achievement

2) Disaggregation of achievement by:

    - Policy objective.
    - Intervention.
    - Sub-County.

At different levels of the health system, sector performance shall be subjected to an equity analysis looking at various dimensions such as gender, literacy levels and poverty.

An annual health sector performance report will be developed. The report will be validated by stakeholders to:

- Obtain stakeholder insight on the information generated.
- Mitigate bias through discussion of the information generated with key M&E actors and beneficiaries.
- Generate consensus on the findings and gaps.
- Strengthen ownership and commitment to M&E activities.

6.1.3 Enhancement of Sharing of Data

The sector recognizes the fact that information is used by different actors for their decision making processes and investment decisions. For this, data need to be translated into information that is relevant for decision-making. Data will be packaged and disseminated in formats that are determined by the needs of the stakeholders.

6.1.4 Sharing Service Delivery Expectations

In line with the Kenya 2010 constitution, need for sector transparency, information on expected services will be publicly displayed outside each facility unit, based on the package to be delivered there. For example, each maternity will display expected interventions that it needs to deliver as defined in the KEPH, based on the facility tier.

6.2 Annual State of Health in Busia Report

The M&E unit shall publish annually a state of health report which will be a compilation of statistical information from different sources presenting a snap shot of performance covering the different strategic objectives articulated in this strategic plan. It will be informed by the County annual M and E plan report and will be produced by the M & E units at the County levels. The use of this report in aiding decision making will be promoted by ensuring that it meets the needs of the target audience. An electronic version of the report will be availed on the Busia County website – Department of Health and Sanitation section.

The annual state of health report will be presented to the Joint review meeting and submitted for planning.

A popular version of the health report will be developed in form of a fact sheet including the key components of the annual state of health in Busia report. The target audience for the popular version includes all health actors and members of the public.

Quarterly performance review reports

At all levels a performance review reports will be produced outlining the performance against the strategic objectives outlined in this plan. The reports will be discussed by the health management teams including all the stakeholders at the quarterly performance review meetings. The discussion will focus on a review of the findings and the agreed action points. The finalized report will be submitted to the Directors, Chief Officer and County Executive Committee Member for Health and Sanitation.

AWP report

This is the annual report documenting progress against the implementation of the AWP for all planning units at the different levels. The County AWP review report will be presented at a County Annual Health Review Summit and be published on the Busia County Website – Department of Health and Sanitation section. The Sector AWP Performance Review Report will be presented and discussed at the County

Annual Sector Review Meeting. This forum will draw attendance from the County Health Management Teams, Civil Society Organizations, county implementers and other health related sectors etc.

The M&E unit at the County level will translate data and information according to the target audience and utilize various communication channels e.g. radio, T.V, Busia County websites, e-bulletins, newsletters, booklets, etc. to pass the information to all the stakeholders.

Performance monitoring and review processes

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

- All performance reviews and evaluations will contain specific, targeted and actionable recommendations; the process is outlined in the M&E framework and guidelines.
- All target institutions will provide a response to the recommendation(s) within a stipulated timeframe, and outlining:
    - Agreement or disagreement with said recommendation(s).
    - Proposed action(s) to address said recommendation(s).
    - Timeframe for implementation of said recommendation(s).
- All the planning units and institutions will be required to maintain a recommendation implementation tracking Plan which will keep track of review and evaluation recommendations, agreed follow-up actions, and status of these actions.
- The implementation of the agreed actions will be monitored by the M & E unit at all levels. The CHMT will provide coordination and oversight of performance review at the County levels while the M&E unit at the County level will oversee the recommendations implementation tracking plan of the county units. During the quarterly performance review meetings, the County Health management teams together with all the non-state and external actors in their area will discuss the quarterly performance review report and review the recommendations implementation tracking plan for the quarter and identify performance gaps which will be mitigated and action points minuted and followed up done.

Joint assessments of progress

Joint Assessments at the Community Level

A community unit's stakeholder forum will be responsible for the joint assessment at the community level. All health actors at community level will be expected to:

- Strengthen the community health committees.
- The community stakeholder forums for which are the key forums for joint assessment at the community level.
- Revitalize the community dialogue and action days.

The meetings above shall in line with the sector planning and performance review cycle. Quarterly meetings will be held to review the performance of the units against the indicators and targets outlined in BCHSSIP. The M and E results are expected to be used to sensitise the community and accountability through community barazas and other forums.

Joint assessments at County level

The joint annual review is a County forum for reviewing sector performance. The annual reviews will focus on assessing performance during the previous fiscal year, and determining actions and spending plans for the year ahead (current year+1). The BCHSSIP mid-term review recommended redesign and reform the Joint Review Meeting process to become bottom-up not just in terms of information generation, but also in information dissemination and linkage with other processes, particularly the quarterly monitoring review process. In addition, specific technical assessments in problem hot spot areas could be carried out during the year, to feed into the Joint Review Meeting process as opposed to having these all done at the Joint Review Meeting. Annual Sector Reviews should be completed in time to ensure that the findings feed into the planning and budget process of the coming year. The Joint Review Meeting will be organized by Department of Health and Sanitation in collaboration with the development partners.

The BCHSSIP Mid-term review recommended strengthening policy implementation structures at County level with the establishment of appropriate structures to improve engagement of civil society and partners in the planning and sector review processes.

During BCHSSIP and CHMTs will organize quarterly and annual joint performance reviews.

CHMTs will prepare two sets of quarterly reports: a service delivery report and a report documenting progress in the implementation of the AWP. The latter will be based on observations made during supervision and the actions agreed with the supervised staff. The supervisions will be 'integrated, i.e. they will be conducted by state, non-state and external actors, and be both 'management' and 'technical', the latter ones being conducted by the County referral hospitals. The facilities covered in the assessment will include state and non-state facilities.

Reports of primary care facilities, as well as CHMT reports, will be presented at the constituency stakeholders' forum meeting. Similarly, CHMT reports will be presented at County stakeholders fora. At these meetings, the findings and the agreed action points will be reviewed and a quarterly action plan formulated to ensure that the decisions taken at the meeting are followed up.

Annual reports will present an assessment of progress on the annual work plans and performance against the sector objectives and targets set in the BCHSSIP, using the BCHSSIP indicators. It will compare current results with results of previous years and formulate challenges and action point. It will use data from different sources, including the routine reporting system, household surveys, administrative data (minutes, supervision reports, financial reports, HRIS reports, etc.) as well as research studies.

Details on the organization of these meetings are provided in the M&E framework and Guidelines

BCHSSIP evaluation

Evaluation will be used to facilitate assessment of progress, and make attributions and predictions of implications of trends across the different indicator domains – inputs/processes; outputs; outcomes and impact. Two evaluations will be carried out during the BCHSSIP.

- Mid -term review – to review progress with impact attained at the Mid Term of the strategic plan, this will coincide with the End Term of the Sustainable Development Goals, so the Mid Term Review report shall also serve in the Sustainable Development Goal evaluation.
- End term review – to review final achievements of the sector, against what had been planned.

7 ANNEXES

Annex 1
List of Stakeholders Involved in the CHSSIP development

Name	Organization
Dr. Isaac Omeri	Chief Officer of Health & Sanitation
Dr. Melsa Lutomia	Director Preventive and Promotive Services
Dr. Janerose Ambuchi	Director Curative and Rehabilitative Services
Dr. Edwin Onyango	County Malaria Control Coordinator
Mr. Ali Oyuyo Atemba	County Health Administrative Officer
Mr. David Oyolo	Dept. Accountant
Mr. Nicholas Kiema	County department of Economic Planning &ICT
Mr. Eric Wamalwa	Head Monitoring & Evaluation Officer - Health & Sanitation
Mr. Tito Kwena	Secretariat Monitoring & Evaluation Officer - Health & Sanitation
Mr. Jude Oduor	Secretariat Monitoring & Evaluation Officer - Health & Sanitation
M/s Faiza Barasa	Secretariat Monitoring & Evaluation Officer - Health & Sanitation
M/s Rosemary Akuku	Secretariat Monitoring & Evaluation Officer - Health & Sanitation
Mr. Emmanuel Luvai	County Community Focal Person
Mr. Moses Magero	Deputy County Health Records & Information Officer
Mrs. Alice Yaite	Ag. County Chief Nurse
Mr. Daniel Omuse	County Director Human Resource Manager
Mr. James Kuya Okata	County Health Records & Information Officer
Mr. George Ayoma	USAID Tupime Kaunti
Joyce Nyaboga	USAID Tupime Kaunti
Bernard Okelo	USAID Tupime Kaunti
Enock Makori	Living goods
Janet Muthurania	Fred Hollows Foundation

Annex 2
Annex of Community Unit lists

Code	Name
600587	Bundalangi CU
600586	Bulwani CU
600597	Rugunga CU
600589	Mabinju CU
600588	Lugale CU
602274	Rukala CU
600599	Sisenye CU
600594	Mundere CU
600585	Bulemia CU
600596	Ruambwa CU
600593	Mudembi CU
600592	Magombe East CU
600591	Magombe Central CU
600590	Magombe CU
600598	Siginga CU
600584	Bukoma CU
600583	Bukani CU
600595	Osieko CU
600639	Emukweso CU
600637	Bwaliro CU
600632	Bulwani CU
600631	Bulemia CU
600628	Bukati CU
600646	Sikarira CU
600644	Namusala CU
600642	Kanjala CU
600643	Kingandole CU
600638	Elukongo CU
600635	Burinda CU
600627	Bujumba CU
600640	Esikoma CU
600634	Bumala B CU
600636	Busire CU
600633	Bumala A CU
600629	Bukhakhala CU
600645	Namwitsula CU
600641	Ikonzo CU
600630	Bukhalalire CU
600647	Tingolo CU

Code	Name
702339	Murende CU
700622	Namalenga CU
700621	Igero CU
700620	Alungoli CU
700619	Nakhakina CU
700618	Luliba CU
700617	Busende CU
700616	Mabunge CU
700615	Nasira CU
700614	Buyama CU
700613	Lunga CU
700612	Muyafwa CU
700611	Bugeng'i A CU
700610	Bugeng'i B CU
700526	Mjini CU
600602	Mayenje CU
600604	Nangoma CU
600603	Mundika CU
600601	Esikulu CU
702389	Kisoko B CU
702388	Kisoko A CU
702387	Nambale C CU
702386	Nambale B CU
702385	Nambale A CU
702384	Musokoto CU
702383	Kapina B CU
702382	Kapina A CU
702381	Lupida CU
702380	Khwirale B CU
702379	Khwirale A CU
702378	Sikinga CU
702377	Esidende B CU
702376	Esidende A CU
702375	Malanga B CU
702374	Malanga A CU
702373	Lwanyange B CU
702372	Mungatsi B CU
702371	Buyofu CU
702370	Madibo B CU

Code	Name
702317	Madibo A CU
600758	Mungatsi A CU
602394	Syekunya CU
600757	Lwanyange A CU
702391	Busembe CU
702390	Namboboto CU
600779	Nanderema CU
600770	Hakati CU
600764	Bujwang'a CU
600780	Nyakhobi CU
600777	Mudoma CU
600772	Luanda CU
600767	Buloma CU
600783	Rumbiye CU
600784	Sibinga CU
600776	Mango CU
600775	Lugala CU
600774	Ludacho CU
600769	Ganjala CU
600788	Wakhungu CU
600787	Sirekeresi CU
600786	Sigulu CU
600781	Odiado CU
600771	Kabwodo CU
600765	Bukhulungu CU
600763	Budalanga CU
600782	Ojibo CU
600768	Busijo CU
600785	Sigalame CU
600773	Luchululo CU
600766	Bukiri CU
600762	Ageng'a CU
600778	Namuduru CU
702357	Moding CU
702355	Koruruma CU
702353	Kkolait community unit
702352	Kolait CU
702350	Kodedema CU
702349	Kengatunyi CU
702347	Kamolo CU
702346	Kajei CU
702345	Chelelemuk CU

Code	Name
702344	Akobwait CU
702343	Kkachachat CU
702342	Kiriko CU
600807	Okuleu CU
600804	Kokare CU
600803	Kocholya CU
600793	Amagoro CU
600805	Kolanya CU
600799	Kakener CU
600795	Apokor CU
600790	Adumai Kolait CU
600800	Kakurikit Katotoi CU
600789	Adanya Chelelemuk CU
600810	Township CU
600808	Olobai CU
600806	Komiriai CU
600801	Kamuriai CU
600794	Amoni CU
602829	Osajai CU
600802	Kekalet CU
600798	Kakapel CU
600809	Rwatama CU
600792	Akolong Ketelepai CU
600791	Aedomoru CU
600797	Changara Akobwait CU
600796	Aterait CU
602851	Onyunyur CU
702334	Otimong CU
702333	Kotur CU
702332	Moru karisa CU
702331	Aterait CU
702330	Okiludu CU
702329	Olepito CU
702328	Obucuun CU
702327	Odioi CU
702326	Kamunoit CU
702325	Kwangamor CU
702324	Aturet CU
702323	Akobwait CU
702322	Ngelechom CU
702321	Amaase CU
702320	Adungosi CU

Code	Name
702319	Ongaroi CU
702318	Akiriamas CU
702316	Okisimo CU
702315	Kidera CU
702314	Alomodoi CU
702313	Aludeka CU
702312	Amukura CU
700682	Aderema CU
700681	Katelenyang CU
700680	Katelenyang CU
700679	Katelenyang CU
700678	Katelenyang CU

Code	Name
602832	Ongariama CU
602823	Alupe CU
602381	Kochek CU
602830	Apatit CU
602315	Okatekok CU
602292	Osuret CU
602709	Akoreet CU
601284	Apokor CU
602411	Amase CU
602558	Amaase CU
602358	Okook CU

Annex 3
List of all Facilities

	Code	Name
Bunyala		
1	21037	Busagwa Dispensary
2	21036	Khajula Dispensay
3	17680	Osieko Dispensary
4	16029	Mukhobola Health Centre
5	16095	Rukala Model Health Centre
6	16091	Port Victoria Hospital
7	16129	Sirimba Dispensary
8	16131	Sisenye Dispensary
9	15811	Budalangi Dispensary
10	15822	Bulwani Dispensary
Butula		
11	23984	Bukuyudi Parish Dispensary
12	22128	St. Peters Medical Centre Bulwani
13	21064	St. Lukes Busiada Dispensary
14	21060	Neela Dispensary
15	21059	Namusala Dispensary
16	21058	Mafubu Dispensary
17	21057	Turning Point Medical Clinic
18	20572	Bumala CFW clinic
19	18128	Rural Education and Environmental Program
20	17165	Ikonzo Dispensary
21	17158	Bukhalalire Dispensary
22	17157	Masendebale Dispensary
23	16486	Musibiriri Dispensary
24	16485	Sikarira Dispensary
25	15838	Butula Mission Health Centre
26	15830	Burinda Dispensary
27	15824	Bumala B Health Centre
28	15826	Bumutiru Dispensary
29	15840	Bwaliro Dispensary
30	15823	Bumala A Health Centre
31	15939	Khunyangu Sub-District Hospital
32	15816	Bujumba Dispensary
Samia		
33	24722	Nassi Hospitals
34	18120	Buburi Community Clinic
35	18119	Cornestone Baptist Clinic
36	18091	Namenya CFW Clinic
37	16072	Nangina Dispensary
38	16096	Rumbiye Dispensary
39	15790	Agenga Dispensary (Samia)
40	16068	Nambuku Model Health Centre
41	16128	Sio Port District Hospital
42	16073	Holy Family Nangina Hospital
43	16480	Kabuodo Dispensary
44	16067	Namboboto Dispensary
45	16478	Nabuganda Dispensary
46	15831	Busembe Dispensary
47	15813	Buduta Dispensary
48	16069	Namuduru Dispensary
Matayos		
49	24241	Planar Imaging Centre
50	24219	KNBTS Busia setllite
51	24129	Visiongate Eye Care Consultant-Busia
52	24109	Medspar Medical Centre
53	24091	Mama Sofia Memorial Medical Centre
54	24089	Jannie Prime Care Medical Clinic
55	23876	Busia Dental Solutions
56	23811	Amane Cottage Hospital
57	23809	Maupe E.N.T Centre
58	23807	Busia Medical Imaging Centre
59	23563	Nagwebonia Highway Medical Clinic
60	23382	Busia Healthsidelab Medical Clinic
61	23138	Samao Medical Clinic
62	22899	Orion Healthcare Medical Centre
63	22778	Rushi Medical Clinic
64	22740	Afya Bora Clinic(Busia)
65	22053	Agakhan Medical Centre-Busia
66	22049	Deviruco Medical Centre
67	21749	Beyond Zero mobile clinic -Busia
68	21042	Mayenje Dispensary
69	21041	Burumba Dispensary
70	21040	Muyafwa Dispensary
71	20444	Ugua Pole Clinic
72	20443	Equator Clinic
73	20171	Esikulu Dispensary
74	19887	Nasira Dispensary

	Code	Name
75	18127	Mubwekas Medical Clinic
76	18126	Busia Trailer Park Clinic
77	17156	Bukalama Dispensary
78	16003	Matayos Community Clinic
79	16074	Nasewa Health Centre
80	16004	Matayos Health Centre
81	16080	New Busia Maternity & Nursing Home
82	16149	Tanaka Nursing Home
83	15834	Busia County Referral Hospital
84	15835	Busibwabo Dispensary
85	16043	Munongo Dispensary
86	15891	GK Prisons Dispensary (Busia)
87	16165	Your Family Clinic
Nambale		
88	23604	Stirling Medical Centre
89	23087	Fahelma community CFW Clinic
90	21046	Musokoto Dispensary
91	21045	Segero Dispensary (Nambale)
92	21044	Mudembu Dispensary
93	17155	Lwanyange Dispensary
94	15985	Madende Health Centre
95	15975	Lupida Health Centre
96	15995	Malanga Dispensary
97	16137	St Claire Dispensary
98	16066	Nambale Sub-County Hospital
99	15937	Khayo Dispensary
100	15897	Igara Dispensary
Teso North		
101	24603	ALOETE
102	24354	EMORMOR VICTORY MEDICAL CLINIC
103	23857	BLISS GVS HEALTH CARE
104	23835	WEST SIDE COTTAGE HOSPITAL MALABA
105	23789	ELGON SUNRISE MEDICAL CENTER
106	22557	Center view medical health care
107	21136	Appex Hosp
108	21024	Kamuriai Dispensary
109	19886	Frontier Health Services- Malaba
110	17242	Kamolo Dispensary
111	15796	Amagoro Nursing Home
112	16021	Moding Health Centre

	Code	Name
113	15953	Kolanya Salvation Army Dispensary
114	16140	St Mary's Health Unit Chelelemuk
115	15800	Angurai Health Centre
116	15993	Malaba Dispensary
117	16150	Teso North Sub-County Hospital
118	15789	Aboloi Dispensary
119	15792	Akichelesit Dispensary
120	15846	Changara Calvary Dispensary
121	15853	Chemasiri (ACK) Dispensary
122	16421	Changara (GOK) Dispensary
Teso South		
123	24432	Busia Medical Specialist and Diagnostic Centre
124	24101	Faith medical clinic
125	23906	Groma medical and skin clinic
126	23858	OTIMONG AGAPE HEALTH CENTER
127	24511	Mwanainchi medical clinic
128	23706	Map Medical Clinic
129	23709	Faith Medical Centre Amerikwai
130	22582	KEMRI Alupe Hospital
131	22581	KARI TRC Hospital
132	22580	KARI Hosptal
133	21966	survivors organization clinic
134	21741	Adungosi Medical Center
135	21035	Apetit Dispensary
136	21034	Akiriamasi Dispensary
137	21033	Kwangamor Dispensary
138	20181	Ngelechom Community Dispensary
139	20170	Among'ura Community Dispensary
140	20167	Pesi Medical Centre
141	17245	Okook Dispensary
142	15802	Apokor Dispensary
143	16024	Moru Karisa Dispensary
144	15799	Amukura Mission Health Centre
145	15798	Amukura Health Centre
146	15968	Lukolis Model Health Centre
147	15795	Alupe Sub-District Hospital
148	16420	Ochude Dispensary
149	16087	Obekai Dispensary
150	15797	Amase Dispensary

Annex 4
Roles, Functions and Responsibilities

Roles, Functions and Responsibilities of various Teams in Implementation of BCHSSIP

Key actors	Functions and responsibility
County Executive Committee Member	• Policy formulation and direction, Linkage of technical and administrative functions with the executive/County Assembly
Chief Officer of Health	• Accounting officer of the department
County Director of health	• Provide technical advice to the department
County Health Management Team	• Strategic planning and policy formulation • Budgeting and resource allocation • Procure commodities, equipment and services • Ensuring commodity security Performance monitoring Capacity strengthening • Resource mobilization Stakeholder coordination • Leadership and Overseeing delivery of health services • Provide a linkage with the national Ministry responsible for health. • Establish and Coordinate Ambulance and referral services • Establish a reliable and effective county commodity procurement and supply system • Coordinating capacity building and appraisal of health workforce within the County • Collaborate with relevant departments for provision of Mortuary and funeral services. • HRH management • Disaster preparedness, management and response
Monitoring and Evaluation Unit	• Lead in planning and implementation of BCHSSIP • Periodic assessment and Reporting on the progress of BCHSSIP • Disseminate the report to relevant stakeholders through the departments website, Newsletters etc.

Key actors	Functions and responsibility
Sub-county Health Management Team	• Provide leadership and stewardship for overall health management in the Sub-County. • Collaborate with Stakeholders at the Sub-County and other sub counties. • Mobilize resources for Sub-County health services • Implement the referral strategy • Coordinating and collaborating through Sub-County Health Stakeholder Forums • Coordinate delivery of health services in the Sub-County. • Coordinate the development and implementation of facility health plans. • Ensure effective management of commodities and assets in the sub-counties • Plan and implement rural and urban sanitation programs. • Constitute and activate disaster management and response units
Hospital Management Committees	• Participate in planning of the respective health facilities • resources mobilization for hospitals • Linkage between the community and the facilities • Hold quarterly meetings • ensuring quality health care provision
Hospital management teams	• Planning , budgeting service provision, allocation of resources and supervision
Development and Implementing Partners	• Provide resource (human, financial),technical support for the Implementation for the strategic plan, capacity building advocacy, • including Research and Development
Primary Care Facility Management Committee	• Plan, supervise, coordinate, and monitor service delivery in their catchment area. • Act as a linkage structure between the Community and the Health Facility. • Identify community own resource persons. • Ensure the implementation of community strategy.
Roles of ward health management committees	• Link between facility and community members • Agents of Advocacy Communication Social Mobilization • Lobby for resources for improvement at the community level • Champions of the health matters at the community level • Gate keepers for entry to the community • Involved in decision making process on matters that call for community action (opinion makers)
Village health committees	• Oversee the implementation of the plan at the community level

BUSIA COUNTY HEALTH SECTOR STRATEGIC AND INVESTMENT PLAN

2018-2023