



**REPUBLIC OF KENYA**

**MINISTRY OF HEALTH**

**STATE DEPARTMENT FOR PUBLIC HEALTH AND  
PROFESSIONAL STANDARDS**

**STRATEGIC PLAN 2023 – 2027**

*Towards attainment of Universal Health Coverage*



## **Vision Statement**

“A nation free from preventable diseases and ill health”

## **Mission Statement**

“To provide quality public health and sanitation services that are equitable and responsive”

## **Core Values**

- People centeredness
- Integrity
- Professionalism
- Accountability
- Teamwork
- Partnership and Collaboration

## FOREWARD

The State Department Strategic Plan 2023-2027 is in line with the Government's Medium-Term Plan IV of the Vision 2030 that encompasses the Bottom -Up Economic Agenda. The plan has been developed through the collaborative efforts of various stakeholders and it builds on the achievements and challenges arising during the implementation of the Kenya Health Sector Strategic Plan IV 2018-2022 which had as its goal "Transforming Health Systems: Achieving Universal Health Coverage by 2022".

The government through the BETA initiative aims to transform healthcare by prioritizing prevention over curative care. This shift will strengthen the health system, ensuring it's well-equipped to serve all Kenyans. The vision of the State Department is to make Kenya "a nation free from preventable diseases and ill health", through the primary health care interventions at individual, household, community and primary health facility levels. Community health is the key to preventive healthcare with doctors estimating that 70 percent of cases seen in hospitals are preventable. Investing in community health is cost-effective as it is estimated that one shilling invested in community health has a return of nine shillings saved in curative health costs. This strategic plan is a milestone for the country as it is specific to public health interventions, health promotion as well as ensuring high professional standards for our healthcare workforce. Thus, it is envisaged that the national resource allocation for primary healthcare at the very bottom significantly increases.

Priority will be given to scaling up the community health interventions through the community health promoters and health promotion efforts. Ensuring functional primary healthcare networks and scaling up nutrition interventions to reduce stunting and wasting, reducing morbidity and mortality from Malaria and TB. Additionally, the Plan emphasizes strengthen disease surveillance and preparedness and also improving the quality of the healthcare professionals.

Success implementation of this plan hinges on collaborative efforts across many sectors and active participation of all our stakeholders. I am confident that this plan will guide our annual planning process as well as Performance Contract. I urge everyone within the State Department to put great effort into implementing this plan as a means of averting preventable morbidity and mortality in our country and enhancing the quality of life for all Kenyans.

Dr. Deborah M. Mulongo  
**CABINET SECRETARY**

## **PREFACE AND ACKNOWLEDGEMENT**

The State Department Strategic Plan 2023– 2027 sets forth the strategic direction for the State Department within the Ministry of Health, outlining the key investment areas, the implementation framework and the resources that are required for the period. This is the first strategic plan for the State Department within the Ministry of Health that aims at strengthening prevention measures and professional standards.

The State Department extends its sincere gratitude to the Office of the Cabinet Secretary for their exceptional support throughout this process. The development of this Strategic Plan was organized through clearly defined Technical working groups, under the direct leadership and supervision of the Director Administration, Mr. Adan Harakhe, HSC and the acting Deputy Director General, Dr. Sultani Matendehero. The effective stewardship by Head of Central Planning and Project Monitoring Department, Mr. Dickson Sikuku, HSC was commendable. The outputs from the groups were harmonized and summarized before being consolidated to produce the initial draft. This draft was then shared internally and with stakeholders who provided invaluable feedback that have been duly incorporated into this document.

I want to commend the Central Planning and Project Monitoring Department of the State Department, for its their unwaivering dedication and efforts in coordinating this process. Their expertise in facilitation of the various working groups was instrumental in achieving this outcome. The contributions of officers from other directorates in shaping this strategic plan are also deeply appreciated.

This plan is a reflection of our shared commitment to building a healthier and more prosperous Kenya. We are confident that, together, we will achieve our vision and make a lasting impact on the lives of all Kenyans.

**Mary Muthoni Muriuki, CBS**  
**PRINCIPAL SECRETARY**

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**ACRONYMNS AN ABBREVIATIONS**

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**EXECUTIVE SUMMARY**

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## **CHAPTER ONE: INTRODUCTION**

### **1.0. Overview**

This Chapter provides the contribution of the State Department for Public Health and Professional Standards to the National, Regional and Global development agenda. It also provides the policy and legislations that guide the Strategic plan development.

### **1.1. Strategy as an imperative for organizational success**

This Strategic Plan 2023-2027 defines the overall direction in which the State Department for Public Health and Professional Standards will take to achieve its objectives and goals in line with its vision and mission. Strategic plans play a crucial role in improving delivery of public services and serve as a platform for the Government to engage with stakeholders on effective use of public resources for the collective benefit.

The Strategic Plan for the State Department is designed to support the realization of Vision 2030 Fourth Medium-Term Plan (MTP IV) 2023–2027 and priorities of the Bottom-Up Economic Transformation Agenda (BETA). It will also align with the overarching objectives of the Kenya Health Sector Strategic Plan (KHSSP V) 2023–2027 guided by the Kenya Health Policy 2014-2030. The plan is key in realization of regional and international commitments related to public health. Towards this, the development of the strategic plan will include initiatives aimed at achieving the goals and imperatives identified in SDGs, Africa Union Agenda 2063, the Constitution of Kenya, EAC vision 2050 among others.

### **1.2. The Context of Strategic Planning**

The development of this strategic plan takes cognizance of the national development priorities, the Constitution of Kenya, regional and international development frameworks.

#### **1.2.1. United Nations 2030 Agenda for Sustainable Development**

The SDGs, adopted by all United Nations Member States in 2015, consist of 17 interconnected goals aimed at addressing pressing global challenges. They provide a roadmap for improving public health by integrating efforts across sectors, emphasizing prevention, and recognizing the interconnectedness of health and development. The concept of “Health in All Policies - HiAP”

emphasizes that health considerations should be integrated into decision-making across various policy domains.

This Plan has been developed while taking cognizance of Sustainable Development Goal 2 that aims to end hunger, achieve food security and improve nutrition by 2030. It is estimated that 22% of children in the world suffer from stunting (low height for their age) in the world. In Kenya, the stunting rate is indicated as 18% in the Kenya Demographic Health Survey of 2022. Malnutrition remains a key challenge, as the country loses Kshs. 374 Billion per year, underscoring the urgency of tackling malnutrition, not only from a health and humanitarian perspective, but also as an economic imperative. Food safety is vital and a key pillar in achieving SDG 2. Unsafe food is a threat to Food Security, public health and an impediment to national development. It leads to food losses thus reducing availability. Unsafe food reduces the bioavailability of nutrients, particularly for vulnerable consumers, and is associated with malnutrition.

Health is the central theme in the agenda through SDG 3, and is closely linked to over a dozen targets in other goals related to urban health, equal access to treatments, capitalizing on preventive healthcare services, and non-communicable diseases, among others. It (SDG3) endeavors to ensure healthy lives and promote well-being for all at all ages. It targets to reduce the global maternal mortality ratio to less than 70 deaths per 100,000 live births and end preventable deaths of newborn and children under the age of five years. The global goal is to reduce neonatal mortality to below 12 per 1,000 live births and under-5 mortality to not more than 25 per 1,000 live births.

SDG 6 on Clean Safe water and sanitation is key in prevention of diseases. Many infectious FBD can be transmitted via water and people and animals infected with these diseases can contaminate water making it unsafe for drinking. This plan envisions an enabling environment motivating all Kenyans to improve their hygiene behavior and environmental sanitation through access to improved Environmental Sanitation and Hygiene (ESH) and support to enjoy a dignified quality of life in a hygienic and sanitary environment free from suffering ill health caused by poor sanitation.

The State Department for Public Health and Professional Standards takes cognizance of other SDGs whose implementation have an impact on public health. These SDGs include: SDG 7 (access to clean energy), SDG 9 (innovation), SDG 10 (reducing inequalities), SDG 11 (sustainable cities), SDG 13 (climate action) and SDG 17 (partnerships). The State Department

will collaborate other stakeholders in public health, global health and nutrition to strengthen the role of knowledge and innovation in the implementation of the SDGs related to health and wellbeing.

### **1.2.2. African Union Agenda 2063**

The African Union Agenda 2063 is a 50-year plan aimed at improving the quality of life for Africans through investments in science, technology, and basic services. This agenda envisions a prosperous Africa with inclusive growth and sustainable development by 2063. However, political instability, refugee influxes, and infectious diseases have hindered progress. To address these challenges, the agenda focuses on cross-border disease surveillance, integrated public health approaches, and reducing the burden of neglected tropical diseases, communicable diseases, and non-communicable diseases.

This strategic plan aligns with the Africa CDC's vision of strengthening public health institutions, workforce, funding, and partnerships to achieve sustainable and inclusive health security for Africa. This involves reducing deaths from HIV/AIDS, Malaria, and Tuberculosis to zero, implementing comprehensive health services, and combating lifestyle-related diseases like obesity and diabetes. By addressing these health challenges, Africa can make significant strides towards achieving the aspirations of the African Union Agenda 2063.

### **1.2.3. East Africa Community Vision 2050**

The EAC Vision 2050 aims to transform the East African Community into an upper-middle-income region by 2050, focusing on inclusive development, employment creation, and addressing unemployment challenges. Health is recognized as a critical enabler for this transformation. The vision prioritizes standardizing human resources for health through training and mutual recognition, addressing non-communicable diseases, developing quarantine policies, and enhancing capacities for disease surveillance.

The EAC Vision 2050 emphasizes enhancing health infrastructure, strengthening health systems, and ensuring a healthy and productive sub-region. It underscores the importance of enhancing access to health services, with projections indicating significant improvements in water and sanitation accessibility and universal access to health services by 2050. The State Department's strategic plan for public health aligns closely with these goals, contributing to their achievement

through initiatives such as enhancing health infrastructure, capacity building of health personnel, strengthening health systems, and enhancing access to health services. These initiatives align with Kenya's healthcare priorities and contribute to the vision of achieving universal access to health services within the country.

#### **1.2.4. Constitution of Kenya**

The Constitution of Kenya stands as the supreme law of the Republic, binding all persons and State organs at both levels of government. It guarantees fundamental human rights, including the right to health. Article 43(1)(a) of the Constitution provides that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. Article 46 provides consumer rights, including the protection of health, safety, and economic interests. Article 53 (1) (c) provides every child the right to basic nutrition, shelter and healthcare. The State Department's strategic plan aligns with constitutional principles, emphasizing access, quality, and equity in health care. This will be achieved by implementing UHC, thus contribute to a healthier and more resilient Kenya

#### **1.2.5. Kenya Vision 2030, Bottom-up Economic Transformation Agenda and Fourth Medium Term Plan**

##### **1.2.5.1. Kenya Vision 2030**

The Kenya Vision 2030 is the country's long-term development blue-print which aims at transforming Kenya into a highly industrialized middle-income country providing a high-quality life to all its citizens by the year 2030. The Vision is being implemented through five-year Medium-Term Plans. The Vision is anchored on three pillars namely: Economic Pillar; Social Pillar and the Political Pillar. The three pillars are supported by the foundations for socio-economic transformation (Enablers).

The Kenya Vision 2030 recognizes the health sector's importance for national development, aiming to improve health outcomes by shifting towards preventive healthcare and health promotion. Aligning with the Kenya Kwanza government's UHC agenda, specific strategies include building a robust health infrastructure, improving service quality, partnering with the private sector, and ensuring equitable access to healthcare, especially for vulnerable groups. The State Department's Strategic Plan will play a key role in the realization of these aspirations of the

Kenya Vision 2030 in line with the Kenya Kwanza government agenda of realizing Universal Health Coverage for all Kenyans.

### **1.2.5.2. Bottom-Up Economic Transformation Agenda and Fourth Medium Term Plan**

This Strategic plan is aligned to the Government's Bottom-up Economic Transformation Agenda (BETA) where the State Department has been identified as an enabler to support the realization of the five pillars. The MTP IV is strategically aligned with the Bottom-Up Economic Transformation Agenda (BETA), which is geared towards fostering economic turnaround and inclusive growth. The BETA aims to increase investments across five key pillars i.e. Agricultural Transformation; Micro, Small, and Medium Enterprise (MSME) Development; Housing and Settlement; Healthcare; Digital Superhighway and Creative Industry.

The healthcare pillar within the BETA focuses on advancing the health and well-being of the population. It aims to strengthen healthcare delivery by implementing Universal Health Coverage (UHC) through: a fully public-funded primary healthcare system that includes preventive, promotive, outpatient, and basic diagnostic services; establishing a universal seamless health insurance system comprising a mandatory national insurance (SHIF) and private insurance as complementary covers with SHIF as the primary and private as secondary cover; Establishing a national fund for chronic and catastrophic illness and injury costs not covered by insurance; Scaling up manufacturing of essential medical supplies; Strengthening the human resource for health; Expanding healthcare infrastructure; Enhancing supply chain management for health commodities.

### **1.2.6 Sector Policies and Laws**

Effective provision of quality healthcare services in the State Department is guided by the following policies and laws.

#### **1.2.6.1. Policies**

- i. Kenya Health Sector Strategic Plan (KHSSP) 2018-2023
- ii. Kenya Health Policy 2014-2030
- iii. Health Sector Partnership & Coordination Framework 2018-2030
- iv. Intergovernmental Relations Act 2012
- v. Intergovernmental Forums Operational Manuals
- vi. Health Sector Public Private Partnership Strategy

- vii. Kenya Health Universal Health Coverage policy 2020-2030
- viii. Sessional paper No.4 of 2012 on National Pharmaceutical Policy.
- ix. The National Policy on Patient Safety, Healthcare Worker Safety & Quality of Care (2022)
- x. National Policy for Disaster Risk Management:
- xi. The National Food Safety Policy 2013

#### **1.2.6.2. Laws**

- i. The Constitution of Kenya
- ii. Public Health Act. Cap 242
- iii. Public Health Officers (Training, Registration and Licensing) Act. (No. 12 of 2013)
- iv. Pharmacy and Poisons Act Cap 244
- v. The Health Act, 2017, Part V:
- vi. Nurses and Midwives Act Cap 257 of the laws of Kenya
- vii. Medical Practitioners and Dentists Act (CAP. 253)
- viii. Physiotherapy council of Kenya Act no 20 of 2014
- ix. Occupational Therapists Training Regulation and Licensing Act No 31 of 2017
- x. The Health Records and information Managers Act of Kenya 2016.
- xi. The Food, drugs and Chemical Substances Act (Cap 254) Act of Parliament enacted in 1965.
- xii. The Breast Milk Substance Act of 2012 and Regulations of 2021
- xiii. Public health (port, airport and frontier health) rules, 1959 [L.N. 54/1960, L.N. 295/1979.]
- xiv. Health Act, 2017 Section 7 of the Act provides for Emergency treatment
- xv. Nutritionists and Dieticians Act, 2007, cap 253B.
- xvi. Tobacco Control Act 2007 CAP 245A

### **1.3 History of the State Department**

The ministry of health traces its roots back from colonial times. At post-independence, in the inaugural cabinet, the ministry was originally named the Ministry of Health and Housing. In the year 2008, the formation of the coalition government, the ministry of health was split into the Ministry of Public Health and Sanitation and the Ministry of Medical Services, which lasted up to 2013 when the two Ministries were merged into one and renamed the Ministry of Health.

Following Executive Order No. 1/2023, the Ministry of Health underwent a restructuring, resulting in creation of two State Departments i.e. the State Department for Medical Services and State Department for Public Health and Professional Standards.

#### **1.4 Methodology of Developing the Strategic Plan 2023-2027**

The State Department's Strategic plan, 2023-2027 was developed through a highly participatory approach by Steering Committee composed of all Heads of Directorates and chaired by the Principal Secretary. This Steering Committee provided guidance and oversight on the development of the Strategic Plan.

The Steering Committee was supported by a Technical Committee that oversaw the day-to-day development of the Strategic Plan led by the Director of Planning and with membership from all divisions and agencies within the Public Health space.

The Technical Committee was divided into five Thematic Working Groups each handling a thematic area in relation to its mandate. The thematic working groups were charged with drafting of the various sections of the Strategic plan that included; Background, situation analysis, Strategic directions/objectives and high-level targets, Policy, Legal, Institutional arrangement and implementation arrangements.

The Thematic working groups were as follow;

- i. Public health and sanitation;
- ii. Preventive and promotive health including primary health care
- iii. Health standards, regulation & quality assurance;
- iv. Public health sector coordination & intergovernmental relations;
- v. Central Administrative Services.

The methodology involved desk top review and reference to various key policy documents which included the Constitution of Kenya, Vision 2030 Fourth Medium Term Plan (MTP IV), the Bottom-up Economic Transformation Agenda (BETA) Plan, the Kenya Health Sector Strategic Plan (KHSSP) 2018-2023 and the Kenya Health Policy 2014-2030.

A number of consultative meetings and workshops involving key players in public health sphere were held in order to provide relevant planning inputs.



The 1st draft strategic plan was then generated and shared with all staff for their comments. Their comments were incorporated into the final draft Strategic Plan 2023-2027. This was then enriched by the State Department's stakeholders in validation forums. Finally, the stakeholders' inputs were incorporated and a final Strategic Plan, 2023-2027 was developed and endorsed by the Principal Secretary. This was then forwarded for editing, printing, launch and dissemination.

To ensure ease of management, cost-effectiveness, timely and efficient implementation of the assignment, the process was divided into four distinct phases as follows;

**Phase 1: Initiation of the process**

- i. Top leadership appointed a Steering Committee and Technical Working Group that defined the scope and terms of reference for development of the Strategic plan.
- ii. The committee then provided guidance throughout the development process.

**Phase 2: Strategic Plan Development**

- i. Based on the TORs, the technical working committee agreed on a roadmap for the development of the strategic plan.
- ii. The technical working committee defined the organization's strategic direction as well as analysis of the external and internal contexts and its stakeholders.
- iii. The technical working committee identified strategic issues, formulated strategic goals and determined key result areas to address the issues. Further, it formulated strategies to achieve the strategic objectives.
- iv. In order to execute the strategic plan, the technical working committee developed an implementation and coordination framework and a monitoring and Evaluation plan. The strategic plan was then costed to determine the resources required for its implementation.

**Phase 3: Validation of Strategic Plan, 2023-2027**

- i. The draft strategic plan was then shared with internal and external stakeholders for validation and feedback.

**Phase 4: Finalization of Strategic Plan, 2023-2027**

- i. The comments from stakeholders were incorporated in the final Strategic Plan

The final strategic plan was then printed and disseminated to all stakeholders.

## **CHAPTER TWO: STRATEGIC DIRECTION**

### **2.0. Overview**

This chapter presents the Mandate, Vision, Mission, Strategic goals and Core Values of the State Department. It also highlights the quality policy statement that guarantees effective and efficient service delivery.

### **2.1. Mandate**

The mandate of the State Department for Public Health and Professional Standards is derived from the Executive Order No. 2 of 2023 and includes the following functions;

- i. Public Health and Sanitation Policy;
- ii. Preventive and Promotive Health Services;
- iii. Policy on Human Resource Development for Health Care Workers;
- iv. Health Education Management;
- v. Food Quality,
- vi. Hygiene and Nutrition Policy;
- vii. Quarantine Administration;
- viii. Radiation Policy;
- ix. Control and Management of Tuberculosis (TB) and other lung diseases; and
- x. Malaria Control and Management.

The State Department also has the following institutions under its purview which assist in implementation of its mandate:

- i. Kenya Medical Practitioners and Dentist Council;
- ii. Kenya Health Professionals Oversight Authority;
- iii. Kenya Medical Training College;
- iv. Kenya National Public Health Institute;
- v. Kenya Hospital Authority Trust Fund;
- vi. Counsellors and Psychologists Board;
- vii. National Quality Control Laboratories;
- viii. Public Health Officers and Technicians Council;
- ix. Kenya Nuclear Regulatory Authority;
- x. Kenya Institute of Primate Research;

- xi. Physiotherapy Council of Kenya;
- xii. Clinical Officers Council of Kenya;
- xiii. Kenya Medical Laboratory Technicians and Technologists Board;
- xiv. Nursing Council of Kenya;
- xv. Kenya Nutritionists and Dieticians Institute;
- xvi. Health Records and Information Managers Board; and
- xvii. Pharmacy and Poisons Board.
- xviii. The Kenya Health Human Resource Advisory Council
- xix. The Occupational Therapy Council
- xx. Tobacco Control Board

## **2.2 Vision Statement**

A nation free from preventable diseases and ill health

## **2.3. Mission Statement**

To provide quality public health and sanitation services that are equitable and responsive

## **2.4. Strategic goals**

The following are the State Department's Strategic goals;

- i. Reduce the incidence and prevalence of preventable diseases
- ii. Increase the number of well-trained, motivated and competent healthcare workers.
- iii. Develop and implement a comprehensive legal framework for the training, licensing, and practice of healthcare professionals
- iv. Enhance the coordination and oversight of primary healthcare services leading to improved access and quality of care
- v. Optimize public health infrastructure and surveillance systems
- vi. Improve the monitoring and enforcement of quality standards in healthcare delivery to enhance patient safety and outcomes
- vii. Strengthen the regulatory framework and capacity to ensure the quality and safety of public health products and technologies
- viii. Enhance the translation of research findings into practical solutions to improve health outcomes

- ix. Strengthen legal and regulatory frameworks
- x. Strengthen collaboration and partnerships within the health sector to improve efficiency and effectiveness of health service delivery
- xi. Improve efficiency and effectiveness in service delivery

## **2.5. Core values**

- i. People centeredness
- ii. Integrity
- iii. Professionalism
- iv. Accountability
- v. Teamwork
- vi. Partnership and Collaboration
- vii. Transparency
- viii. Inclusivity

## **2.6. Quality Policy Statement**

The State Department for Public Health and professional Standards is committed to provision of quality public health and sanitation services to all members of the society. This will be achieved by deploying disease prevention measures as embedded in the various instruments that confer this function to the State Department. In addition, the State Department is committed to continuous improvement of procedures and process geared towards enhancement of quality and accessible healthcare

## CHAPTER THREE: SITUATIONAL AND STAKEHOLDER ANALYSES

### 3.0. Overview

This Chapter examines the external environment developments including the macro, micro, industry and markets. It captures emergent opportunities and/or threats. In addition, it analyzes the internal environment where focus is laid on the organization's internal variables such as value chain capabilities, resource capabilities, skills, competences and culture. This section summarizes the emergent strengths and/or weaknesses. Further, this chapter evaluates the implementation of the previous Strategic Plan, which entails key achievements, challenges faced as well as the lessons learnt. An analysis of the stakeholders is also captured.

### 3.1 Situational Analysis

Situational analysis comprises external and internal environment, summary of opportunities and threats, internal environment, summary of strength and weaknesses and analysis of past performance. This is discussed below.

#### 3.1.1 External Environment

An analysis of the State Department's Opportunities and Threats provides insights into how it is affected by its immediate environment. The Opportunities and Threats Analysis is presented in the table below.

##### 3.1.1.1 Macro Environment

The Macro-environment analyzes major external factors that pose both a direct and indirect impact on the decision making and performance of the State Department as examined through a Political, Economic, Social, Technological, Environmental and Legal and Ethical (PESTELE) analysis.

**Table 1: PESTELE Analysis**

Category	Factors	Description
Political	Government policies and Leadership	<ul style="list-style-type: none"><li>• Prioritization of health as a pillar of the current overarching government agenda</li><li>• Stability and Changes in government organization</li></ul>
	International relations	<ul style="list-style-type: none"><li>• Relations affect availability of partner and donor funding and program prioritization in the health sector</li></ul>

Category	Factors	Description
	Tax policies	<ul style="list-style-type: none"> <li>• Tax policies by political /legislative class that may affect positively/negatively implementation of health programmes</li> </ul>
Economic	Financial Resources	<ul style="list-style-type: none"> <li>• Kenya ranking as a middle-income country burdens the exchequer with higher interest rates and narrows eligibility for grants</li> <li>• Budgetary constraints could lead to low level of implementation of planned activities</li> </ul>
	PPPs	<ul style="list-style-type: none"> <li>• PPPs present business/investment opportunities for the healthcare interventions</li> </ul>
	Unemployment and poverty	<ul style="list-style-type: none"> <li>• High unemployment rates and poverty with diminished ability to spend on health leads to burdening of public health sector</li> </ul>
	Inflation	<ul style="list-style-type: none"> <li>• High cost of medical supplies, commodities and services</li> </ul>
Social	Labour migration	<ul style="list-style-type: none"> <li>• Brain drain to other countries at the expense of development health sector in Kenya</li> </ul>
	Population growth and demographics	<ul style="list-style-type: none"> <li>• Population health demands can boost or constrain health services provision</li> <li>• Increased aging population shifting disease burden from communicable to non-communicable conditions putting pressure on health expenditure due chronicity</li> <li>• Delay in harnessing demographic dividend</li> </ul>
	Literacy	<ul style="list-style-type: none"> <li>• High literacy levels present an opportunity to mold health seeking behaviors</li> <li>• Sub-optimal consumption of available health information</li> </ul>
	Cultural & Religious beliefs & practices	<ul style="list-style-type: none"> <li>• Can affect demand for health services and curation of specific interventions/ services to certain populations</li> </ul>
Technological	Technological changes	<ul style="list-style-type: none"> <li>• Emerging Technologies may have an effect on existing systems</li> </ul>

Category	Factors	Description
	Innovation	<ul style="list-style-type: none"> <li>• Efficient, cost-effective tools, novel approaches to disease management, advanced diagnostic and treatment approaches</li> <li>• Biotechnology in food value chains may enhance/pose threat to food security</li> </ul>
	AI and Machine Learning	<ul style="list-style-type: none"> <li>• Presenting an opportunity and a threat to traditional health provision</li> </ul>
	Digitalization of Health	<ul style="list-style-type: none"> <li>• Digitalization of health facilities and government services is key in enhancing health care service delivery</li> <li>• Cyber security and threats: Advancement in technology has led to cyber threats which pose a risk to systems and potential data loss</li> <li>• New platforms and modalities for health service delivery</li> </ul>
Environmental	Climate change	<ul style="list-style-type: none"> <li>• Climate changes lead to climate induced diseases/deaths.</li> </ul>
	Natural disasters	<ul style="list-style-type: none"> <li>• Floods, drought, earthquakes, Tsunamis, and other disasters creating unforeseen strain on public health infrastructure and resources</li> </ul>
	Pollution and waste	<ul style="list-style-type: none"> <li>• Environmental and technological waste generation and management may enhance/undermine public health</li> </ul>
Legal	Legislation and policy framework	<ul style="list-style-type: none"> <li>• Availability of legal instruments to guide in delivery of its mandate.</li> <li>• Regulatory overlap of the health sector/other sectors</li> </ul>
	Litigation in Health	<ul style="list-style-type: none"> <li>• Disruption of health service delivery and access</li> <li>• Creates checks and balances that enhance Compliance and quality of health care services</li> </ul>
Ethical	Transparency and Accountability	<ul style="list-style-type: none"> <li>• Increased demand for accountable and transparent use of public resources, health included</li> </ul>

Category	Factors	Description
	Privacy and Data Protection	<ul style="list-style-type: none"> <li>Health Data has been classified as security issues thus enhancing its protection in safeguarding client interests.</li> <li>Additional burdening data handlers to comply with Data Protection Act, 2019 can stifle growth and innovation</li> </ul>
	Rights based approach to health care service delivery	<ul style="list-style-type: none"> <li>The rights and privacy of health service clients are increasingly getting entrenched in policy and legal instruments calling for enhanced investment in satisfactory health interventions</li> <li>Opportunity for sensitive health intervention programming to address Inclusivity without discrimination of special or marginalized populations.</li> </ul>
	Conflict of interest	<ul style="list-style-type: none"> <li>Misaligned/skewed health interventions from pegged on donor funding</li> <li>Mismatch in supply and demand of HRH from training institution</li> </ul>

### 3.1.1.2 Micro Environment

This is the immediate operating environment within the State Department that affects its ability to serve and discharge the mandate. Micro environment can be improved to ensure the aspirations of the plan are achieved. These variables are discussed as follows:

**Labour Markets:** The supply of and demand for skills plays a significant role in provision of universal healthcare, which encompasses factors like workforce quality, labor costs, employee relations, and productivity. A skilled workforce can drive innovation and efficiency in health delivery. Labour costs impact production expenses and pricing strategies. Moreover, robust employee relations and labour laws affect workplace culture, employee morale, and turnover rates, impacting productivity and operational continuity.

**Trade Unions:** Trade unions play a role in shaping the industry by advocating for workers' rights and contributing to the stability of labor relations. Their input influences policy discussions, industry practices, and the overall production and value promotion. Collaborative efforts with trade unions help bridge the gap between demands by employees and what the employers can offer ensuring a harmonious working environment. In addition, trade unions contribute to a more balanced power dynamic between employees and employers, which can lead to a more resilient and productive health sector in Kenya.



**Creditors:** Financial considerations are essential for the Department's functioning. Engaging with creditors, such as financing institutions, plays a role in securing resources for program development, infrastructure improvement, and re-engineering of the health sector. Effective financial management ensures sustainability of State Department initiatives in delivering its mandate.

**Suppliers:** Suppliers are an essential part of the micro environment as they provide the necessary commodities, equipment, and supplies to ensure efficient service delivery. Suppliers can influence the cost structure of the health sector and are hence a major force. Collaborating with reliable suppliers ensures that industries have access to adequate and essential supplies necessary for efficient service delivery.

### 3.1.2 Summary of Opportunities and Threats

This section provides a concise assessment of the external factors that can either positively or negatively impact the State Department's ability to achieve its Strategic Objectives. It also presents a summarized analysis of the opportunities that arise from favourable external conditions, such as economic growth, technological advancements and supportive policies. These opportunities highlight potential areas for growth, development, and enhanced industrial performance.

Opportunities and threats are as summarized in the table below.

**Table 3.1: Summary of Opportunities and Threats**

Environmental factors	Opportunities	Threats
Political	<ul style="list-style-type: none"> <li>• Good political will from National Government</li> <li>• Devolution of health services</li> <li>• The government policy to strengthen primary health care services.</li> <li>• Partnerships and collaboration with other health sector players, including existing global and regional networks and initiatives</li> <li>• Existence of community health promoters</li> <li>• Availability of trained workforce in the market</li> <li>• Advocate for resource mobilization from the</li> </ul>	<ul style="list-style-type: none"> <li>• Suboptimal coordination between the two levels of Government</li> <li>• Changes in political leadership after general elections both national and county levels</li> <li>• Geopolitical/external/global health agenda</li> <li>• Frequent industrial actions</li> <li>• Inadequate Government funding</li> <li>• Over-dependence on donor funding and the donor conditions or interests</li> <li>• Trans boundary health threats e.g. Ebola, VHFs, Covid 19</li> <li>• Bureaucratic process</li> <li>• Scheme of service that does not cover all cadres</li> </ul>

Environmental factors	Opportunities	Threats
	<p>Government and development assistance for health.</p> <ul style="list-style-type: none"> <li>• There is availability of resources from GOK</li> <li>• Available Public private partnership</li> <li>• Cordial International Health Relations enhancing opportunities for advocacy and resource mobilization.</li> </ul>	
Economic	<ul style="list-style-type: none"> <li>• Innovative mechanism for health financing</li> <li>• Existence of social health insurance scheme</li> <li>• Sustained funding from GOK</li> <li>• Donor goodwill</li> <li>• Local Manufacturing of health products</li> <li>• Regional integration with EAC community</li> <li>• Strong partnership / Collaboration with regional &amp; international partners (WHO, US-CDC, CDC Africa, UNICEF, USAID, FAO, IOM)</li> <li>• Implementing Partner</li> <li>• Public Private Partnerships</li> <li>• Investor confidence</li> <li>• Regional Integration</li> <li>• Pooled resources and economies of scale</li> </ul>	<ul style="list-style-type: none"> <li>• Inflation</li> <li>• High cost of health care</li> <li>• High dependency on donor funding undermines fiscal autonomy and long-term financial stability.</li> <li>• Poverty</li> <li>• Inadequate budgetary allocation</li> <li>• Slowed economic growth affecting traffic at POEs</li> <li>• Failure to implement regional and international treaties</li> </ul>
Technological	<ul style="list-style-type: none"> <li>• Digital superhighway</li> <li>• Integration of new technologies, mobile services, and enhanced internet penetration to improve dissemination and access to health information.</li> <li>• Opportunity to develop</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid changes in technology pose dual-use challenges in emerging health technologies.</li> <li>• Management and disposal of technological waste, including waste generated from hazardous molecular and bio testing platforms.</li> </ul>

Environmental factors	Opportunities	Threats
	<p>standardized information systems and care pathways to improve the system</p> <ul style="list-style-type: none"> <li>• System to cater for misinformation</li> <li>• Digital health Acts</li> <li>• AI in health(surveillance, Data management)</li> <li>• Availability of e-health</li> <li>• medical tourism offers an opportunity to showcase advanced medical technologies and attract international patients, thereby enhancing the global reputation</li> <li>• Adopting technology in service delivery, including drones and robots thereby enhancing effectiveness and efficiency in service delivery</li> <li>• Kenya’s technological advancement as an IT hub</li> <li>• Innovative technology enhances curriculum development, capacity building, and technological advancements in laboratory techniques, diagnostic tools, and research methodologies.</li> </ul>	<ul style="list-style-type: none"> <li>• Data security and cyber security vulnerabilities undermine the protection of digital information, posing risks in safeguarding data and defending against cyber threats.</li> <li>• knowledge gap hinders effective adoption and utilization of emerging technologies</li> <li>• Lack of electronic reporting systems for data collection and analysis</li> <li>• The cost of installing and maintenance of the new equipment is high</li> <li>• Resistance to Technological transfer</li> </ul>
Environmental	<ul style="list-style-type: none"> <li>• Adopting friendly environmental policy and technologies.</li> <li>• Utilization of the current molecular platform for multi-diseases testing for pathogen</li> <li>• Detection and identification</li> <li>• Strong border relations</li> <li>• The Constitution guarantees the right to a peaceful and secure environment.</li> </ul>	<ul style="list-style-type: none"> <li>• Natural disasters such as floods, drought that affect health service delivery</li> <li>• Increased drivers for Emerging and re-emerging public health threats</li> <li>• Cross border diseases</li> <li>• Resistance to anti-microbial disease (AMR)</li> <li>• Disposal of medical and pharmaceutical waste.</li> </ul>

Environmental factors	Opportunities	Threats
	<ul style="list-style-type: none"> <li>• Enhance consolidation and interoperability of the different surveillance systems in use in the health sector,</li> <li>• Multi stakeholder Collaboration</li> <li>• Whole of National interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Climate and environmental changes.</li> <li>• Fragmentation and poor Interoperability of current surveillance systems:</li> </ul>
Legal	<ul style="list-style-type: none"> <li>• Primary Care Health Act 2023 that Regulates of primary health and community health services</li> <li>• Social Health insurances Act 2023</li> <li>• Facility improvement Facility Act 2023</li> <li>• Digital Health Act 2023</li> <li>• Data protection ACT</li> <li>• Existing national Health policies.</li> <li>• Already existing research and innovations that can direct policies on new interventions in nutrition and dietetics</li> <li>• Strong legal framework</li> <li>• The right to health enshrined in the Constitution of Kenya.</li> <li>• High-level policy dialogue and advocacy activities planned for this NSP include:</li> <li>• Adherence to workplace safety and health standards in laboratory environment.</li> <li>• Existence of International Health Regulations International Treaties &amp; Conventions</li> <li>• Bilateral MOUs and agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Unregulated health professionals</li> <li>• Disruption of service delivery from litigation</li> <li>• Bureaucratic process in legal process</li> <li>• Overlapping mandates</li> <li>• Lack of dynamism in the legal structures to adapt to the changing times.</li> <li>• Outdated laws that require review</li> <li>• Partial fulfillment of the data protection act.</li> <li>• Contradiction between local and international laws Conflicting National &amp; County bi-laws</li> </ul>

### **3.1.3 Internal Environment**

The internal environment of the State Department is characterized by its governance and administrative structures, internal business processes, and available resources and capabilities. In terms of governance and administrative structures, the sector's leadership and organizational framework play a pivotal role in shaping policy direction and decision-making. The sector's resources and capabilities significantly influence its operational efficiency and capacity to deliver universal health care to all.

#### **3.1.3.1 Governance and Administrative Structures**

The State Department's organization structure and mandate, including its associated Semi-Autonomous Government Agencies (SAGAs) is well defined by the Executive Order No. 2 of November 2023. The State Department has established policies and regulations to strengthen the health sector and delivery of its service.

#### **3.1.3.2 Internal Business Process**

Several milestones have been made in the streamlining of internal business processes such as automation of business processes. However, red tapes in procurement processes, inadequate modern technological facilities and equipment as well as inadequate ICT infrastructure has the potential to pose challenges to the State Department. To enhance efficiency and effectiveness in service delivery, the State Department has analyzed and documented working guidelines, operating manuals and procedures that offer consistent norms and standards in the work environment.

#### **3.1.3.3 Resources and Capabilities**

To execute its mandate, the State Department requires high investments in both human and financial resources. Conducting a resource-based and capabilities analysis is essential for developing a clear strategic direction. This analysis helps identify its strengths and weaknesses, guiding strategic decisions and resource allocation in the State Department and reviewing analysis as circumstances change and new opportunities arise.

In order to ensure efficiency and effectiveness in service delivery, the State Department will continue optimizing human resources capacity by focusing on recruitment, training, development and talent retention.

### **3.1.4 Summary of Strengths and Weaknesses**

Based on analysis on internal environment, a summary of strengths and weaknesses of the State Department is shown in the table below.

#### **Table 3.2: Summary of Strengths and Weaknesses**

Factor	Strengths	Weaknesses
<b>Governance and administrative structures</b>	<ul style="list-style-type: none"> <li>• Existence of laws, policy, guidelines and regulations for delivery of services.</li> <li>• Existence of coordination mechanisms to deliver the services</li> <li>• Existence of institutional arrangement with stipulated functions.</li> <li>• Existence of PCN</li> <li>• Existing structures for community partnership, involvement and ownership</li> <li>• Existence Skilled and competent HRH</li> <li>• Existing training institutions for health RH</li> <li>• Existence of call Centre for communication to coordinate dissemination of health information</li> <li>• Research and Innovation capacity for evidence based decision making</li> <li>• Availability of labour market for health professionals</li> <li>• Clear management structures</li> <li>• Establishment of a national health workforce Account.</li> <li>• Political Commitment -BETA agenda</li> </ul>	<ul style="list-style-type: none"> <li>• Duplication of roles across the sector</li> <li>• Overlapping in the mandates among the SAGAs</li> <li>• Weakness in the already existing law/regulations.</li> <li>• Industrial unrest</li> <li>• Labor emigration</li> <li>• Unregulated carders in training and practice</li> <li>• Inadequate training needs assessment</li> <li>• Inadequate mentorship for health professionals</li> <li>• Multiplicity of licenses from different regulators</li> <li>• Changes in Leadership</li> <li>• Poor Coordination of Activities</li> <li>• Inadequate framework to ensure compliance</li> </ul>
<b>Internal business processes</b>	<ul style="list-style-type: none"> <li>• Existence of SOPs and guidelines</li> <li>• Digitization of services</li> <li>• Data Integration: Advanced bioinformatics tools for integrating</li> <li>• Robust ICT infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• Changing patterns of diseases often delay response</li> <li>• Funding Constraints</li> <li>• Skill Gaps among the HRH</li> <li>• Weakness in emergency supply chain systems</li> <li>• Weak negotiation capacities</li> </ul>

Factor	Strengths	Weaknesses
	<ul style="list-style-type: none"> <li>supporting data management and sharing.</li> <li>• Strengthened systems to send and receive medical issues</li> <li>• MOUs with different stakeholders</li> <li>• Public Private Partnerships</li> <li>• Existence of Bilateral Commitments</li> </ul>	<ul style="list-style-type: none"> <li>• Weak internal controls</li> <li>• Weak succession planning</li> </ul>
<b>Resources and capabilities</b>	<ul style="list-style-type: none"> <li>• Availability of skilled personnel and dedicated Human resources</li> <li>• Provision of the Exchequer</li> <li>• Partner Funding</li> <li>• Established collaborations and partnerships</li> <li>• High-Quality Standards</li> <li>• Available Advanced Technology:</li> <li>• Focus on Domestic Resource Mobilization</li> </ul>	<ul style="list-style-type: none"> <li>• Weak domestic Financing</li> <li>• Shrinking the donor support</li> <li>• Low staffing levels</li> <li>• Supply Chain Issues</li> <li>• Heavy reliance on Donor Funding</li> <li>• Lack of technological transfer</li> </ul>

### 3.1.5 Analysis of Past Performance

#### 3.1.5.1 Key Achievements

The key achievements are divided into Leadership and Governance, Service Delivery, and Human Resources for Health.

##### a) Leadership and Governance:

- i. Legislation developed; Mental Health Amendment Act 2022, Nuclear Regulatory Act 2019, Health Laws Amendment Act, 2019.
- ii. Bills developed included; the Social Health Insurance Bill, Primary Health Care Bill, Digital Health Bill and Facility Improvement Financing Bill.
- iii. Subsidiary legislations were also created including the Breast Milk Substitutes (Regulation and Control) (General) Regulations, 2021, the Public Health (COVID-19 Restriction of Movement of Persons and Related Measures) Order, 2020 and the Pharmacy and Poisons Rules, 2022.

- iv. Policies developed; Kenya Universal Health Coverage Policy 2020 – 2030, Community Health Policy 2020-2030, Kenya School Health Policy, 2018, National Policy on Patient Safety, Health Worker Safety and Quality of Care 2022, Kenya Emergency Medical Care Policy 2020-2030, Kenya Emergency Medical plan policy 2020-2030.
- v. Development of Kenya Primary Health Care Strategic Framework 2019-2024, Kenya Advocacy, Communication, and Community Engagement Framework 2020-2024, Quality of Care Certification Framework 2020, Public-Private Partnerships Strategy, Kenya Quality Model For Community Health standards, Digitization Strategy 2020-2025, Community Health Strategy 2020-2025
- vi. Development of PCN Guidelines 2021
- vii. Multisectoral AMR coordination structures were established to coordinate the implementation of the AMR interventions both at the national and in 13 counties

**b) Service Delivery:**

- i. Establishment of 20 Primary Care Networks
- ii. Reduction in TB incidence from 146,000 in 2018 to 128,000 in 2022, and treatment coverage reached 69% from 63%
- iii. The percentage of households with safe water increased from 71% in 2018 to 73% in 2022
- iv. Reduction of prevalence of stunting from 26% in 2014 to 18% in 2022
- v. Reduction of prevalence of childhood obesity from 4% in 2014 to 3% in 2022
- vi. Reduction of prevalence of underweight from 11% in 2014 to 10% in 2022
- vii. National Vitamin A Supplementation coverage for children 6 to 59 months increased from 64.5% in 2018 to 85.2% in 2023.
- viii. 99.6 % of households consuming adequately iodized salt
- ix. Incorporated nutrition content in the revised school curriculum and also developed the teacher's reference manual on food and nutrition
- x. 84% of the wheat flour brands compliant with fortification standards at the industry level
- xi. Over 3500 health facilities in the ASAL counties are implementing high-impact nutrition interventions.
- xii. The decline in Malaria Prevalence from 8 to 6 per cent over the period 2015 – 2020. In the high-burden counties around Lake Victoria, the decline is from 27 to 19 per cent over the same period.
- xiii. Reduction of Malaria mortality by 32% from 2.2 to 1.5 per 100,000 over the last five years.
- xiv. Decline in Malaria Incidence by 7% over the last seven years from 112 to 104 per 1,000 persons.
- xv. Roll-out of Malaria Vaccine in 8 Lake Endemic Counties, contributing to the reduction of severe malaria cases in children.
- xvi. Expansion of Community Case management for Malaria by CHPs from 32% to 79% in the 10 target counties

**c) Human Resource for Health:**

- d) Bilateral MOUs & Agreements (Kenya-UK Nurses, Saudi Arabia)**



e) Cuban doctors

**Registered Health Professionals by Cadre, 2018-2022**

2018+		2019+				2020+				
		2021+				2022*				
Num-ber	No. Per 100,000 Population	Num-ber	No. Per 100,000 Population	Num-ber	No. Per 100,000 Population	Num-ber	No. Per 100,000 Population	Num-ber	No. Per 100,000 Population	
<b>Medical Practitioners and Dentists</b>										
Medical Officers	7,863	17	8,353	18	8,590	18	9,298	19	9,638	19
Dentists	823	2	872	2	844	2	924	2	937	2
<b>Pharmacists and Pharmtechs</b>										
Pharmacists	2,572	6	2,864	6	3,025	63,344	73,684	7		
Pharmaceutical Tech-nologists	8,580	18	9,306	20	9,934	20 10,234	21 10,943	22		
<b>Nurses</b>										
Graduate Nurses	5,961	13	7,242	15	7,959	16	9,112	18	9,937	20
Registered Nurses	57,564	124	58,247	122	63,580	130	76,878	155	81,564	161
Enrolled Nurses	23,783	51	28,822	61	38,120	78	38,776	78	39,458	78
<b>Clinical Officers</b>										
Graduate Clinical Officers	428	1	608	1	715	1	896	2	1,125	2
Diploma Clinical Officers	20,216	44	21,131	44	22,930	47	24,481	49	25,679	51
<b>Public Health Officers and Technicians</b>										
Public Health Officers	1,775	4	3,087	6	4,021	8	5,016	10	6,031	12
Public Health Techni-cians	329	1	657	1	750	2	836	2	996	2
<b>Medical Laboratory Techs</b>										

Laboratory Technologists	11,687	25	13,144	28	14,219	29	15,635	31	15,653	31
Laboratory Technicians	3,602	8	3,886	8	3,979	8	4,160	8	4,237	8
Nutritionists and Dieticians										
Nutritionists and Dieticians	3,066	7	3,570	8	3,795	8	4,235	9	4,405	9
Nutrition and Dietetic Technologists	4,430	10	5,282	11	5,775	12	6,340	13	6,543	13
Nutrition and Dietetic Technicians	813	2	921	2	951	2	1,046	2	1,162	2
Physiotherapists										
Physiotherapists (Degree)	201	0.4	258	1	296	1	335	1	423	1
Physiotherapists (Diploma)	846	2	1,147	2	1,521	3	1,687	3	1,876	4

Source: Health Regulatory Bodies

### 3.1.5.2 Challenges

- i. Health workforce not matching the recommended MoH staffing Norms and Standards
- ii. Lack of a legislative framework to regulate the training and practice of some health professionals thus posing a risk to patient safety and quality of care.
- iii. High attrition of human resources for health due to migration to other countries
- iv. Inadequate budgetary allocation to support planned programmes and projects and over-dependence on development partner resources
- v. Increasing burden of antimicrobial resistance posing a threat to favorable health outcomes
- vi. Sub-optimal collaboration between the two levels of government and other sectors
- vii. The COVID-19 pandemic interrupted the implementation of planned programmes and interventions
- viii. Limited dedicated financial resources for disease outbreak instigation
- ix. Deficiencies in existing Legal framework for public health emergency management
- x. Inadequate specialist officers such as statisticians, Geographic Information System officers and informaticians.

### 3.1.5.3 Lessons learnt

- i. Innovative ways of resource mobilization such as match funding are critical in increasing domestic resource allocation.

- ii. Political goodwill was key to the implementation of UHC
- iii. Support for health research was critical in ensuring evidence-based policy formulation, programming and planning in the health sector
- iv. Multisectoral collaboration and partnerships with stakeholders significantly contributed to the achievement of the expected health outcomes.
- v. E-Health proved to be a reliable mode of delivery of health services
- vi. Local production and Quality Assurance of Health Products and Technologies is critical in ensuring commodity security.

### 3.2 Stakeholder Analysis

The State Department for Public Health and Professional Standards collaborates with various stakeholders in implementation of its mandate. This section presents the name of stakeholders and their roles, Stakeholders' expectations from the State Department and State Department's expectations from the Stakeholders that is key in delivering its mandate.

**Table 3.3 Stakeholder Analysis**

S/N	Stakeholder name/ group	Role	Stakeholder's expectations from the State Department	State expectations from the Stakeholder	Department's expectations from the Stakeholder
1	<b>The Public (individuals, communities, volunteers, civil society organization)</b>	<ul style="list-style-type: none"> <li>• Support the government in execution of its agenda;</li> <li>• Demand and consume government services.</li> <li>• Public participation in formulation of policies and laws</li> <li>• Demand for good governance and accountability</li> </ul>	<ul style="list-style-type: none"> <li>• Accurate, appropriate and timely health information sharing and dissemination.</li> <li>• Enforcement of the provisions of public health laws and standards</li> <li>• Prudent utilization of resources.</li> <li>• Timely response to public complaints/concerns</li> <li>• Effective service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Participate in policy identification-formulation and implementation.</li> <li>• Participate in health promotion, education and advocacy</li> <li>• Consumption of information in making decisions for their own health</li> <li>• Provide timely constructive feedback</li> <li>• Comply with public health laws and standards</li> </ul>	
2	<b>National Treasury</b>	<ul style="list-style-type: none"> <li>• Resource mobilization</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance with Public Finance</li> </ul>	<ul style="list-style-type: none"> <li>• Timely allocation of funds to the State department</li> </ul>	

S/N o	Stakeholder name/ group	Role	Stakeholder's expectations from the State Department	State expectations from the Stakeholder
		<ul style="list-style-type: none"> <li>Financial Resources allocation</li> <li>Ensuring proper financial management, and promoting economic planning</li> <li>Provide guidance in planning and budgeting</li> </ul>	<ul style="list-style-type: none"> <li>Management (PFM) Act</li> <li>Reporting on program outcomes and impacts</li> <li>Efficient utilization of allocated funds and resources</li> <li>Timely planning and budgeting</li> </ul>	<ul style="list-style-type: none"> <li>Timely communication on budgets and plans</li> <li>Timely exchequer releases</li> </ul>
3	<b>Parliament (National Assembly &amp; Senate)</b>	<ul style="list-style-type: none"> <li>Enacting Laws</li> <li>Approval of sessional papers</li> <li>Budget approval</li> </ul>	<ul style="list-style-type: none"> <li>Policy and Bills</li> <li>Formulation</li> <li>Implementation of laws</li> <li>Timely budget proposal</li> </ul>	<ul style="list-style-type: none"> <li>Enactment of laws</li> <li>Timely budget approval</li> </ul>
4	<b>The Presidency</b>	<ul style="list-style-type: none"> <li>Assenting to the bills</li> <li>Approval of policies</li> </ul>	<ul style="list-style-type: none"> <li>Prepare and submit Cabinet Memorandum and Sessional Papers and Bills.</li> <li>Timely development of policies</li> <li>Good governance, integrity and accountability</li> <li>Implementation of policies</li> </ul>	<ul style="list-style-type: none"> <li>Timely discussion and approval of Bills and policy documents.</li> <li>Provide overall supervision on government operations</li> </ul>
5	<b>Ministry of Health - State Department for Medical Services</b>	<ul style="list-style-type: none"> <li>Develop policies and SOPs.</li> <li>Collaboration and partnership in service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Collaborate in health policies development</li> <li>Collaboration and partnership for effective service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Collaborate in health policies development</li> <li>Collaboration and partnership for effective service delivery</li> <li>Effective implementation of medical services policies</li> </ul>

S/N	Stakeholder name/ group	Role	Stakeholder's expectations from the State Department	State expectations from the Stakeholder	Department's expectations from the Stakeholder
			<ul style="list-style-type: none"> <li>Effective implementation of public health policies</li> </ul>		
6	<b>Ministry of Health SAGAs</b>	<ul style="list-style-type: none"> <li>Provision of goods and services</li> <li>Provision of inputs in development of bills and policies</li> <li>Advisory role to parent ministry</li> </ul>	<ul style="list-style-type: none"> <li>Accurate and relevant information to guide in decision making for the health sector</li> <li>Develop and implement human resource for health policies.</li> <li>Provide resources for provision of services.</li> <li>Monitor the implementation of policies and programs</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced coordination between national and county governments</li> <li>Accurate, appropriate and timely health information sharing and dissemination.</li> <li>Conduct staff Training and technical support.</li> <li>Incorporate health promotion and advocacy at all levels</li> </ul>	
7	<b>Health regulatory bodies</b>	<ul style="list-style-type: none"> <li><b>Implement regulations and enforce standards for HRH and HPTs</b></li> </ul>	<ul style="list-style-type: none"> <li>Develop regulation and standards for HRH and HPTs.</li> </ul>	<ul style="list-style-type: none"> <li>Enforce standards for HRH and HPTs</li> <li>Regulation of training programmes, health professionals and health facilities</li> </ul>	
8	<b>Other ministries, departments and agencies</b>	<ul style="list-style-type: none"> <li><b>Develop and implement relevant policies</b></li> </ul>	<ul style="list-style-type: none"> <li>Collaboration and partnership in policy development and implementation.</li> <li>Accurate information relevant to their need.</li> </ul>	<ul style="list-style-type: none"> <li>Collaboration and partnership in policy development and implementation.</li> <li>Accurate information relevant to SDPH&amp;PS need</li> <li>Provide constructive feedback</li> </ul>	

S/N o	Stakeholder name/ group	Role	Stakeholder's expectations from the State Department	State expectations from the Stakeholder
9	<b>Council of Governors and County governments</b>	<ul style="list-style-type: none"> <li>• Coordination of county governments</li> <li>• Liaison between national and county government</li> </ul>	<ul style="list-style-type: none"> <li>• National health policies and guidelines</li> <li>• National referral health facilities;</li> <li>• Capacity building, and technical support;</li> <li>• Technical assistance to counties;</li> <li>• Accurate and appropriate information to guide in planning and implementation</li> <li>• Technical guidance and support</li> </ul>	<ul style="list-style-type: none"> <li>• Implement health policies, guidelines and standards</li> <li>• Establish structures to coordinate and implement health promotion, education and advocacy activities</li> <li>• Provision of public health services</li> <li>• Mobilize resources for implementation of public health services.</li> <li>• Recruit and retain suitably qualified staff to support public health interventions</li> </ul>
10	<b>Non-state actors in health</b>	<ul style="list-style-type: none"> <li>• Advocacy on health-related matters</li> <li>• Complement provision of public health service</li> <li>• Resource mobilization</li> </ul>	<ul style="list-style-type: none"> <li>• Develop enabling laws and policies for provision of public health services.</li> <li>• Collaboration and partnership in public health service.</li> </ul>	<ul style="list-style-type: none"> <li>• Compliment efforts of the SDPH&amp;PS in provision of public health services.</li> <li>• Advocacy for public health related matters.</li> <li>• Accountability and provision of accurate information.</li> <li>• Dissemination of public health information on policies, programs and schemes</li> </ul>
11	<b>Development partners</b>	<ul style="list-style-type: none"> <li>• Funding &amp; Technical Assistance</li> <li>• Advocacy and resource mobilization</li> </ul>	<ul style="list-style-type: none"> <li>• Mobilize resources for designing, production and implementing health promotion, education and advocacy initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Provide supplementary resources to aid in designing and implementing interventions</li> <li>• Technical and financial support</li> <li>• Capacity building</li> </ul>

S/N o	Stakeholder name/ group	Role	Stakeholder's expectations from the State Department	State expectations from the Stakeholder
		<ul style="list-style-type: none"> <li>Support adoption/adaption of global policies and commitments</li> </ul>	<ul style="list-style-type: none"> <li>Develop plans and implement public health activities</li> <li>Regulate and enforce professional standards to support health service delivery</li> <li>Efficient and accountable use of resources/Return on investments</li> <li>Quality uninterupted Health Services</li> </ul>	<ul style="list-style-type: none"> <li>Collaboration and partnership in public health matters</li> </ul>
12	<b>Training institutions</b>	<ul style="list-style-type: none"> <li>Training and capacity building of HRH</li> </ul>	<ul style="list-style-type: none"> <li>Guidance on the skills needs of the sector</li> </ul>	<ul style="list-style-type: none"> <li>Training of competent health professionals</li> <li>Partnership and collaboration</li> <li>Constructive feedback</li> </ul>
13	<b>Research Institutions</b>	<ul style="list-style-type: none"> <li>Conduct and disseminate research on public health matters</li> </ul>	<ul style="list-style-type: none"> <li>Enabling working environment;</li> <li>Resource allocation for research</li> <li>Share research gaps in public health matters</li> <li>Utilize research findings for public health policy</li> </ul>	<ul style="list-style-type: none"> <li>Provide timely and accurate research findings.</li> <li>Integrity and accountability</li> </ul>
14	<b>Trade Unions</b>	<ul style="list-style-type: none"> <li>To protect and advance the interests of its members in the work place</li> </ul>	<ul style="list-style-type: none"> <li>Provision of up-to-date and reliable labour market information;</li> <li>Fair and efficient application of laws;</li> </ul>	<ul style="list-style-type: none"> <li>Positive engagement and consultations to advise their members correctly;</li> <li>To embrace harmonious industrial relations; and</li> </ul>

S/N o	Stakeholder name/ group	Role	Stakeholder's expectations from the State Department	State expectations from the Stakeholder
			<ul style="list-style-type: none"> <li>• Strengthen social dialogue on labour administration;</li> <li>• Expeditious analysis of collective bargaining; and</li> <li>• Timely settlement of labour disputes submitted for conciliation.</li> </ul>	<ul style="list-style-type: none"> <li>• Observance of the Labour laws and adherence to court rulings.</li> </ul>
15	Private Sector	<ul style="list-style-type: none"> <li>• Complementary to GoK investments in Health</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration and partnership in public health service delivery. Involvement in the design and implementation of programmes and projects;</li> <li>• Provision of reliable information on development indicators;</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration and partnership in public health service delivery</li> <li>• Partner in development projects and programmes (such as PPPs);</li> <li>• Provision of public health goods and services</li> </ul>



## **CHAPTER FOUR: STRATEGIC ISSUES, GOALS AND KEY RESULT AREAS**

### **Overview**

This Chapter highlights the various Strategic Issues to be addressed during the 2023 - 2027 Strategic Plan period. It also sets the goals to be realized under each Strategic Issue and the corresponding Key Result Areas that will shape the strategic direction of the State Department.

### **4.1 Strategic Issues**

The State Department will address the gaps and exploit opportunities identified in the situation analysis by focusing on the following eleven (11) Strategic Issues:

- i. High burden of preventable diseases
- ii. Inadequate Human Resources for Health
- iii. Lack of a comprehensive legislative framework to regulate the training and practice of health professionals
- iv. Inadequate Coordination and Oversight of Primary Healthcare Services
- v. Insufficient investment in Public Health and sanitation infrastructure and technology
- vi. Insufficient Monitoring and Enforcement of Quality Standards in Healthcare Delivery
- vii. Inadequate Assurance of Quality and Safety of Public Health Products and Technologies
- viii. Lack of effective utilization of research and innovation
- ix. Outdated and inadequate policies and legislation
- x. Suboptimal Health sector coordination and partnerships
- xi. Sub optimal Support Service provision

### **4.2 Strategic Goals**

Based on the issues raised in 4.1, the State Department shall endeavor to achieve the following goals:

- i. Reduce the incidence and prevalence of preventable diseases
- ii. Increase the number of well-trained, motivated and competent healthcare workers.
- iii. Develop and implement a comprehensive legal framework for the training, licensing, and practice of healthcare professionals
- iv. Enhance the coordination and oversight of primary healthcare services leading to improved access and quality of care

- v. Optimize public health infrastructure and surveillance systems
- vi. Improve the monitoring and enforcement of quality standards in healthcare delivery to enhance patient safety and outcomes
- vii. Strengthen the regulatory framework and capacity to ensure the quality and safety of public health products and technologies
- viii. Enhance the translation of research findings into practical solutions to improve health outcomes
- ix. Strengthen legal and regulatory frameworks
- x. Strengthen collaboration and partnerships within the health sector to improve efficiency and effectiveness of health service delivery
- xi. Improve efficiency and effectiveness in support service provision

### **4.3 Key Result Areas**

The State Department has identified thirty-two (32) Key Result Areas (KRAs), which if fully implemented, will contribute to provision of quality health care to the nation. These areas of focus are;

- i. Prevention, diagnosis and treatment of malaria
- ii. Nutrition through the life course
- iii. Health Promotion and Education Services
- iv. Primary health services
- v. Health of the School Going Population
- vi. Drug and Abuse Control
- vii. Detection and treatment of Tuberculosis, Leprosy and Lung diseases
- viii. Health and Wellness
- ix. Human Resources for Health Training and professional development
- x. Human Resources for Health Policy and Regulation
- xi. Human Resources for Health Labour dynamics
- xii. Public health emergency operation centres
- xiii. Disease surveillance and response
- xiv. Food safety
- xv. Points of entry and border health
- xvi. National laboratory system surveillance, diagnosis and management
- xvii. National emergency preparedness and disaster response
- xviii. Environmental health and sanitation
- xix. Antimicrobial Resistance
- xx. Quality improvement initiatives

- xxi. Health standards and Clinical Guidelines
- xxii. Health products and technologies
- xxiii. Pharmaceutical and laboratory waste management
- xxiv. Public health research and innovation
- xxv. Health policies and legislations
- xxvi. Public health sector intergovernmental relations
- xxvii. International health relations
- xxviii. Resource mobilization
- xxix. Monitoring and Evaluation
- xxx. Work environment
- xxxi. Information, Communication and Technology
- xxxii. Human Resource Management and Development

**Table 4: Strategic issues, Goals and KRA**

Strategic Issues	Strategic Goals	Key Result Areas
Primary health care services	Improved primary health care services	Prevention, diagnosis and treatment of malaria
		Nutrition through the life course
		Health Promotion and Education Services
		Primary health services
		Health of The School Going Population
		Drug and Abuse Control
		Detection and treatment of Tuberculosis, Leprosy and Lung diseases
		Health and Wellness
Human Resources for Health	Adequate, well-trained, motivated and competent healthcare workers	Human Resources for Health Training and professional development
		Human Resources for Health Policy and Regulation
		Human Resources for Health Labour dynamics
Research, development and innovation	Increased public health research and utilization	Public health research and innovation
Policies and legislation	Strengthened legal and regulatory frameworks	Health policies and legislations
Health sector coordination and partnerships	Strengthened health sector coordination and partnerships	Public health sector Intergovernmental relations
		International health relations

Strategic Issues	Strategic Goals	Key Result Areas
Public health sanitation services	improved public health and sanitation services	Public health Emergency operation centers Disease surveillance and response Food safety Points of entry and border health National laboratory system surveillance, diagnosis and management National emergency preparedness and disaster response Environmental health and sanitation
Quality of healthcare	Improved quality of healthcare	Antimicrobial Resistance and Infection Prevention & Control Quality improvement initiatives Health Standards and Clinical Guidelines
Public Health Products and Technologies	Ensure availability of quality assured public health HPTs	Health products and technologies Pharmaceutical and laboratory waste management
Technology adoption	Enhanced utilization of appropriate technologies in delivery of public health services.	Information, Communication and Technology
Support Service provision	Improved efficiency and effectiveness in service delivery	Resource mobilization Monitoring and Evaluation Records management Work environment Human Resource Management and Development

## CHAPTER FIVE: STRATEGIC OBJECTIVES AND STRATEGIES

This Chapter outlines the State Department’s Strategic Objectives, and the various Strategic Choices for implementation

### 5.1 Strategic Objectives

This section focuses on the strategic objectives that the State Department commits to accomplish in the next five years in order to achieve its strategic goals and to realize its vision. The strategic objectives establish levels of performance to be achieved on identified strategic issues. The Plan has Strategic Objectives which are aligned to address the various KRAs under the Strategic Issues. The Section also highlights the outcomes of annual projections for the plan period. The outcomes are resulting directly from activities or programmes to be implemented for each Key Result Area.

**Table 5.1: Outcomes an Annual Projections**

S/NO	Strategic Objective	Outcome	Outcome indicator	Projections				
				FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27	FY 2027/28
<b>KRA 1: Prevention, Diagnosis and Treatment of Malaria</b>								
SO 1.1	To reduce the burden of malaria	Reduced Malaria incidence	Malaria incidence per 1000 population	104	80	60	40	22
<b>KRA 2: Nutrition through the Life Course</b>								
SO 2.1	To improve nutrition through the life course	Reduced the triple burden of malnutrition	Prevalence of stunting among children under 5 years	17	-	-	-	12
			Prevalence of wasting among children under 5	5	-	-	-	3
			Percentage of children under 5 who are overweight	3	-	-	-	2
			Percentage of infant less than 6 months exclusively breastfed	60	-	-	-	70
			Proportion of infant and young children 6-23 months receiving	33	-	-	-	50

S/NO	Strategic Objective	Outcome	Outcome indicator	Projections				
				FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27	FY 2027/28
			minimum acceptable diet					
			Proportion of WRA taking IFAS during pregnancy	37	-	-	-	50
<b>KRA 3: Health Promotion and Education Services</b>								
SO 3.1	To empower individuals and communities to increase control over, and to improve their health	Improved health literacy and Behaviours	Percentage of population with adequate health literacy	60%	65%	75%	80%	85%
<b>KRA 4: Primary Health Services</b>								
SO 4.1	To improve access to primary health services	Improved Community Health Services	Percentage of functional CHUs	90%	96%	100%	100%	100%
		Increased population access to primary health services at all levels	Proportion of households served by a functional PCN			-	-	-
<b>KRA 5: Health of The School Going Population</b>								
SO 5.1	To improve the health of the school going population	Improved health of school going population	Proportion of schools implementing school health policy	8	10	30	50	100
<b>KRA 6: Drug and Abuse Control</b>								
SO 6.1	To reduce prevalence of drug and substance in the country	Decreased prevalence of drug and substance abuse	Prevalence of Alcohol use	12	11.5	11	10.5	10
			Prevalence of Tobacco use	9	8.5	8	7.5	7
			Prevalence of Narcotics and Psychotropic use	6.5	6.4	6.3	6.2	6.1
<b>KRA 7: Detection and Treatment of Tuberculosis, Leprosy and Lung Diseases</b>								
SO 7.1	To reduce TB burden in the population	Reduced TB Incidence Rate	TB incidence per 100,000 population	264	247	230	213	196

S/NO	Strategic Objective	Outcome	Outcome indicator	Projections				
				FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27	FY 2027/28
<b>KRA 8: Health and Wellness</b>								
SO 8.1	To enhance and maintain optimal health and overall well-being across the life spectrum	Reduced burden of lifestyle diseases	Prevalence of lifestyle diseases	3.6	3.3	3	2.8	2.6
			Prevalence of Hypertension in adults over 18	15	13	12	11	9
<b>KRA 9: Human Resources for Health Training and Professional Development</b>								
SO 9.1	To ensure that all eligible medical graduates undergo quality internship training in approved internship centres	Enhanced medical skills and knowledge for medical graduates	Number of medical graduates posted for internship	5,143	5,297	5,456	5,620	5,788
SO 9.2	To enhance the health workforce with the right skills through training at KMTC.	Well trained and competent health professionals for local and export markets.	Number of medical graduates from KMTC	16,800	18,250	17,200	18,200	18,750
SO 9.3	To provide opportunities for health specialists training (government sponsored)	Enhanced professional skills and competencies	Number of health specialists trained	4,735	4,779	4,827	4,875	4,924
<b>KRA 10: Human Resources for Health Policy and Regulation</b>								
SO 10.1	To strengthen policy and regulatory framework for human resource for health.	Aligned health sector vision on HRH.	Number of policies developed/ reviewed	0	1	1	N/A	N/A
			Number of regulated health cadres	14	20	30	40	45

S/NO	Strategic Objective	Outcome	Outcome indicator	Projections				
				FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27	FY 2027/28
SO 10.2	To ensure HRH adherence to regulatory standards.	Improved patient safety and health outcomes	Proportion of health care professionals registered and licensed	70%	80%	90%	100%	100%
<b>KRA 11: Human Resources for Health Labour dynamics</b>								
SO 11.1	To strengthen health workforce to match recommended health worker density	Improved access to skilled healthcare workforce for quality healthcare	Core Health care worker density	30.14 per 10,000 population	32	34	36	38
SO 11.2	To improve efficiency in health workforce planning and management	Efficiency in health workforce planning and management.	Availability of an up-to-date national health workforce account	80%	100%	100%	100%	100%
SO 11.3	To improve efficiency in patient/client management	Improved service delivery and health outcomes	Number of healthcare professionals with clearly defined scopes of practice	14	20	30	40	45
<b>KRA 12: Public health research, innovation and infrastructure development</b>								
SO 12.1	To enhance research, innovation and effective utilization of research findings	Improved research on public health	No. of health research conducted	10	10	10	10	10
SO 12.2	To promote use of evidence based policy and decision making	Enhanced evidence based policy and decision making	No. of policy briefs/research	10	10	10	10	10
S.O 12.3	To improve and develop laboratory and research models infrastructure	Laboratory and research models infrastructure improved and developed	Percentage of laboratory and research models infrastructure improved and developed	10	10	10	10	10
<b>KRA 13: Public Health Sector Intergovernmental Relations</b>								



S/NO	Strategic Objective	Outcome	Outcome indicator	Projections				
				FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27	FY 2027/28
SO 13.1	To foster intergovernmental relations	Improved intergovernmental relations	No. of intergovernmental participation agreements signed	47	47	47	47	47
<b>KRA 14: International Health Relations</b>								
SO 14.1	To enhance strong international health relations	Strengthened international health relations	No. of bilateral MoUs implemented	12	14	16	18	20
<b>KRA 15: Health policies and legislations</b>								
SO 15.1	To strengthen Policy and legal frameworks for Public Health	Enhanced legal and policy frameworks for improved efficiency in provision of public health services	Number of public health policies developed		1	1	1	1
			Number of legislations developed/reviewed		1	1	1	1
<b>KRA 16: Public Health Emergency Operations Centers</b>								
SO 16.1	To strengthen the management of health emergencies and systems that enable preparedness for response to any public health event.	Timely response to public health emergencies.	The proportion of counties having functional Public Health Emergency Operation Centers (Currently 22 out of 47)	47	60	80		
<b>KRA17: Disease Surveillance and Response</b>								
SO 17.1	To enhance and maintain a robust public health surveillance system capable of promptly identifying, discovering and responding to potential threats to	Prompt detection, notification, and response to priority diseases, conditions, and events	The proportion of outbreaks detected within seven days	Baseline to be established				
			The proportion of outbreaks notified within one day	Baseline to be established				

S/NO	Strategic Objective	Outcome	Outcome indicator	Projections				
				FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27	FY 2027/28
	public health and health security							
SO 17.2	To strengthen prevention, surveillance, response and control of priority zoonotic diseases in both humans and animals	Accurate and timely reporting of priority zoonotic diseases	Proportion of timely, accurate and complete reports of priority zoonotic diseases	20%				
			The proportion of outbreaks responded to within seven days	Baseline to be established				
<b>KRA 18: Food Safety</b>								
SO 18.1	To enhance food control system for public health protection	Reduced incidences of food-borne diseases and events	No of counties with functional food control system	7	10	13	20	23
SO 18.2	To enhance the detection and reduction of food-borne disease incidents and food safety-related events	Timely detection, reporting and effective response to food-borne diseases and events	The proportion of foodborne diseases reported and investigated	10	20	30	40	50
			The proportion of food-borne diseases and events reported, assessed and investigated within 72 hours	10	20	30	40	50
<b>KRA 19: Points of Entry and Border Health</b>								
SO 19.1	To enhance timely detection of and effective response to any potential hazards and events that occur at Points of Entry (PoEs)	Timely detection and response to any potential hazards including Chemical, Biological, Radiological, Nuclear, and high yield Explosives	The proportion of potential hazards including Chemical, Biological, Radiological, Nuclear, and high yield Explosives (CBRNE) reported,	10	20	30	40	50

S/NO	Strategic Objective	Outcome	Outcome indicator	Projections				
				FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27	FY 2027/28
		(CBRNE) at the POEs	investigated, and responded to at the POEs					
<b>KRA 20: National Laboratory System Surveillance, Diagnosis and Management</b>								
SO 20.1	To strengthen the nationwide laboratory services to ensure quality, capacity, and coverage	Enhanced comprehensive laboratory services ensuring quality, capacity, and coverage	The proportion of laboratories ISO certified and accredited	35%	45%	55%	65%	70%
SO 20.2	To strengthen molecular detection of key diseases in national public health laboratories	Increased quality and accuracy of disease diagnosis	Proportion of laboratories with functional molecular testing capacity	35%	55%	65%	70%	80%
SO 20.3	To strengthen national capacity to conduct sequencing of pathogens of interest to identify circulating strains of concern and unique strains associated with AMR	Increased national capability to respond to strains of interests and strains of concern	The proportion of National laboratories sequencing capability (out of the targeted 25 labs	25%	35%	45%	60%	70%
SO 20.4	To establish an integrated national sample referral system	Efficient, reliable, and timely sample referral system	Number of sentinel counties included in the national sample referral system	17	28	34	40	47
<b>KRA 21: National Emergency Preparedness and Disaster Response</b>								
SO 21.1	To promptly respond to emergencies and disasters	Prompt management of emergencies and disasters	The proportion of emergencies and disasters responded to	30	35	45	50	65

S/NO	Strategic Objective	Outcome	Outcome indicator	Projections				
				FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27	FY 2027/28
			within 24 hours					
SO 21.2	To strengthen emergency and disaster management through prevention, mitigation, preparedness, response and recovery.	Efficiency in national emergency response to disasters	The proportion of emergencies and disasters appropriately managed.	15	27	32	40	60
SO 21.3	To enhance and optimise partner engagement and resource mobilization towards preparedness and response to mass casualty events and disaster.	Enhanced and timely response to mass casualty events and disasters	The proportion of mass casualty events and disasters reported and responded to in the Country.	35	45	50	55	60
<b>KRA 22: Environmental Health and Sanitation</b>								
SO 22.1	To reduce the burden of water sanitation and hygiene services (WASH) related diseases	Reduction of the burden of water sanitation and hygiene services (WASH) related diseases	The proportion of villages declared ODF	33%	37	42	47	52
			The proportion of communities, institutions, (schools, health facilities) having hand washing stations	15%	25	35	55	65
			The proportion of households having and using hand-washing facilities	64%	68	72	76	80
			Proportion of villages accessing safe water	58%	63	68	72	76

S/NO	Strategic Objective	Outcome	Outcome indicator	Projections				
				FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27	FY 2027/28
SO 22.2	To enhance sustainable health care waste management	Reduced exposure to health risks resulting from poor healthcare waste management	The number of counties with functional healthcare waste management technologies (15 out of 47 counties)	32%				
SO 22.3		Interventions that reduce human–vector contact and	Percentage of Changes in human habitation or behavior	35%	55%	65%	70%	80%
	To reduce vector–human contact and vector population density and survival	vector survival to suppress and even halt transmission	-Reduced vector					
<b>KRA 23: Antimicrobial Resistance and Infection Prevention &amp; Control</b>								
SO 23.1	To enhance and sustain governance and coordination structures for tackling AMR in a multisectoral approach	Governance and coordination mechanisms strengthened	Number of functional AMR multisectoral coordination structures at national and county levels of government	20	25	30	39	48
SO 23.2	To improve awareness & understanding of AMR through effective communication, education & training	Awareness & understanding of AMR through effective communication, education & training improved	Proportion of stakeholders who are aware of AMR and appropriate antimicrobial use	20%	30%	40%	50%	60%
SO 23.3	To strengthen the knowledge and evidence base through AMR	Increased Knowledge & evidence base on AMR trends, burden	Number of annual AMR surveillance reports published	1	1	1	1	

S/NO	Strategic Objective	Outcome	Outcome indicator	Projections				
				FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27	FY 2027/28
	surveillance and research							
SO 23.4	To optimize the use of antimicrobials	Use of antimicrobials optimized in all levels	Percentage reduction in irrational use of antimicrobials	2%	2%	2%	3%	5%
<b>KRA 24: Quality Improvement Initiatives</b>								
SO 24.1	To promote continuous quality improvement in delivery of	Counties capacity built on QQMH tools;	Proportion of counties utilizing	30%	50%	80%	100%	100%
	healthcare Services to counties using Kenya Quality	Implementation of the	QQMH					
	Model of health	QQMH						
SO 24.2	To enhance certification and accreditation of health facilities	Improved quality of care in health facilities	Proportion of health facilities certified	30%	50%	80%	100%	100%
<b>KRA 25: Health Standards and Clinical Guidelines</b>								
SO 25.1	To improve quality and safety of medical care for optimal health outcomes	Highest attainable standards of health services	Number of health standards and Guidelines developed	1	1	1	1	1
<b>KRA 26: Health Products and Technologies</b>								
SO 26.1	Strengthen the National Regulatory System to meet the Global Benchmarking Tool requirements for Maturity Level III (PPB & NQCL)	Desired Public Health outcomes as a result of effective, efficient and transparent regulatory system of HPTs	Number of functions operating at Maturity Level III	0	8	-	-	1

S/NO	Strategic Objective	Outcome	Outcome indicator	Projections				
				FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27	FY 2027/28
<b>KRA 27: Pharmaceutical and Laboratory Waste Management</b>								
SO 27.1	Strengthen the regulatory system to ensure compliance with local environmental regulations related to pharmaceutical and QC laboratory chemical waste disposal	Improved compliance with pharmaceutical and laboratory chemical waste regulations	Percentage compliance to pharmaceutical and laboratory chemical waste regulations	30%	50%	75%	90%	100
<b>KRA 28: Information, Communication and Technology</b>								
SO 28.1	To ensure full interoperability and integration of existing public health information systems	Fully integrated and interoperable public health information systems with seamless data exchange	Percentage of health information systems integrated	50	60	70	80	100
SO 28.2	To adopt emerging Information Technologies for Public health service delivery	Increased adoption and deployment of e-health technologies	Percentage of interventions utilizing emerging technologies for e-health	50	70	90	100	100
<b>KRA 29: Resource Mobilization</b>								
SO 29.1	To ensure availability of adequate resources for implementation of public health programmes	Increased resources for implementation of public health programmes	Percentage increase in amount of additional funding	10	10	10	10	10
<b>KRA 30: Monitoring and Evaluation</b>								
SO 30.1	To ensure effective and efficient implementation	Timely implementation of programmes	Percentage of programmes/projects monitored	100	100	100	100	100

S/NO	Strategic Objective	Outcome	Outcome indicator	Projections				
				FY 2023/24	FY 2024/25	FY 2025/26	FY 2026/27	FY 2027/28
	on of programmes							
<b>KRA 31: Records Management</b>								
SO 31.1	To improve security, integrity and timely access and retrieval of records	Improved records accessibility and security	Percentage of records accessed, retrieved and secured	100	100	100	100	100
<b>KRA 32: Work Environment</b>								
SO 32.1	To provide a conducive work environment for staff	Improved staff working environment	Percentage of staff who have offices	100	100	100	100	100
<b>KRA 33: Human Resource Management and Development</b>								
SO 33.1	To ensure Compliance with Human Resource Policies, Laws, Regulations and Guidelines in the Public Service	Enhanced Compliance with Human Resource Policies, Laws, Regulations and Guidelines	Compliance level Index	100	100	100	100	100

## 5.2 Strategic Choices

This section describes the course of action and means that the SDPH&PS will pursue to achieve results on key priority issues. Each strategic goal has strategic objective(s) that the Department aspires to achieve and defined key results, and each strategic objective has a strategy that defines a specific course of action to be taken to realize the defined key results. The Department commits to make the following strategic choices in achieving the identified strategic objectives.

**Table 5.2: Strategic Objectives and Strategies**

Key Result Areas	Strategic Objectives	Strategies
KRA 1: Prevention, Diagnosis and Treatment of Malaria	To reduce the burden of malaria	Malaria Preventive interventions
		Enhanced access to quality diagnosis and treatment services
		Scale up high impact nutrition interventions



Key Result Areas	Strategic Objectives	Strategies
KRA 2: Nutrition through the Life Course	To improve nutrition through the life course	Integrate nutrition in disease management, public health programs and multi-sectorial programs
		Promotion of healthy diets
KRA 3: Health Promotion and Education Services	Empower individuals and communities to increase control over, and to improve their health	Develop Social Health determinants framework
		Conduct Health Promotion Education and advocacy
KRA 4: Primary Health Services	To improve access to primary health services	Expand access to primary health services through Primary Care Networks establishment
		Operationalize Primary Care Networks
		Digitize the primary care networks
		Strengthen partnership and coordination at all levels
KRA 5: Health of the School Going Population	To improve the health of the school going population	Skill Based school health education
		Equitable school health policies
		School Based Health and Nutrition Services
		Safe learning and group disaster mitigation environment
KRA 6: Drug and Abuse Control	To reduce the prevalence in drug and Substance abuse	To Increase public awareness on drug and substance abuse control
		To increase Surveillance, Compliance and Enforcement on Drug and Substance Abuse
		To improve access to treatment, Cessation and rehabilitation Centers
		To conduct Surveys and Research on Drug and Substance Abuse Control
KRA 7: Detection and Treatment of Tuberculosis, Leprosy and Lung Diseases	To reduce TB burden in the population	Access to quality TB diagnostic services
		Adoption of new technologies for diagnosis
		To increase TB preventive treatment coverage among eligible people
		Adoption of new and shorter-term treatment regimen.
KRA 8: Health and Wellness	To enhance and maintain optimal health and overall	Improve access to chronic lung disease services
		Mainstreaming of health and wellness into all public health programs, workplaces and communities

Key Result Areas	Strategic Objectives	Strategies
	well-being across the life spectrum	Implement systems that mitigate health and wellness challenges and emerging issues including psychosocial support at the Primary Health Care level
KRA 9: Human Resource for Health Training and Professional Development	To ensure that all eligible medical graduates undergo quality internship training in approved internship centers.	Enhance accreditation and approval of Internship centers Enhance internship training programmes to accommodate all eligible medical graduates
	To enhance the health workforce with the right skills through training at KMTC.	Strengthen Middle level HRH Training at KMTC to meet market needs
	To provide opportunities for health specialists training (government sponsored)	Strengthen Health specialist training to meet market needs
KRA 10: Human Resource for Health Policy and Regulation	To strengthen policy and regulatory framework for human resource for health.	Strengthen HRH policy framework to address training, retention and career development
	To ensure HRH adherence to regulatory standards	Strengthen the regulatory framework for the unregulated cadres
KRA 11: Human Resource for Health Labour Dynamics	To strengthen health workforce to match recommended health worker density	HRH capacity-building and sustainability
	To improve efficiency in health workforce planning and management	Strengthen the HRH planning and management systems at all levels
	To improve efficiency in patient/client management	Strengthen customer/client feedback mechanism at all levels
KRA 12: Public Health Emergency Operations Centres	To strengthen the management of health emergencies and systems that enable preparedness for response to any public health event	Collaboration with various stakeholders including the counties
KRA 13: Disease Surveillance and Response	To enhance and maintain a robust public health surveillance system capable of promptly detecting, notifying, and responding to potential threats to public health and health security	Building capacity at the national and subnational level (IDSR trainings)
		Reporting systems (Provision of reporting tools)
		Strengthen monitoring of priority neglected tropical diseases endemic in the country
		Strengthen policy framework for food safety

Key Result Areas	Strategic Objectives	Strategies
KRA 14: Food Safety	To enhance the detection and reduction of food-borne disease incidents and food safety-related events	<p>Implement robust national and sub-national surveillance system for monitoring and tracking food-borne diseases and food safety events</p> <p>Capacity building and technical assistance to counties</p> <p>Developing a mechanism for rapid reporting for suspected food safety and food related incidences</p> <p>Establishment of coordination mechanism for food safety</p> <p>Establish a food safety culture</p>
KRA 15: Points of Entry and Border Health	To enhance timely detection of and effective response to any potential hazards that occur at Points of Entry (PoEs)	<p>Build capacity for all staff at 35 designated POEs,</p> <p>Strengthen, develop and maintain Port health IHR core capacities to prevent, detect, and respond to public health events of international concern.</p> <p>Enhance stakeholders' coordination mechanism and build linkages within the POEs,</p> <p>Develop robust monitoring and reporting systems for all POEs, and marketing port health services.</p> <p>Mobilise financial resources for port of entries</p> <p>Develop POE policies and review of existing legal frameworks</p>
KRA 16: National Laboratory System Surveillance, Diagnosis and Management	The enhance the quality, diversity and turn-around time of national disease testing and outbreak sample testing	<p>Collaborate with community of practices to develop national testing algorithms and guidelines</p> <p>Facilitate technology transfer and competence development among laboratory staff</p> <p>Ensure rapid uptake of robust and reliable testing and diagnostic strategies</p> <p>Expand funding sources to ensure uninterrupted testing and to sustain affordable and accessible quality testing</p>
KRA 17: National Emergency Preparedness and Disaster Response	To promptly respond to emergencies and disasters	<p>Collaboration with other MDAs on disaster risk reduction</p> <p>Establish and maintain a mechanism to support national response to disaster</p>

Key Result Areas	Strategic Objectives	Strategies
		<p>Develop a communication strategy on disaster risk response</p> <p>Coordinate development of operational plans, guidelines and protocols for effective preparedness and response to mass casualty events and disasters</p> <p>Coordinate reporting and monitoring with regard to preparedness and response to mass casualty events and disasters.</p> <p>Coordinate development of Legislation to provide for emergency medical care delivery in Kenya.</p> <p>Coordinate development of National level policy for effective preparedness and response to mass casualty events and disasters</p> <p>Capacity Building at the National and Sub national level on Disaster risk management and provision of technical assistance.</p> <p>Enhance Disaster Risk Surveillance, Early warning and Risk analysis</p>
KRA 18: Environmental Health and Sanitation	<p>To reduce the burden of water sanitation and hygiene services (WASH) related diseases</p> <p>Revitalization of Environmental Health Services in the Country</p>	<p>Nationwide gender and culture-sensitive campaign for hygiene promotion, and marketing for positive behaviour change and household demand for improved health.</p> <p>Scaling up access to improved rural and urban sanitation.</p> <p>Assuring a clean and healthy environment free from public nuisances.</p> <p>Fostering private sector participation and investment in sanitation.</p> <p>Building governance and leadership capacity for environmental sanitation hygiene policy</p> <p>Sustainable financing and investment for sanitation.</p> <p>Building enabling legal and regulatory environments.</p> <p>Establishing an effective research and development framework for sanitation.</p> <p>Strengthening monitoring and evaluation systems for the sanitation sector</p>

Key Result Areas	Strategic Objectives	Strategies
		Epuka uchafu initiatives
	Reduction of the burden of water sanitation and hygiene services (WASH) related diseases	
	Reduced exposure to health risks resulting from poor healthcare waste management	
	Interventions that reduce human– vector contact and vector survival to	
KRA 19: Antimicrobial Resistance and Infection Prevention & Control	To enhance and sustain governance and coordination structures for tackling AMR in a multisectoral approach	Strengthen AMR Governance and Coordination Mechanism at National and County Levels Strengthen and Sustain Collaborations in prevention and containment of AMR
	To improve awareness & understanding of AMR through effective communication, education & training	Enhance public awareness, knowledge, and understanding of AMR
		Promote Education and Training on AMR and IPC
	To strengthen the knowledge and evidence base through AMR surveillance and research	Strengthen the National AMR Surveillance System
		Enhance research on AMR
	To reduce the incidence of infections through effective sanitation, hygiene and IPC measures	Strengthen Infection Prevention and Control Measures
	To optimize the use of antimicrobials	Support implementation of Strategies and Guidelines to Optimize the use of Antimicrobials
Strengthen the Regulatory System of Antimicrobials		
Strengthen Laboratory Capacity for Quality Control (QC) of Antimicrobials		
KRA 20: Quality Improvement Initiatives	To promote continuous quality improvement in delivery of healthcare Services to counties using Kenya Quality Model of health	Capacity building of health facility managers on KQMH standards compliance and assessments
		Institutionalization of Kenya Quality Model for Health in all health facilities

Key Result Areas	Strategic Objectives	Strategies
	To enhance certification and accreditation of health facilities	Strengthen mechanisms for certification and accreditation of health facilities
KRA 21: Health Standards and Clinical Guidelines	To improve quality and safety of medical care for optimal health outcomes	Improve availability of key guidelines and health standards
		Capacity building of healthcare professionals on clinical guidelines and health standards
		Enforce adherence to clinical guidelines and health standards
KRA 22: Health Products and Technologies	Strengthen the National Regulatory System to meet the Global Benchmarking Tool requirements for Maturity Level III (PPB & NQCL)	Enforce compliance with Good regulatory practices
		Strengthen Post Market Surveillance & Pharmacovigilance
		Strengthening NQCL testing capacity to meet international requirements for pharmaceutical quality control laboratories
		Establish mechanisms for Lot release testing of vaccines and other biologics.
		Creation of a national data bank for quality of Health Products and Technologies at NQCL
KRA 23: Pharmaceutical & Laboratory Waste Management	Strengthen the regulatory system to ensure compliance with local environmental regulations related to pharmaceutical and QC laboratory chemical waste disposal	Enforce compliance to pharmaceutical waste management guideline
		Strengthening institutional capabilities on pharmaceutical and Chemical waste management
		Enhance collaboration with stakeholders on Pharmaceutical, Chemical and laboratory waste management
KRA 24: Public health research, innovation and infrastructure development	To promote use of evidence-based policy and decision making	Collaboration with academia, research institutions to (build capacity for Anti-Microbial Resistance readiness, research proposal writing, snake bite envenomation research and innovations, product development and testing)
		Policy Briefs
	To improve and develop laboratory and research models' infrastructure	Research models
		Laboratory and experimental infrastructure
KRA 25: Health Policies and Legislations	To strengthen Policy and legal frameworks for Public Health	
		Strengthen policy and regulatory frameworks

Key Result Areas	Strategic Objectives	Strategies
KRA 26: International Health Relations	To enhance strong international health relations	Bilateral, Regional and Multilateral Negotiations
		Health attaché positions in key regional and international offices
KRA 27: Resource Mobilization	To ensure availability of resources for implementation of public health programmes	Lobbying from National Treasury
		Ring fencing the State Department from Budget Cuts
		Public Private Partnerships
		Donor funding
KRA 28: Monitoring and Evaluation	To ensure effective and efficient implementation of programmes	Innovative financing mechanism
		M&E Training
KRA 29: Records Management	To improve security, integrity and timely access and retrieval of records	Monitoring and Evaluation
		Automation of records management process
		Records management policy
KRA 30: Work Environment	To provide a conducive work environment for staff	Central records management unit
		Refurbishment of existing offices
		Construction of office block
		Lease office space
KRA31: Information, Communication and Technology	To ensure full interoperability and integration of existing public health	Parking shades
		Tarmacking of access roads
	Information systems	Information system assessments and development of Interoperability framework
		Digitalization of public health services and investment in modern IT Infrastructure
		Collaboration and partnerships between public health agencies, technology providers and other stakeholders to promote the adoption of interoperable solutions and share best practices and resources.
		Adopting standardized data formats and protocols to ensure consistent and accurate data exchange across different systems.
Implement interoperable technology platforms for seamless system integration		
Train and capacity-build public health professionals		

Key Result Areas	Strategic Objectives	Strategies
	To adopt emerging Information Technologies for Public health service delivery	Public-Private Partnerships collaborations Adoption of AI and block-chain technologies Implement Regulatory Support and Guidelines that facilitate the adoption of emerging technologies while ensuring data privacy and security. Funding and incentives for public health organizations to adopt and integrate emerging technologies into their service delivery processes.
KRA 32: Human Resource Management and Development	To ensure Compliance with Human Resource Policies, Laws, Regulations and Guidelines in the Public Service	Training and development, Employee skills and Competencies

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## **CHAPTER SIX: IMPLEMENTATION AND COORDINATION FRAMEWORK**

### **6.0. Overview**

This chapter entails an implementation plan, coordination framework as well as the risk management framework for the strategic plan.

### **6.1. Implementation Plan**

This section outlines how the Strategic Plan will be operationalized. It provides in details the various components of the implementation plan that includes an action plan, budgeting and performance contract

#### **6.1.1. Action Plan**

The action plan constitutes the strategic issues, strategic goals, KRA, outcomes, strategic objectives, strategies, key activities, expected outputs, indicators, targets and annual budgets and the responsibility for the execution of the activities as presented as the implementation matrix below (table 6.1.)

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**Table 6.1: Implementation Matrix**

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
					Y1	Y2	Y3	Y4	Y5	Y1	Y2	Y3	Y4	Y5	Lead	Support
<b>Strategic Issue: Sub-optimal Primary Healthcare Services</b>																
<b>Strategic Goal: Improved Primary Healthcare Services</b>																
<b>KRA 1: Effective prevention, diagnosis and treatment of Malaria</b>																
<b>Outcome: Reduced Malaria Incidence</b>																
<b>Strategic Objective 1: Reduction in the Burden of Malaria</b>																
Malaria Preventive interventions	Provide Insecticides treated Nets to populations at risk	Increase, maintain household net ownership.	Number of ITNs distributed	40,500,000	16,000,000	2,100,000	2,100,000	1,800,000	2,300,000	8,200,000	1,000,000	1,100,000	9,300,000	1,200,000	DNM P	WHO, USAID, GFATM, UNICEF and other partners
	Indoor Residual Spraying (IRS) in targeted areas	Increased coverage of IRS in target areas	Number of Structures sprayed annually	2,780,000	500,000	530,000	570,000	580,000	600,000	1,700,000	1,800,000	2,000,000	2,200,000	2,400,000	DNM P	USAID
	Conduct Vector Surveillance and Monitoring	Vector surveillance reports	Number of surveys conducted annually	600	120	120	120	120	120	66	66	66	66	66	DNM P	USAID, GFATM, KEMRI
	Provide preventive medication for Pregnant Women in targeted areas	Increased IPTp coverage	Number of IPTp Doses Procured	6,000,000	1,000,000	1,100,000	1,200,000	1,300,000	1,400,000	600,000	610,000	620,000	630,000	640,000	DNM P	USAID
Access to Quality diagnosis and treatment services	Capacity-development for diagnosis and treatment of Malaria	Health workers capacity on diagnosis and treatment	Number of Health workers trained on malaria diagnosis and treatment	22,250	-	7000	8250	-	7000	-	5600	6600	-	5600	DNM P	WHO, USAID, GFATM, UNICEF and other partners
	Provide Anti-malarial for Test kits	Adequate test kits for	Number of malaria diagnosis test kits procured	63,000,000	10,000,000	11,200,000	12,600,000	14,000,000	15,200,000	4200,000	5200,000	5600,000	6200,000	6700,000	DNM P	USAID, GFATM, UNICEF and other partners

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets						Budget in Ksh. (Millions)				Responsibility	
		malaria diagnosis							0	0						
	Provide Anti-malarials for Cases management	Anti-malarial medicines procured	Number of doses anti-malarial medicines procured	38,000,000	7,000,000	7,200,000	7,500,000	8,000,000	8,300,000	7	7	7	83	88	DNP	WHO, USAID, GFATM, UNICEF and other partners
<b>Strategic Issue: Sub-optimal Primary Healthcare Services</b>																
<b>Strategic Goal: Improved Primary Healthcare Services</b>																
<b>KRA 2: Promote Nutrition through the life course</b>																
<b>Outcome: Improved Nutrition status of population</b>																
<b>Strategic Objective 2: To improve nutrition status through the life course</b>																
Scale up high impact nutrition interventions	Train health care workers on HINI	Health care workers trained on HINI Technical	No. of Health Care Workers trained	2850	100	750	750	625	625	6	9	9	40	40	DND	UN Agencies and Implementing partners
	Develop technical guidelines on nutrition interventions	guidelines on nutrition interventions developed	No. of technical guidelines on nutrition interventions developed	2	-	-	1	1	-	-	-	1	10		DND	UN Agencies and Implementing partners
	Scale up Baby Friendly Hospital Initiative to improve infant and young child feeding practices	Health workers trained on Baby Friendly Hospital Initiative (BFHI)	No of Health workers trained on baby-friendly hospital initiative (BFHI)	340	190	30	60	60	30	2	3	6	6	3	DND	UN Agencies and Implementing partners
	Sensitize food processors on food fortification (regulations and standards)	Food Processors sensitized on food fortification regulations and standards	% of maize flour brands compliant to food fortification regulations and standards	60	46	50	54	58	60	6	6	6	6	6	DND	UN Agencies and Implementing partners

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)				Responsibility		
Integrate nutrition in disease management, public health and multisectoral programs	Develop multisectoral nutrition policy	Multisectoral nutrition policy developed	No. of multisectoral nutrition policies developed	1	-	-	1	-	-	-	28	30	-	-	DND	UN Agencies and Implementing partners
	Conduct multi sectoral nutrition coordination meetings	Enhanced coordination and integration across sectors for nutrition	Number multisectoral coordination meetings held.	60	12	12	12	12	12	0.024	0.024	0.024	0.024	0.024	DND	UN Agencies and Implementing partners
	Revision of national IMAM guidelines to adopt WHO 2023 recommendations	Revised national IMAM guidelines	Number of guidelines developed	1	-	1	-	-	-	-	10	-	-	-	DND	UN Agencies and Implementing partners
	Scale up Integrated Management of Acute Malnutrition (IMAM)	Train Health care workers on revised national IMAM	No. of Health care workers trained on IMAM guidelines	1175	-	375	300	250	250	-	48	38	32	32	DND	UN Agencies
	Conduct long and short rain seasonal assessment on nutrition situation	Seasonal Nutrition situation assessment conducted	No. of Nutrition Situation assessment conducted	10	2	2	2	2	2	7.6	7.6	7.6	7.6	7.6	DND	UN Agencies and Implementing partners
	Procure nutrition commodities	Nutrition commodities procured	Metric Tonnes of assorted nutrition commodities	69,743	119,711	1,307,676	1,408,484	1,504,747	15,666	5,681	6,712	6,030	7,313	7,313	DND	UN Agencies and Implementing partners

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
	Dissemination and training on Clinical Nutrition Registers and Tools	Counties trained on clinical nutrition registers and tools	No of counties trained	47	-	15	12	10	10	-	-	30	25	25	DND	UN Agencies and Implementing partners
	Develop multisectoral nutrition policy	Multisectoral nutrition policy developed	No. of multisectoral nutrition policies developed	1			1				28	30			DND	UN Agencies and Implementing partners
Promotion of healthy diets	To promote consumption of healthy diets through the life course for disease prevention and management	Nutrition counseling and education on minimum acceptable diet scaled up	Proportion of population consuming recommended servings of fruits and vegetables	8	6	6.5	7	7.5	8	8.5	13	13	17	10	DND	DND
Promotion of healthy diets Promotion of healthy diets	Conduct Disseminations for the menu guidelines for School Meals	Schools sensitized Copies distributed	No. of Schools sensitized on the menu guidelines for schools No. of Schools with copies of the menu guidelines	30,000	2,500	7,500	10,000	5,000	5,000	5	15	20	10	10	DND	State Department for Basic Education
	Conduct Disseminations for the menu	Schools	No. of Schools	30,000	2,500	7,500	10,000	5,000	5,000	5	15	20	10	10	DND	State Department for Basic Education
	guidelines for School Meals	sensitized Copies distributed	sensitized on the menu guidelines for schools													
	Conduct Disseminations for the Reference	Schools sensitized Copies distributed	No. of Schools	30,000	2,500	7,500	10,000	5,000	5,000	5	15	20	10	10	DND	State Department for Basic Education
	Manual for Teachers		sensitized on the reference manual													

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility		
			for teachers on food and nutrition														
<b>Strategic Issue: Sub-optimal Primary Healthcare Services</b>																	
<b>Strategic Goal: Improved Primary Healthcare Services</b>																	
<b>KRA 3 Promote Health and Wellness</b>																	
<b>Outcome: Reduced burden of lifestyle diseases</b>																	
<b>Strategic Objective 3: To enhance and maintain optimal health and overall well-being across the life spectrum</b>																	
Mainstreaming of health and wellness into all public health programs, workplaces and communities	Develop policy on health and wellness	Policy developed	No. of Policy developed	1	-	1	-	-	-	0	58	0	0	0	DH&W	MOH and Partners	
	Conduct research on health and wellness	Conduct surveys	No. of surveys conducted	1	-	-	-	1	-	0	0	0	100	0	DH&W	MOH and	
	Promote routine physical activity	Hold health and wellness events at and national levels	No. of health and wellness events held	4	-	1	1	1	1	0	50	50	50	50	DH&W	MOH, COG and Partners	
	Equip MOH employees with Work Place with Mental Wellness skills	Employees with Work Place Mental Wellness skills	No. of employees trained	360	-	40	80	120	120	0	5	10	15	15	DH&W	Partners	
Implement systems at the Primary Health Care level to effectively address health and wellness challenges and psychosocial support	Capacity build Primary Health-care Workers on Mental Health & Psychosocial (MHPSS) Skills,	Trained HCWs (TOTs)	No. of HCWs trained	315	-	40	80	120	75	0	5	10	15	10	DH&W	MOH and Partners	

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets										Budget in Ksh. (Millions)	Responsibility
<b>Strategic Issue: Sub-optimal Primary Healthcare Services</b>																
<b>Strategic Goal: Improved Primary Healthcare Services</b>																
<b>KRA 4: Detection and treatment of Tuberculosis, Leprosy and Lung diseases</b>																
<b>Outcome: Reduced TB Incidence Rate</b>																
<b>Strategic Objective 1.1: To reduce TB burden in the population</b>																
TB diagnosis and treatment	Distribution of the TB patients packs	TB treatment Packs distributed	Number of TB Patient Packs distributed	417,918	99,975	99,780	98,855	97,219	92,585	9,600	9,500	9,900	9,100	7,700	TB Program	MOH and Partners
TB prevention coverage	Distribution of TPT to eligible HIV negative individuals	Quantity of TB prevention medication	Number of TPT medicine Distributed	1,424,442	183,007	234,253	262,020	286,399	306,267	90	1,325	1,284	1,345	1,444	TB Program	MOH and Partners
Access to chronic lung disease services	Identify people with presumptive chronic lung diseases and diagnosis for chronic lung disease	People with presumptive chronic lung diseases identified a	Number of people with presumptive chronic lung diseases identified	TBD	-	-	-	-	-	1600	1600	1600	1400	504	TB Program	MOH and Partners
Strengthen culture and drug susceptibility testing for both phenotypic and genotypic molecular,(For First line, second line and potential XDR diagnosis).	Distribution of the rapid Molecular Kits	Rapid TB test distributed	Number Rapid molecular test kits	376126	49988	59868	69199	7775	83327	110	173	100	111	108	TB Program	MOH and Partners
<b>Strategic Issue: Sub-optimal Primary Healthcare Services</b>																
<b>Strategic Goal: Improved Primary Healthcare Services</b>																
<b>KRA 5: Strengthen Health Promotion and Education Services</b>																
<b>Outcome: Improved health literacy and Behaviors</b>																
<b>Strategic Objective 5: Empower individuals and communities to increase control over, and to improve their health</b>																

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
Development of Social Health determinants framework	Develop Social Frame work	Reviewed SDH Framework in place	Number	1	-	1	-	-	-	55	423	44	37	34	MOH National	Partner
Health Promotion Education and advocacy	Develop Health Promotion Education and advocacy materials	Health Promotion Education and advocacy materials developed	Number	50	-	10	20	10	10	37	404	34	35	37	MOH National	Partner
<b>Strategic Issue: Sub-optimal Primary Healthcare Services</b>																
<b>Strategic Goal: Improved Primary Healthcare Services</b>																
<b>KRA 6: Improved access to quality primary health services equitably to all citizens</b>																
<b>Outcome: Increased access to primary health services at all levels</b>																
<b>Strategic Objective 6: To improve access to primary health services</b>																
Reorientation of health system through establishment of Primary Care Networks to expand access to primary health services	Technical assistance on PCN establishment	Counties supported in Establishment and Functionality of primary care networks	Number of Counties Supported to establish PCN	47	16	20	11	-	-	752	752	752	0	0	Primary Health care Division	MOH, Counties
	Technical assistance on PCN establishment	Counties supported in Establishment and Functionality of primary care networks	Number of Counties Supported to operationalize the PCN	47	-	-	-	10	29	0	0	0	75.2	64	Primary Health care Division	MOH, Counties
<b>Strategic Issue: Sub-optimal Primary Healthcare Services</b>																
<b>Strategic Goal: Improved Primary Healthcare Services</b>																
<b>KRA 7: Effective Control, Regulation and Elimination of Drug and Substance abuse</b>																
<b>Outcome: Reduced Prevalence of drug and Substance Abuse</b>																
<b>Strategic Objective 7: To reduce the prevalence in drug and substance abuse</b>																



Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)				Responsibility		
Increase Public Awareness on Drugs and Substance Abuse	Conduct public Awareness on drug and substance Abuse	Public awareness done	Number of public Awareness done	100	-	25	25	25	25	-	23.5	23.5	23.5	23.5	Division of Tobacco control	MOH, Partners
Enhance capacity building among critical stakeholders on drugs and substance abuse	Conduct capacity building on drugs and substance Abuse	Capacity building of critical stakeholders	Number of public awareness done	100	-	25	25	25	25	-	85.5	85.5	85.5	85.5	Division of Tobacco control	MOH, Partners
Surveys and Research on Drug and Substance Abuse Control	Carry out research studies and surveys on drug abuse trends	Research and survey on drugs and substance abuse control	Number of research and surveys carried out	4	-	1	1	1	1	-	12.4	12.4	12.4	12.4	Division of Tobacco control	MOH, Partners
<b>Strategic Issue: Sub-optimal Primary Healthcare Services</b>																
<b>Strategic Goal: Improved Primary Healthcare Services</b>																
<b>KRA 8: Improved Health of the school going population</b>																
<b>Outcome: Improved health of school going population</b>																
<b>Strategic Objective 8: To improve the health of the school going population</b>																
Equitable School Health Policies	Revise The Kenya School Health Policy 2018	Kenya School health policy 2024-2030 revised	Number of policies reviewed	1	-	1	-	-	-	-	34.3195	34.3195	15.482	5.482	SH	MOH/Counties/MOE/Partners
	Develop School Health Policy implementation Strategy	School Health Policy implementation strategy developed	Number of School Health Implementation Strategies	1	-	1	-	-	-	-	28.751	28.751	12.451	9.541	SH	69.4761

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets						Budget in Ksh. (Millions)				Responsibility	
	Build institutional capacity to implement The School Health Policy	School management teams trained on The School Health Policy	Number of school management teams trained on The School Health Policy	23,000	-	6,000	6,000	6,000	5,000	-	43.2	43.2	36			
Skill Based Health Education	Develop National Guidelines and standards on Skill Based Health Education	National Guidelines and Standards on Skill Based Health Education developed	Number of Guidelines and Standards Developed	1	-	-	1	-	-	-	56.72	45.6	24.879	11.6	SH	MOH/Counties/MOE/Partners
	Establish reference skills hubs for health education in schools	Reference health education skills labs established	Number of functional skills labs		-	47	94	141	470	-	53.5	42.3	56.44	14.10	SH	MOH/Counties/MOE/Partners
School Based Health and Nutrition Services	Develop a minimum package of school-based health and nutrition services	A minimum package of school-based health and nutrition services developed	Number of a minimum package of school-based health and nutrition services.	1	-	-	1	-	-	-	88.9	68.9	19.672	8.642	SH	MOH/Counties/MOE/Partners
	Deworm school going children	School age children dewormed	Number of pupils dewormed	40 M	6	7	8	9	10	352	412	528	602	703	SH	MOH/Counties/MOE/Partners
Safe learning environment	Develop national school health safety standards	National school Health safety standards developed	Number of national school health safety standards	1	-	-	-	1	-	-	31.6	28.9	19.7	7.17	SH	MOH/Counties/MOE/Partners
<b>Strategic Issue: Inadequate and low motivated HRH with skill gaps.</b>																
<b>Strategic Goal: Adequate, well-trained, motivated and competent healthcare workers</b>																
<b>KRA 1: HRH Training and Professional Development</b>																

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets						Budget in Ksh. (Millions)					Responsibility	
<b>Outcome: Enhanced medical skills and knowledge for medical graduates</b>																	
<b>Strategic Objective 1.1: To ensure that all eligible medical graduates undergo quality internship training in approved internship centers</b>																	
Enhance accreditation and approval of Internship centers	Undertake Internship compliance Audits for the graduates	Internship compliance Audits Undertaken	No. of compliance audits for medical interns undertaken	250	50	50	50	50	50	10	10	10	10	10	MOH & Regulatory bodies	Regulatory Bodies	
	Accredit new internship Centres for health professionals	New Internship centres for health professionals	No of new accredited internship centres	25	5	5	5	5	5	5	5	5	5	5	MOH & Regulatory bodies	Regulatory Bodies	
	Undertake Compliance Audits in internship centers	Compliance audits for internship centres undertaken	No of audits in internship centres conducted	1250	250	250	250	250	250	50	50	50	50	50	MOH & Regulatory bodies	Regulatory Bodies	
	Post all eligible Interns	Eligible Interns posted	No of interns posted	22500	4500	4500	4500	4500	4500						MOH	MOH	
<b>Strategic Objective 1.2 : To enhance the health Professionals with the right skills through training at KMTC to meet market needs</b>																	
Strengthen Health specialist training	Undertake specialized Training for HRH	HRH trained	Number of HRM trained	22500	4500	4500	4500	4500	4500						MOH	MOH	
<b>KRA 2: HRH Policy and Regulation</b>																	
<b>Outcome: Well regulated HRH</b>																	
<b>Strategic Objective: To strengthen policy and regulatory framework for human resource for health.</b>																	
Strengthen HRH policy framework to address training, retention and career development	Review Internship policy	Reviewed Internship Policy	No of Policy reviewed	1	-	-	1	-	-	-	-	20	-	-	MOH	MOH WHO	
	Develop a HRH policy	HRH policy developed	No of policy developed	1	-	-	1	-	-	-	-	30	-	-	MOH	MOH	
	Disseminate HRH Policy	HRH policy disseminated	Number of Counties covered. Reports	47	-	-	27	20	-	-	-	70	50	-	MOH	MOH	
	Develop a framework for transfer of health professionals	Framework for transfer of health professionals	No . of framework developed	1	-	-	1	-	-	-	-	6	-	-	KHH RAC	KHHRAC	

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets										Budget in Ksh. (Millions)				Responsibility	
	Develop a framework for management of healthcare specialists	Healthcare Specialist management framework developed	No. of Health Specialist management framework developed	1	-	-	1	-	-	-	-	6	-	-	KHH RAC	KHHRAC				
	Develop/review scopes of practice for all health care professionals	Scopes of practice for health care professionals developed	Number of scopes of practice for health care professionals developed/ reviewed	45	-	14	10	10	11	-	10	10	11	-	MOH	MOH				
	Conduct multistakeholder HRH fora	Stakeholder fora held	No. of stakeholder's fora held	5	1	1	1	1	1	2	2	2	2	2	KHH RAC	Development partners				
<b>Strategic Issue: To ensure HRH adherence to regulatory standards</b>																				
<b>KRA 3: HRH Labour dynamic</b>																				
<b>Outcome: Improved access to skilled healthcare workforce for quality healthcare</b>																				
<b>Strategic Objective: To strengthen health workforce to match recommended health worker density</b>																				
HRH capacity-building and sustainability	Undertake Skills Mix Gaps Analysis	Skills mix ratios and gaps Report	No of Reports	1	-	-	1	-	-	-	-	10	-	-	MOH	MOH Partners				
	Undertake HRH market Survey needs	Survey Report	No of Survey Done	1	-	-	1	-	-	-	-	10	-	-	MOH	MOH Partners				
	Undertake HRH TNA	TNA reports	No of TNAs Undertaken	3	1	N/A	1	N/A	1						MOH	MOH Partners				
<b>Strategic Objective: To improve efficiency in health workforce planning and management</b>																				
Strengthen the HRH planning and management systems at all levels	Establish a centralized data management system for HRH	Real time data management system for HRH	Availability of a centralized HRH data management system	1	-	-	1	1	-	-	-	20	30	-	KHH RAC	Partners				
	Conduct a National Health workforce account (	Comprehensive National Health workforce	NHWA account database disaggregated by county (47) and profession	5	1	1	1	1	1	1	5	5	5	15	15	KHH RAC	Partners			

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
	NHWA) data collection and harmonization	account database														
<b>Strategic Objective: To improve efficiency in patient/client management</b>																
Strengthen customer/client feedback mechanism at all levels	Establish Customer Feedback Mechanism	Established feedback mechanism	No. of Feedback reports	5	1	1	1	1	1	5	5		5	5	MOH	MOH
	Establish customer complaint Mechanism	Established Complaints mechanism	No. of Complaints reports	5	1	1	1	1	1	2	2	2	2	2	MOH	MOH
	Establish Customer Engagement Mechanism	Established customer engagement mechanism	Engagement forums undertaken	1	1					5					MOH	MOH
	Undertake customer Satisfaction Surveys	Surveys undertaken	No. of survey Done	3	1		1		1	5		5		5	MOH	MOH
<b>Strategic Issue: Sub-optimal quality of Care /Standards</b>																
<b>Strategic Goal: Improved quality of care</b>																
<b>KRA 4: Antimicrobial Resistance and Infection Prevention &amp; Control</b>																
<b>Outcome: Governance and coordination mechanisms strengthened</b>																
<b>Strategic Objective: To enhance and sustain governance and coordination structures for tackling AMR in a multisectoral approach</b>																
Strengthen AMR Governance and Coordination Mechanism at National and County Levels	Establish County Antimicrobial Stewardship Interagency committees (CASICs) at national and county level	CASICs established	Number of functional AMR coordination structures at national and county levels of government	48 (1 national, 47 counties)	5	5	5	9	9	5	5	5	9	9	MOH	MOH, CDC
Strengthen and Sustain Collaborations in	Undertake annual National AMR	Improved coordination of AMR	No. of AMR Stakeholders consultative fora held	5	1	1	1	1	1	5	5	5	5	5	MOH	MOH, CDC

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets										Budget in Ksh. (Millions)		Responsibility	
prevention and containment of AMR	stakeholder consultative fora	stakeholders																
<b>Strategic Objective: To improve awareness &amp; understanding of AMR through effective communication, education &amp; training</b>																		
Enhance public awareness, knowledge, and understanding of AMR	Undertake AMR awareness campaigns to improve awareness and understanding of AMR at national level	AMR awareness events conducted at national level	Number of AMR Awareness Campaigns conducted	20	4	4	4	4	4	6	6	6	6	6			MOH	MOH, CDC
Promote Education and Training on AMR and IPC	Conduct training of healthcare workers on AMR	Healthcare workers trained on AMR	No. of healthcare workers trained on AMR	1000	200	200	200	200	200	100	100	100	100	100			MOH	MOH, CDC
<b>Strategic Objective: To strengthen the knowledge and evidence base through AMR surveillance and research</b>																		
Strengthen the National AMR Surveillance System	Set up new AMR surveillance sentinel sites	New AMR surveillance sentinel sites	Number of AMR Sentinel Surveillance sites established	14	2	2	3	3	4	8	8	12	16	24			MOH	MOH, CDC
Enhance research on AMR	Disseminate AMR research findings at national/international fora	AMR research findings disseminated	No. of national and international AMR fora attended to disseminate AMR research findings	10	2	2	2	2	2	2	2	2	2	2			MOH	MOH, CDC, WHO
<b>Strategic Objective: To reduce the incidence of infections through effective sanitation, hygiene and IPC measures</b>																		
Strengthen Infection Prevention and Control Measures	Disseminate hand hygiene protocols	Increased hand hygiene compliance in healthcare facilities	Hand hygiene Compliance Rate	50%	15%	20%	30%	40%	50%	10	10	10	10	10			MOH	MOH, CDC

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets										Budget in Ksh. (Millions)		Responsibility	
<b>Strategic Objective: To optimize the use of antimicrobials</b>																		
Support Implementation of Strategies and Guidelines to Optimize the use of Antimicrobials	Disseminate antimicrobial stewardship (AMS) guidelines for healthcare settings	AMS guidelines for healthcare settings disseminated	No. of dissemination sessions for AMS guidelines undertaken	20	4	4	4	4	4	8	8	8	8	8	MOH	MOH, CDC		
Strengthen the Regulatory System of Antimicrobials	Develop a list of critically important antimicrobials in human and animal health	List of critically important antimicrobials in human and animal health developed	No. of Lists of critically important antimicrobials in human and animal health developed	1	-	-	1	-	-	-	-	10	-	-	MOH, Ministry of livestock	MOH, CDC		
Strengthen Laboratory Capacity for Quality Control (QC) of Antimicrobials	Mentor and equip laboratory facilities on quality control of antimicrobials	Laboratory facilities equipped and mentored on quality control of antimicrobials	Number of facilities equipped and mentored on performing quality control for antimicrobials	2	-	1	-	1	-	-	1000	-	1000	-	MOH	MOH, CDC		
<b>KRA 5: Institutionalize continuous Quality improvement initiatives</b>																		
<b>Outcome: Counties capacity built on KQMH tools; Implementation of the KQMH</b>																		
<b>Strategic Objective: To promote continuous quality improvement in delivery of healthcare Services to counties using Kenya Quality Model of health</b>																		
Capacity building of health facility managers on KQMH	Conduct Mentorship and Coaching of County health management teams	County Health teams mentored on KQMH	Number of County Health teams members mentored	1410	282	282	282	282	282	282	282	282	282	282	MOH	USAID, GLOBAL FUND		
Standards compliance	Undertake Phased	KQMH Assessment	Number of facilities assessed	13000	2600	2600	2600	2600	2600	2600	2600	2600	2600	2600	MOH	USAID, GLOBAL FUND		

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
and assessments	eKQMH assessments through different KEPH levels	s scores and improvement plans														
Institutionalization of Kenya Quality Model for Health in all health facilities	Review eKQMH tool	Reviewed eKQMH standards	Number of KQMH standards reviewed	15	3	3	3	3	3	2	2	2	2	2	MOH	USAID
	Revise the KQMH and certification process training materials	Reviewed KQMH and Kenya certification framework process training materials	Training Materials for KQMH and Kenya certification framework processing place	1	1	-	-	-	-	5	-	-	-	-	MOH	USAID, Global Fund
	Conduct training of healthcare workers on certification process for different levels of health facilities	Personnel trained on KQMH	Number of personnel trained on KQMH	20000	4000	4000	4000	4000	4000	300	300	300	300	300	MOH	USAID, Global Fund
	Create a quality improvement performance database	Warehouse for tracking of performance indicators	Number of Performance indicators tracked	50	10	10	10	10	10	30	30	30	30	30	MOH	UNICEF, USAID
	Conduct learning sessions involving different teams at the national and regional level	Sessions to share experiences and best practices	Number of Learning sessions conducted	165	33	33	33	33	33	66	66	66	66	66	MOH	USAID, Global Fund
	Provide onsite technical	Counties and facilities	Number of technical assistance visits conducted	240	48	48	48	48	48	24	24	24	24	24	MOH	USAID, Global Fund



Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets						Budget in Ksh. (Millions)				Responsibility	
	assistance to the counties and facilities	equipped with technical skills														
<b>Strategic Objective: To enhance certification and accreditation of health facilities</b>																
Strengthen mechanisms for certification and accreditation of health facilities	Establish a certification oversight body	Oversight body regulating Quality of care in service delivery	Quality of Care authority in place	1	1	-	-	-	-	15	-	-	-	-	MOH	USAID, WHO
	Conduct training for QI mentors and peer assessors	Capacity to conduct mentorship and assessments in the facilities	Number of QI mentors and peer assessors trained	470	94	94	94	94	94	4	4	4	4	4	MOH	USAID,
	Conduct QI assessment for health facilities	Facilities mentored on QI	Number of QI mentorship visits	240	48	48	48	48	48	24	24	24	24	24	MOH	USAID
	Identification of suitable assessment bodies	Certification accreditation bodies identified	Number of Certification Accreditation bodies in place	10	5	5	-	-	-	1	1	-	-	-	MOH	MOH
	Conduct validation assessments by Conformity Assessment Bodies	Assessment tools and procedures validated	Number of validation assessments conducted	30	30	-	-	-	-	15	-	-	-	-	MOH	USAID, Global Fund
Strengthen Compliance in training institution and Health	Undertake Compliance Audits in Training Institutions	Compliance Audits in Training Institutions Undertaken	No of Audits undertaken	1600	320	320	320	320	320	50	50	50	50	50	Regulatory Bodies	MOH & Regulatory bodies



Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets						Budget in Ksh. (Millions)					Responsibility	
	Print developed/	Printed copies of	Number of	5,000		1,000	1,000	1,000	1,000	1	1	1	1	1	DHSR QA	MOH	
	reviewed guidelines/	Guidelines and	guidelines/													WHO	
	Health Standards	health standards	standards printed														
	Disseminate developed	Health guidelines	Number of	47	10	10	10	10	7	10	10	10	5	MOH	MOH		
	reviewed guidelines/	and standards	counties reached												Partners		
	standards	disseminated	in dissemination														
			of health														
			guidelines and														
			standards														
Capacity building	Train health care providers on	Health care providers	No. of health	1,000	200	200	200	200	200	40	40	40	40	MOH	MOH, WHO		
	of healthcare	clinical guidelines and health	care professionals														
	professionals on	standards	trained on clinical														
	clinical guidelines		guidelines and														
	and health standards		health standards														
Enforce compliance	Conduct joint inspection of health	Health facilities inspected	Number of inspections	20	4	4	4	4	4	20	20	20	20	MOH	MOH,		
	with clinical	facilities with regulatory agencies	for compliance to health														
	guidelines and		standards														
	health standards																
	Conduct routine health facility	Health facilities assessed	Number of health	2		1			1				100	MOH	MOH, Partners		

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
	assessments on compliance to	on compliance to clinical	assessments													
	clinical guidelines	guidelines	for compliance to													
			clinical guidelines													
<b>Strategic Goal: Ensure availability of quality assured public health HPTs.</b>																
<b>KRA 8: Quality Assured Health Products &amp; Technologies</b>																
<b>Outcome: Desired Public Health outcomes as a result of effective, efficient and transparent regulatory system of HPTs</b>																
<b>Strategic Objective: Strengthen the National Regulatory System to meet the Global Benchmarking Tool requirements for Maturity Level III (PPB) &amp; NQCL)</b>																
Enforce compliance with Good regulatory practices	Conduct inspection of clinical trials sites for compliance with Good Clinical Practices	Inspected clinical trial sites	Number of clinical trials sites inspections conducted	70	12	14	14	14	14	4.6	5.6	5.6	5.6	5.6	PPB	MOH
	Evaluate at least 100% new dossier applications for registration of health products and technologies to enhance their accessibility in line with UHC	New Health products registered	% of new Health Products registered	10	100	100	100	100	100	50	50	50	50	50	PPB	PPB
	Undertake inspection of local manufacturing companies for compliance with Good	Local pharmaceutical manufacturing companies inspected	Number of inspections on local pharmaceutical manufacturing companies undertaken	480	96	96	96	96	96	8.1	8.1	8.1	8.1	8.1	PPB	PPB

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
	manufacturing practices															
	Conduct Inspection of pharmaceutical premises trading in HPTs for compliance with Good Distribution Practices	Pharmaceutical outlets trading in HPTs inspected	Number of inspections on pharmaceutical premises trading in HPTs conducted	22,500	5,000	5,000	5,000	5,000	5,000	600	600	600	60	60	PPB	PPB
Strengthen Post Market Surveillance & Pharmacovigilance	Conduct investigations of market complaints and reports of poor-quality HPTs	Market complaints and reports on poor quality HPTs investigated	% of market complaints successfully investigated	100	100	100	100	100	100	5	5	5	5	5	PPB	PPB
	Conduct trainings/sensitization of health care workers on post-marketing surveillance and Pharmacovigilance	Healthcare workers trained/sensitized	Number of healthcare workers trained/sensitized	3,600	720	720	720	720	720	100	100	100	10	10	PPB	PPB
Strengthening NQCL testing capacity to meet international requirements for pharmaceutical quality control laboratories	Recruit new staff and capacity building of current staff	Adequate number of key personnel recruited	No of staff recruited	97	-	57	20	10	10	5	1	7	39	39	NQCL	MOH
		Staff trained on novel testing technologies	No. of staff trained	50	10	10	10	10	10	1.8	7.5	8.6	9.1	9.1	NQCL	MOH

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
	Apply for Increased scope of ISO 17025 and WHO prequalification to cover the entire scope of testing	ISO 17025 accreditation and WHO prequalification achieved and retained	Number of NQCL Units accredited and prequalified	14	2	3	3	3	3	1.8	2.3	3.5	3.9	5.1	NQCL	MOH
Establish and operationalize mechanisms for Lot release testing of vaccines and other biologics	Construction and equipping of an ultra-modern vaccine testing facility	Ultra-modern vaccine testing facility constructed and equipped	% rate of completion	100	2	23	65	5	5	201	235	650	502	502	NQCL	MOH, Development partners
Creation of a national data bank for quality of Health Products and Technologies at NQCL	Establish a database for disseminating QC reports to stakeholders	A comprehensive databank for QC tests done on behalf of Government developed	Data bank established	100	5	95	-	-	-	-	2	-	-	-	NQCL	MOH
	Procurement and integration of a Laboratory Information Management System (LIMS) and Enterprise Resource Planning System (ERP)	Automation of analysis services	% automation	100	5	92	1	1	1	3.4	6.49	0.6	0.6	0.6	NQCL	MOH, Development partners

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets										Budget in Ksh. (Millions)		Responsibility			
	Signing of Service Level Agreements with other QC Labs	Signed agreements on analysis and data sharing	Number of SLAs signed	3			3												NQCL	MOH
<b>KRA 9 Pharmaceutical &amp; Laboratory waste management</b>																				
<b>Outcome: Improved compliance with pharmaceutical and laboratory chemical waste regulations</b>																				
<b>Strategic Objective: Strengthen the regulatory system to ensure compliance with local environmental regulations related to pharmaceutical and QC laboratory chemical waste disposal</b>																				
Enhance compliance to pharmaceutical waste management guideline	Conduct sensitization/training to stakeholders and industrial laboratory personal on Pharmaceutical waste management	Sensitization/trainings conducted	Number of sensitizations/trainings conducted	8		2	2	2	2	0	4	4	4	4					PPB/ NQCL	PPB/ NQCL
Strengthening institutional capabilities on pharmaceutical and Lab. Chemical waste management	Develop and disseminate Pharmaceutical Lab. Waste guidelines and Standard Operating Procedures (SOPs)	Guidelines and SOPs developed and disseminated	Number of Guidelines & SOPs developed and disseminated	5	-	-	5	-	-	-	-	2	-	-					NQCL	MOH
	Collaborate with National Environmental Management Authority (NEMA) for approval of additional incineration of pharmaceutical	Pharmaceutical waste disposal sites identified	Number of Pharmaceutical waste disposal sites identified	10	-	3	3	2	2	-	3	3	2	2					PPB/ NQCL	PPB/ NQCL

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
	al waste disposal															
<b>Strategic Issue: Sub-optimal public health and sanitation services</b>																
<b>Strategic Goal: Improved public health and sanitation services</b>																
<b>KRA 1: Public health emergency management</b>																
<b>Outcome: Improved coordination in responding to public health events and emergencies.</b>																
<b>Strategic Objective: To enhance public health emergency management and preparedness systems for responding to any public health event.</b>																
Enhance coordination in responding to public health events and emergencies.	Establish functional county PHEOCs	Functional county PHEOCs established	Number of functional county PHEOCs	47	17	15	15	15	15	1,357.14	981.83	751.33	700.18	702.03	PHOEC	MOH
	Capacity build health professionals in public health emergency management	Trained health professionals	Number of health professionals trained	7700	1700	1500	1500	1500	1500	1700	1500	1500	1500	1500	PHOEC	MOH
<b>KRA 2: Pandemic preparedness and response</b>																
<b>Outcome: Enhanced surveillance of priority epidemic prone diseases.</b>																
<b>Strategic Objective: To strengthen a resilient public health surveillance system for timely detection, investigation, and response to priority prone epidemic diseases.</b>																
Building capacity at the national and subnational level (IDSR trainings)	Conduct a training needs assessment	Health professionals health security training needs assessed	Training needs assessment report	1	0	1	0	0	0	0	10	0	0	0	DDSR	MOH
	Train health professionals	Health professionals trained	Number of health professionals trained	60,000	-	15,000	15,000	15,000	15,000	0	15,875	15,875	15,875	15,875	DDSR	MOH
Improve data management and reporting systems for public health action.	Align IDSR reporting tools with the 3rd Edition technical guidelines	Updated IDSR reporting tools (MOH 502, MOH 503, MOH 505)	Proportion of updated IDSR reporting tools (MOH 502, MOH 503, MOH 505)	100%	100%	0	0	0	0	0	98	0	0	0	DDSR	MOH



Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility		
		503, MOH 505)															
	Integrate IDSR reporting system into the digital highway for the health sector	Digitized IDSR reporting system with the Kenya Digital Super Highway	Proportion of IDSR reporting tools running on the Kenya Digital Super Highway	100%	100%	0	0	0	0	0	89	0	0	0	DDSR	MOH	
	Expand the rollout of Event-Based Surveillance (EBS) in Kenya	Enhanced event based surveillance	Number of counties implementing EBS	47	4	11	11	11	10	144.93	39.855	39.855	362.32	DDSR	MOH		
Develop comprehensive coordination and collaboration frameworks for streamlined disease surveillance and rapid response.	Establish a coordination and partnership framework	Strengthened coordination and partnership	Number of biannual stakeholder fora held	10	2	2	2	2	2	61.53	61.53	61.53	61.53	DDSR	MOH		
Fast track certification process of two neglected tropical diseases	Development of elimination dossier Coordinate human and vector surveillance in endemic regions	Kenya certified free Human African trypanosomiasis and onchocerciasis	WHO certificate on number of NTDs the country is certified free of Survey reports and manuscripts	2	2	2	2	2	2	5817	815	7	7	VBNT D	MOH		
Intensify control and elimination of	Mapping endemicity of bilharzia	Prevalence of the two NTDs	Survey reports Map of two NTDs in Kenya	37	32	5	0	0	0	1000	200	0	0	VBNT D	MOH		

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility		
soil transmitted helminths, schistosomiasis, lymphatic filariasis and trachoma	and intestinal worms in 37 counties	established to inform required preventive interventions															
	Provision of Mass treatment for the four NTDs	Number of at risk population treated for the four NTDs	Training reports Sensitization reports Number treated	30 (m)	9	8	8	8	8	950	830	800	720	600	VBNTD	MOH	
<b>KRA 3: Food Safety Services</b>																	
<b>Outcome: Reduced incidences of food-borne diseases and food safety related events</b>																	
<b>Strategic Objective: To enhance the detection and reduction of food-borne disease incidents and food safety-related events</b>																	
Strengthen policy framework for food safety	Review of the National Food Safety Policy of 2013	Updated policy for food safety	No of updated policies	1	-	1	-	-	-	-	-	6	-	-	MOH	MOH	
	Development of Food safety Strategic Plan	A food safety Strategic plan	strategic plan for food safety	1	-	1	-	-	-	-	-	24	--		MOH	MOH	
	Develop, Review and disseminate food safety guidelines	Developed guidelines	No of guidelines developed	8	1	2	2	2	1	-	200	200	20	10	MOH	MOH	
		Reviewed guidelines	No of reviewed guidelines	1	-	1	-	-	-	-	6	-	-	-	MOH	MOH	
		Disseminated guidelines	Percentage of disseminated guidelines	100%			100%	100%	100%			300%	300%	3	3	3	MOH
	Technical review of Food Drugs and Chemical Substance Act Cap 254	Reviewed Act	Updated Food Drugs and Chemical Substance Act		1	-	-		-	1	-	-		76	MOH	MOH	
Participate in international food safety	International food safety	No of Reports	50	10	10	10	10	10	10	10	10	10	10	MOH	MOH		

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets										Budget in Ksh. (Millions)				Responsibility	
	meetings (CODEX, WTO/TBT/SPS)	meetings attended																		
Strengthen food safety surveillance	Develop food safety reporting tools	A safety reporting tools	No of developed food safety tools	3	-	-	1	1	1	-	-	4	4	4	Head, Food safety	MOH				
	Conduct training on the reporting tools	Staff trained	Percentage of staff trained	100	-	-	-	50	50	-	-	-	50	50	Head, Food safety	MOH				
	Capacity building and technical assistance to counties	Staff capacity built	Percentage of staff capacity built	100	-	20	40	60	100	-	20	20	20	20	Head, Food safety	MOH				
		Counties offered Technical Assistance	Percentage of Counties offered Technical Assistance	100	-	20	40	60	100	40	40	40	40	40	Head, Food safety	MOH				
Awareness creation and advocacy for food safety	Conduct sensitization and advocacy meetings	Sensitized communities	No of sensitization meetings conducted	100	-	20	40	60	100	-	20	20	20	20	Head, Food safety	MOH				
	Commemoration of the world food safety day	World food safety day commemorated	Reports on the commemoration of the world food safety day	5	1	1	1	1	1	1	1	1	11	11	Head, Food safety	MOH				
4. Establishment /strengthening of coordination mechanism for food safety	Establish food safety and trained coordination committee	Established and trained food safety coordination committee	No of counties with established and trained food safety coordination committee	40	-	5	10	15	10	-	25	50	75	50	Head, Food safety	MOH				
	Establish coordination mechanism for food safety	Committees established	No of counties committees strengthened	7	-	3	4	-	-	-	3	4	-	-	Head, Food safety	MOH				
<b>KRA 4: Points of entry and border health</b>																				
<b>Outcome: Timely detection and response to any potential hazards including Chemical, Biological, Radiological, Nuclear, and high yield Explosives (CBRNE) at the POEs</b>																				



Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
	Procure first Aid Medicines, equipment and Non-pharmaceuticals	First Aid medicines, equipment & non-pharmaceuticals procured	Total number of Medicines / non-Pharmaceutical and equipment procured	35 POEs	35	35	35	35	35	70	70	70	70	70	Head, Port health POEs in charge s	MOH
	Carry out Joint External Assessment for 10 POEs and request WHO to list Kilindini port to be authorized to issue (SSCC, SSCEC)	Joint external assessment conducted	10 POEs with full core capacities	10 POEs	6	0	0	0	4	9	0	0	0	6	Head, Port health	GOK
Kilindini to be an authorised port to issue SSCC, SSCEC.															POEs in charge s	WHO
			1 kilindini													
	Mobilize resources for enhanced Ambulance services for POEs and Utility Vehicles	Ambulances and utility cars procured	Number of ambulances procured and utility vehicles	5 vehicles	1	1	1	1	1	8	8	8	8	8	Head, Port health	GOK
POEs in charge s															WHO	
															IOM	
															World Bank	
	Set up and equip screening/ surveillance labs for POEs	Surveillance labs fully equipped and functional	Number of functional surveillance labs at POEs	3 POEs	1	0	1	0	1	6	0	2	0	2	Head, Port health	GOK
Head Labs															Partners	
POEs in charge s															Crown agency	
	Carry out Risk and hazards assessment for all POEs,	Risks and hazards matrix in place to inform risk	Number of risks identified	35 POEs	7	7	7	7	7	9	0	0	0	0	Head, Port health	GOK
POEs in															WHO	

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets										Budget in Ksh. (Millions)				Responsibility		
		profiling for import and exports																		charge s	
																					CDC/IOM
																					ESCA/IGAD
	Conduct Population connectivity (POPCAB) survey along borders to characterize surveillance	POCAB survey Conducted	Number of POEs that would have carried out the POPCAB survey	6POES	4	0	0	0	2	1	0	0	0	7	Head, Port health	CDC					
															POEs in charge s	IOM					
																ESCA/IGAD					
	Joint Strategic Risk Assessment (SRA) for Lungalunga (Kenya) and	SRA conducted	Number of	120 participants	40	0	40	0	40	8	0	8	0	8	Head Port health	GOK					
	HoroHoro (Tanzania) Points of Entry		BMC, Border teams and national health team participating in the SRA													Head DDSR	ECSA/IGAD				
	(Uganda & Kenya, Ethiopia & Kenya)		Identified risk and contingency plans revised and harmonized																		
	Equip and operationalize closed & New POEs	Procure equipment for the closed and new POEs	Number of closed and new POEs with new equipment	4	0	1	1	2	0	0	5	5	10	0	Head, Port health	GOK					
Develop POE policies, strategies, operational plans and review of existing legal frameworks	Develop public health emergency contingency plans for 35 points of entry.	Effective prevention, detection and response to public health emergencies and events	Number of POEs with signed /approved public health contingency / response plans (PHERPs)	35	7	7	7	7	7	1	5	5	10	5	Head, Port health	GOK					
																ESCA/IGAD					

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
	Finalization of Port Health Services Five-year strategic plan (2024-2028) and handbook for standard operating procedures at points of entry	Port health strategic plan developed and SOPs for POEs	Finalized approved strategic plan and disseminated	1	1	0	0	0	0	4	0	0	0	0	Head, Port Health	GOK
	Development of a National Policy for Port Health Services aligned to e-visa regime	Port health Policy developed	Approved Policy for port health services	1	1	1	1	1	1	5	5	5	0	0	Head, Port health	GOK IOM WHO
	Revise legal frameworks (chapter 242, 254)	Cap 242 and Cap 254 revised	Sections of Revised legal framework and regulations.	1	-	-	-	-	-	7	-	-	-	-	Head Port Health	GOK
		Legal fees revised	Revised Port health AIA fees												Legal officer	
			Revised legal fees for port health services												AG chambers	
Mobilise /lobby for financial resources	Establish technical working group for port health for resource mobilization and develop strategy	Technical working group formed one strategy for resource mobilization	Functional technical working group and resource mobilization strategy in place	1	1	1	1	1	1	0.1	0.1	0.1	0.1	0.1	Head, port health	GOK Partners
	Lobby parliamentary health	Session held with parliamenta	Increased budgetary	426	-	-	-	-	-	426	426	426	426	426	Head, Port health	GOK Partners





Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility		
															charge s		
	Digitization of port health services	Port health online payment system developed	Number of POEs with online digitized services linked to e-citizen 222222	32 POEs	32	32	32	32	32	1.5	0	0	0	0	Head Port health POE in charge s	GOK	
<b>KRA 5: National laboratory system surveillance, Diagnosis and Management</b>																	
<b>Outcome: Enhanced national laboratory surveillance, diagnosis and management</b>																	
<b>Strategic Objective: To enhance national laboratory surveillance, diagnosis and management</b>																	
Strengthen laboratory systems	Procurement of QA panels to testing labs improve quality of Lab results	EQA panels at testing labs procured	Number unique disease and pathogen panels procured	16	3	3	3	3	4	10	10	10	10	10	10	Head, labs	GOK, GF, WB, CDC
	Procurement of Proficiency testing panel (PT) panels to testing labs improve result quality	PT panels for testing labs procured	Number of priority diseases included in PT schemes	12	3	3	3	3	3	40m	40m	40m	40m	40m	40m	Head, labs	GOK, GF, WB, ECSA+IGAD, CDC
	Procurement of equipment of surveillance/lab data integration	equipment for surveillance /lab data integration procured	Number of equipment for surveillance data integration procured	7	1	1	1	2	2	20m	20m	20m	40m	40m	Head, labs	GOK, GF, WB	
	Procurement of software for surveillance data integration	software for surveillance data integration procured	Number of software for surveillance data integration procured	3	0	1	1	1	0	0	8m	12m	20m	0	Head, labs	GOK, GF, WB Palladium	
	Procurement of digital sample archival and	digital sample archival and	Number of functional digital sample/pathogen archival and	2	0	1	1	0	0	0	15m	15m	0	0	Head, labs	GOK (5%), GF (45%), WB (10%) afCDC(5%)	

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
	retrieval systems	retrieval systems procured	retrieval systems procured													APHL (5%), CDC (5%) WHO(10%)
	Procurement of equipment for storing WGS and other sequencing data	Equipment for storage of sequencing data procured	Number of sequencing data storage equipment procured	4	0	1	2	0	1	10m	10m	6m	4m	4m	Head, labs	GOK (5%), GF (45%), WB (25%) APHL (15%), CDC (15%)
	Procurement of Bioinformatics analysis software	Bioinformatics software procured	Terabytes of data storage devices procured	180	20	30	30	40	60	10m	10m	6m	4m	4m	Head, labs	GOK (5%), GF (45%), WB (25%) APHL (15%), CDC (15%)
	Procurement of equipment to support uninterrupted testing of syndemic diseases (HIV, TB, Malaria)	Testing equipment to support testing of syndemic diseases procured	Number of kits for testing of syndemic diseases (HIV, TB, Malaria) procured	90	30	30	10	10	10	6m	12m	12m	12m	12m	Head, labs	GOK (5%), GF (55%), WB (30) ECSA+IGAD (15%)
	Procurement of equipment to support molecular testing of diseases and pathogens	Molecular detection equipment procured	Number of molecular equipment installed in 11NPHL labs	45	6	11	11	12	5	20m	60m	80m	80m	120m	Head, labs	GOK (5%), GF (55%), WB (30) ECSA+IGAD (15%)
	Procurement of equipment, for the national sample referral systems	commodities to support the national sample referral systems supplied	Percentage elimination of stockouts of sample referral system	100	30	50	70	85	100	20m	20m	30m	40m	40m	Head, labs	GOK, GF, WB, afCDC, APHL, CDC
	Procurement of molecular diagnostic	Molecular detection kits for	Number of molecular testing kits procured	50	10	10	10	10	10	20m	60m	80m	80m	80m	Head, labs	GOK, GF, WB, ECSA+IGAD

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
	kits for testing of surveillance samples	surveillance samples procured														
	Procurement of reagents for testing of syndemic diseases (HIV, TB, Malaria)	reagents for testing of syndemic diseases (HIV, TB, Malaria) procured	Number of complete kits for testing of syndemic diseases (HIV, TB, Malaria) procured	120	20	30	20	30	20	50 m	40 m	30 m	30 m	30 m	Head, labs	GOK, GF, WB, ECSA+IGAD
	Procurement of sequencing reagents	sequencing reagents and kits procured	Number of sequencing kits procured	600	100	100	100	100	200	70 m	70 m	70 m	70 m	70 m	Head, labs	GOK, GF, WB, ECSA+IGAD, CHAI, APHL, EAC, CDC
	Procurement of reagents and commodities for the national sample referral system	commodities for the national sample referral systems procured	Number of reagents for sample referral systems procured	100	30	50	70	85	100	20 m	20 m	30 m	40 m	40 m	Head, labs	GOK, GF, WB, afCDC, APHL, CDC
	Procurement of service contracts for critical lab equipment	service contracts for critical lab equipment procured	Number of critical equipment under service contracts	50	10	10	10	10	10	25 m	30 m	0 m	60 m	60 m	Head, labs	GOK, GF, WB, ECSA+IGAD, CHAI, APHL, CDC
	Procurement of courier services for the national integrated sample referral systems	courier services for the national integrated sample referral systems procured	Number of signed contracts for courier service signed	2	0	2	0	0	0	0	60 m	0	0	0	Head, labs	GOK, GF, WB, afCDC, APHL, CDC
	Establishment of a national sample referral	a national sample referral	Number of functional national integrated sample	1	0	1	0	0	0	0	60 m	0	0	0	Head, labs	GOK, GF, WB, afCDC, APHL, CDC

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility		
	referral system	system established	referral system established														
	procurement of autoclaves for selected laboratories	autoclaves for selected laboratories procured	Number of autoclaves procured	15	3	3	3	3	3	20 m	3 m	3 m	20 m	0	Head, labs	GOK, GF, WB, afCDC, APHL, CDC, WHO	
Establishment of national strategic network of lab core facilities	Map the incinerators for addition to national grid	Incinerator in different geolocation s added to the national grid	Number of incinerators added into the national network	20	4	4	4	2	2	10 m	10 m	10 m	4 m	0	Head, labs	GOK, GF, WB, afCDC, APHL, CDC, WHO	
Capacity building of the laboratory staff	Training lab personnel to accurately use the EQA panels	Trained technicians who can accurately use EQA panels	Number of technicians trained on accurate use of QA panels	300	60	60	60	60	60	6 m	12 m	12 m	12 m	12 m	Head, labs	GOK, GF, WB,ECSA+IGAD	
	Training of Lab personnel using validated PT panels	Trained Lab personnel enrolled to PT evaluation schemes	Number of trained lab personnel who have passed PT testing evaluation	300	60	60	60	60	60	6 m	12 m	12 m	12 m	12 m	Head, labs	GOK, GF, WB, CDC	
	Wet and dry lab training on molecular testing strategies	Trained Lab personnel in molecular testing strategies	number of molecular testing and workshops trainings sessions held	14	2	2	4	4	2	2.3 m	2.3 m	5 m	5 m	2.3 m	Head, labs	GOK, GF, WB, ECSA+IGAD, CHAI, APHL, CDC	
	Training workshops for lab staff in genome sequencing	Trained Lab personnel in sequencing strategies	number of staff trained on genome sequencing	15	3	4	4	4	4	2.3 m	2.3 m	5 m	5 m	2.3 m	Head, labs	GOK, GF, WB, ECSA+IGAD, CHAI,APHL, CDC	
	Training and workshops in bioinformatics strategies	Trained Lab personnel in	number of personnel trained in bioinformatics	12	2	2	3	3	2	3 m	3 m	3 m	3 m	3 m	Head, labs	GOK, GF, WB, APHL, CDC	

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility		
		bioinformatics															
	Training workshops in multi-disease strategies	Trained of Lab personnel in multi-disease strategies	number of trained personnel in multi-disease strategies	20	4	4	4	4	4	4	4	4	4	4	4	Head, labs	GOK, GF, WB, ECSCA+IGAD
	Training workshops in lab ICT competences	Trained personnel in Lab ICT	Number of personnel trained to run the installed ICT platforms	8	2	2	2	2	0	3	3	3	3	0	Head, labs	GOK, GF, WB ECSCA+IGAD, CHAI, APHL, CDC	
	Development of integrated multi-disease testing strategies	Integrated multi-disease testing strategies developed	Number of reports from multi-disease testing stakeholders' consultative fora	11	2	3	2	2	2	2	2	2	2	2	Head, labs	GOK, GF, WB, ECSCA+IGAD	
	Development of harmonized Metagenomic strategies	Metagenomics strategies to detect multiple pathogens developed	Number of validated metagenomic strategies	4	0	2	1	1	0	0	3	2	2	0	Head, labs	GOK, GF, WB, APHL, CDC	
	Development of harmonized national sequencing protocols/ strategies	Harmonized national sequencing protocols/ strategies developed	Number of validated sequencing strategies developed	5	1	1	1	0	2	2.	2.	5	5	2.	Head, labs	GOK, GF, WB, ECSCA+IGAD	
	Development of harmonized national water-based surveillance strategies	harmonized national water-based surveillance strategies developed	Number of waste-water based surveillance strategies	2	0	2	0	0	0	5	6	8	8	8	Head, labs	GOK, GF, WB, afCDC, APHL, CDC	
	Harmonized strategy for the	workshops and consultative	Number of meetings held	8	2	3	1	1	1	3	2	1.	1.	1.	Head, labs	GOK, GF, WB, afCDC, APHL, CDC, WHO	

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets						Budget in Ksh. (Millions)				Responsibility	
	development of sample referral systems	meetings to develop national sample referral network convened														
Physical Infrastructure 1 establishment and improvement at NPHL	Construction of a national pathogen and sample biorepository facility	a national pathogen and sample biorepository constructed at NPHL	Number of functional national repository for the NPHL	1	0	0	1	0	0	0	0	0	180 m	0	Head, labs	GOK, GF, WB, afCDC, APHL, CDC
	Upgrading the of Afya annex driveway and parking to bitumen standards	Upgrading the of Afya annex driveway and parking to bitumen standards completed	percentage of the Afya annex driveway upgraded to bitumen standards	100%	0	100%	0	0	0	0	40 m	0	0	0	Head, labs	GOK, GF, WB, afCDC, APHL, CDC
Enhance disease detection using early warning systems	Conduct of field missions to screen for climate-induced diseases in selected hotspots	field missions conducted	Number of field missions held	6	1	1	2	1	1	23 m	23 m	25 m	30 m	30 m	Head, labs	GOK, GF, WB, ECSA+IGAD, CHAI APHL, EAC
	Expansion of waste-water based surveillance sites f	Waste water-based surveillance sentinel sites increased	Number of new Waste water-based surveillance sentinel sites	15	3	3	3	3	3	23 m	23 m	25 m	30 m	30 m	Head, labs	GOK, GF WB, ECSA+IGAD, CHAI,APHL, EAC
<b>KRA 6: National Emergency Preparedness and Disaster Response</b>																
<b>Outcome: Strengthened emergency and disaster management through prevention, mitigation, preparedness, response and recovery.</b>																
<b>Strategic Objective 1.1: To strengthen emergency and disaster management</b>																

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)				Responsibility		
Collaboration with other MDAs on emergency, disaster risk management and resource mobilization.	Conduct collaboration and coordination meetings with key stakeholders in emergency, disaster risk management (DRM) and resource mobilization.	Coordination meetings conducted	The number of workshops and consultative meetings held with other MDAs stakeholders	8	-	2	2	2	2	-	10	10	10	10	Head NEPD R	GOK
Establish and maintain a mechanism to support national response to disaster	Training all County Emergency and Disaster Focal Points	County emergency and disaster focal points trained	Percentage of trained county focal persons	100	-	20	40	80	100	-	2	3	3	2	Head NEPD R	GOK
	Conduct quarterly meetings with the County Emergency and Disaster Focal points	Quarterly meetings conducted	Number of quarterly meetings conducted	16	-	4	4	4	4	-	20	20	20	20	Head NEPD R	GOK
Strengthen the policy framework	Develop a Health sector disaster risk management communication strategy	Health sector disaster risk management communication strategy	Health sector disaster risk management communication strategy	1	-	-	1	-	-	-	-	-	15	-	Head NEPD R	GOK
	Dissemination of the Health sector disaster risk management communication strategy	Health sector disaster risk management communication	Number of Counties dissemination done	47	-	-	-	-	47	-	-	-	-	10	Head NEPD R	GOK

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility		
		strategy disseminated															
	Develop a health sector disaster risk management policy	Health sector DRM Policy developed	Health sector DRM Policy	1	-	-	-	1	-	-	-	-	20	Head NEPD R	GOK		
Capacity Building at the National and the County on Disaster risk management and provision of technical assistance.	Training of national and county governments to effectively respond to disasters	National officers' capacity built on DRM	Number of personnel trained	100	-	50	50	-	-	-	5	5	-	-	Head NEPD R	GOK	
	Provide capacity building to the counties	Counties capacity built on DRM	Number of Counties capacity built on DRM	550	-	-	-	225	225	-	-	-	28	28	Head NEPD R	GOK	
	Provide technical assistance (TA) to the Counties	Technical Assistance provided	Number of technical assistances given to the Counties	47	-	7	15	15	10	-	7	15	10	10	Head NEPD R	GOK	
Enhance Disaster Risk Surveillance, Early warning and Risk analysis	Conducting meetings with all stake holders on Risk surveillance and early warning	Meetings conducted	Number of meetings conducted	8	-	2	2	2	2	-	10	10	10	10	Head NEPD R	GOK	
	Disseminate disaster risk reporting Tool	Tool disseminated	Number of counties disseminated to	47	-	-	-	-	47	-	-	-	-	10	Head NEPD R	GOK	
<b>KRA 7: Environmental health and sanitation services</b>																	
<b>Outcome: Enhanced environmental health interventions</b>																	
<b>Strategic Objective: To enhance environmental health interventions</b>																	
Strengthen the policy and legal	Review Kenya environment	Kenya environmental health	Reviewed Kenya environmental health and hygiene	1	-	1	-	-	-	-	120	-	-	-	Head, Environment	GoK, UNICEF, World bank, USAID	



Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)				Responsibility		
frameworks for environmental health services	al health and hygiene sanitation framework	and hygiene sanitation framework reviewed	sanitation framework												al health	
	Develop the Indoor Air Pollution Strategy and Policy	Indoor Air Pollution Strategy developed	Indoor Air Pollution Strategy	1	-	1	-	-	-	-	60	-	-	-	Head, Environmental health	GoK, UNICEF, World bank, USAID
	Finalize Environmental Health and Hygiene Bill	Environmental Health and Hygiene Bill finalized	Environmental Health and Hygiene Bill	1	-	-	1	-	-	-	100	150	-	-	Head, Environmental Health	GoK, UNICEF, World bank, USAID
	Disseminate Hygiene and Sanitation Implementation Plan	Hygiene and Sanitation Implementation Plan disseminated	Dissemination reports	47	-	14	14	14	5	-	112	112	112	40	Head, Environmental Health	GoK, UNICEF, World bank, USAID
	Disseminate Hygiene and Sanitation protocol	Hygiene and Sanitation protocol disseminated	Dissemination reports	47	-	14	14	14	5	-	112	112	112	40	Head, Environmental Health	GoK, UNICEF, World bank, USAID
	Disseminate Hygiene and Sanitation Implementation Roadmap	Hygiene and Sanitation Implementation Roadmap disseminated	Dissemination reports	47	-	14	14	14	5	-	112	112	112	40	Head, Environmental Health	GoK, UNICEF, World bank, USAID
	Disseminate Kenya Climate Change and Health Strategy	Kenya Climate Change and Health Strategy	Dissemination reports	47	-	14	14	14	5	-	112	112	112	40	Head, Environmental Health	GoK, UNICEF, World bank, USAID

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility		
		disseminated															
	Disseminate Menstrual Hygiene Management and Strategy	Menstrual Hygiene Management and Strategy disseminated	Dissemination reports	47	-	14	14	14	5	-	1 1 2	1 1 2	11 2	40	Head, Environmental Health	GoK, UNICEF, World bank, USAID	
Strengthen capacity building for 47 counties	Conduct capacity building for the county public health officers on environmental health issues	County public health officers on environmental health issues capacity built	Number of county public health officers on environmental health issues	47	47	47	47	47	47	2 3 5	2 3 5	2 3 5	23 5	23	Head, Environmental Health	GoK, UNICEF, World bank, USAID	
Monitoring and evaluation of environmental health activities	Expand the Real Time Monitoring Information System for Rural and Urban Sanitation	Real Time Monitoring Information System for Rural and Urban Sanitation expanded	Number of counties using the Real Time Monitoring Information System for Rural and Urban Sanitation	47	15	15	17	-	-	7 5	7 5	8 5	-	-	Head, Environmental Health	GoK, UNICEF, World bank, USAID	
Technical assistance to the 47 counties	Conduct technical assistance to the counties	Technical assistance conducted in 47 counties	Number of counties	47	5	10	10	10	12	5 0	7 5	7 5	75	80	Head, Environmental Health	GoK, UNICEF, World bank, USAID	
Advocacy and national campaigns	Observe the national and international days for (World environmental health day, global hand washing, menstrual hygiene,	National and international days observed	Number of national and international days observed	25	5	5	5	5	5	2 5	2 5	2 5	25	25	Head, Environmental Health	GoK, UNICEF, World bank, USAID	

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)				Responsibility		
	jigger, world toilet)															
	Conduct Epuka uchafu Afya nyumabani campaign	Epuka uchafu afya nyumabani campaigns conducted	Number of campaigns conducted	60	-	12	12	12	12	-	120	120	120	120	Head, Environmental Health	GoK,
<b>Strategic Issue: Inadequate public health research, development and innovation</b>																
<b>Strategic Goal: Increased public health research and utilization</b>																
<b>KRA 4: Public health research, innovation and infrastructure development</b>																
<b>Outcome: Improved research on public health</b>																
<b>Strategic Objective 2.1: To enhance research, innovation and effective utilization of research findings</b>																
Adoption of innovative research approaches	Disseminate health research strategy	Dissemination forums held	No. of dissemination forums	47	0	10	10	10	17	0	70	70	70	119	Head Research Coordination	SDPH&PS
	Implement health research strategy	Strategy implemented	Percentage of priority health research issues implemented	100	20	40	60	80	100	0	50	50	50	50	Head Research Coordination	SDPH&PS
	Capacity build CHMTs on research proposal writing	County Health Management Teams (CHMTs) capacity built	No. of CHMTs	47	0	10	10	10	17	0	16	16	16	23	Head Research Coordination	SDPH&PS
	Support counties to establish Health Research units	Counties supported	No. of counties supported	47	0	10	10	10	17	0	2	2	2	34	Head Research Coordination	SDPH&PS
Collaboration with academia, research institutions	Develop joint research proposals	Research proposals developed	No. of research proposals	12	0	3	3	3	3	0	3	3	3	3	Head Research Coordination	SDPH&PS
<b>Strategic Issue: Limited Capacity in Public Health Research</b>																
<b>Strategic Goal: Increased public health research and utilization</b>																

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets										Budget in Ksh. (Millions)	Responsibility		
<b>KRA 4: Public health research, innovation and infrastructure development</b>																		
<b>Outcome: Enhanced evidence-based policy and decision making</b>																		
<b>Strategic Objective 2.2: To promote use of evidence-based policy and decision making</b>																		
Policy Briefs	Hold Priority Setting Meetings	Priority setting Meetings held	No. of research priorities developed	10	0	3	3	2	2	1	1	8	8	8	Head Research Coordination	SDPH&PS		
	Hold Research Policy briefs review Meetings	Policy briefs review Meetings held	No. of Policy briefs developed	10	0	3	3	2	2	1	1	1	1	1	Head Research Coordination	SDPH&PS		
<b>Strategic Issue: Ineffective utilization of research and innovation hampers advancement in human health outcomes</b>																		
<b>Strategic Goal: effective utilization of research and innovation to drive advancements in human health outcomes</b>																		
<b>KRA 4: Public health research, innovation and infrastructure development</b>																		
<b>Outcome: Laboratory and research models infrastructure improved and developed</b>																		
<b>Strategic Objective 2.3 To improve and develop laboratory and research models' infrastructure</b>																		
Research models	conduct experimental modelling	experimental modelling conducted	percentage of experimental modelling conducted	60	5	10	15	15	15	8	8	9	95	10	KIPRE	SDPH&PS		
Laboratory and experimental infrastructure	Construct laboratory and experimental facilities	laboratory and experimental facilities developed	percentage of laboratory and experimental facilities developed	30	5	5	5	5	10	3	3	3	35	40	KIPRE	SDPH&PS		
	Procure laboratory equipments	Laboratory equipments procured	Percentage of laboratory equipment procured	30	5	5	5	5	10	4	4	4	40	45	KIPRE	SDPH&PS		
<b>Strategic Issue: Weak Health Sector Coordination &amp; Intergovernmental Health Relations</b>																		
<b>Strategic Goal: Foster strong Intergovernmental Relations</b>																		
<b>KRA 5: Public health Sector Coordination &amp; Intergovernmental relations</b>																		
<b>Outcome: Improved Health Sector Coordination &amp; intergovernmental relations</b>																		
<b>Strategic Objective 3.1: To foster intergovernmental relations</b>																		
Intergovernmental health consultative forums	Hold quarterly Intergovernmental Forums	Forums held	No. of Forums	20	4	4	4	4	4	0	5	5	50	50	Head HSC & IGR	SDPH&PS		

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
	Hold quarterly County Directors & DG Forums	Forums held	No. of Forums	20	4	4	4	4	4	0	50	50	50	50	Head HSC & IGR	SDPH&PS
	Support Counties Implement Summit Resolutions	Summit Resolutions implemented	No. of Summit Resolutions implemented	10	2	2	2	2	2	0	5	5	5	5	Head HSC & IGR	SDPH&PS
Health Sector Coordination	Hold Health Sector Steering Committee Meetings	Steering Committee Meetings Held	No. of Health Sector Steering Committee meetings held	20	4	4	4	4	4	0	0.3	0.3	0.3	0.3	Head HSC & IGR	SDPH&PS
<b>Strategic Issue: Weak Capacity in Health Diplomacy &amp; International Health Relations</b>																
<b>Strategic Goal: To Promote Health Diplomacy &amp; International Health Relations</b>																
<b>KRA 6: International Health Relations</b>																
<b>Outcome: Strengthened international health relations</b>																
<b>Strategic Objective 4.1: To enhance strong international health relations</b>																
Bilateral, Regional and Multilateral Negotiations	Develop and Sign MOUs & Agreements	MOUs & Agreements signed	No. of MOUs & Agreements signed	25	5	5	5	5	5	0.5	0.5	0.5	0.5	0.5	Head IHR	SDPH&PS
	Implement MOUs and Agreements	MOUs & Agreements implemented	No. of MOUs & Agreements implemented	15	3	3	3	3	3	3					Head IHR	SDPH&PS
	Train National and County Officers in Health Diplomacy & Negotiations	Training conducted	No. of officers trained	25	5	5	5	5	5	20	20	20	20	20	Head IHR	SDPH&PS
	Participate in Strategic regional and International Health Meetings & forums	Regional and International forums attended	No. of Regional and International forums attended	25	5	5	5	5	5	5	5	5	5	5	Head IHR	SDPH&PS

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
Health attachee positions in key regional and international offices	Recruit Health Attachees in strategic Global Cities (Geneva, Washington DC, UK, New York, AU, EAC )	Health attachees recruited	No. of health attachees recruited	6	0	6	6	6	6	30000	30000	30000	30000	30000	Head IHR	SDPH&PS
<b>Strategic Issue: Technology adoption</b>																
<b>Strategic Goal: Increased technology adoption</b>																
<b>KRA 28: Information, Communication and Technology</b>																
<b>Outcome: Fully integrated and interoperable public health information systems with seamless data exchange</b>																
<b>Strategic Objective 5.1: To ensure full interoperability and integration of existing public health information systems</b>																
Information system assessments and development of Interoperability framework	Conduct Comprehensive System Assessment	Comprehensive system assessment conducted	No. of systems evaluated	20	0	5	5	5	5	100	100				Head ICT	SDPH&PS
	Develop Interoperability Standards and Framework	Interoperability standards and framework developed	Completion framework document	1	0	1				100	100				Head ICT	SDPH&PS
Digitalization of public health services and investment in modern IT Infrastructure	Conduct Needs Assessment and Planning	Needs Assessment Report and Digitalization Plan	Completed needs assessment report	1	0	1				100	100				Head ICT	SDPH&PS
	Develop and Deploy Digital Health Platforms	Fully Functional Digital Health Platforms	No. of platforms deployed	5	0	1	1	1	2	20000	20000	20000	20000	20000	Head ICT	SDPH&PS
	Upgrade IT Infrastructure	Upgraded IT Infrastructure	No. of upgraded systems and equipment	10	0	2	2	2	2	25000000	25000000	25000000	25000000	25000000	Head ICT	SDPH&PS
Collaboration and partnerships	Establish Partnership Framework	Signed Partnership Agreements	No. of partnerships agreements signed	4	0	1	1	1	1						Head ICT	SDPH&PS

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
between public health agencies, technology providers and other stakeholders	and Agreements															
	Develop Joint Initiatives and Projects	Collaborative Projects and Initiatives	No. of collaborative projects and initiatives done	4	0	1	1	1	1						Head ICT	SDPH&PS
	Organize Workshops and Knowledge-Sharing Sessions	Workshops and Knowledge-Sharing Events held	No. of Workshops and Knowledge-Sharing Events	4	0	1	1	1	1	4	4	4	4	4	Head ICT	SDPH&PS
Standardized data formats and protocols	Identify Current Data Formats and Protocols	Current Data Formats and Protocols identified	No. of data formats and protocols identified and documented	10	0	3	2	2	3						Head ICT	SDPH&PS
	Develop Standardized Data Formats and Protocols	Standardized data formats and protocols developed	No. of standardized data formats and protocols developed	10	0	3	2	2	3						Head ICT	SDPH&PS
	Implement Standardized Formats and Protocols	Standardized formats and protocols implemented	Percentage level of uniformity in data entries across different systems	100	0	25	50	75	100	10	10				Head ICT	SDPH&PS
Implement interoperable technology platforms for seamless system integration	Assess the Current Technology Platforms	Current technology platforms assessed	No. of technology platforms assessed	20	0	5	5	5	5	8	8				Head ICT	SDPH&PS
	Design and Select Interoperable Platforms	Interoperability Blueprint	No. of interoperable platforms selected	10	0	3	2	2	3						Head ICT	SDPH&PS
	Implement and integrate interoperable platforms	Deployed and Integrated Platforms	No. of platforms successfully deployed and integrated	10	0	3	2	2	3	50	50				Head ICT	SDPH&PS





Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
Adoption of AI and block-chain technologies	Assess and Plan for adoption of technology	Strategic plan and roadmap for technology adoption completed	Completion of the strategic plan and roadmap	1	0	1		-	-	5	5	5	5	-	Head ICT	SDPH&PS
	Capacity Build and Train public health on adoption of technology	Officers' capacity built	No. of training programs and workshops held	4	0	2	2	-	-	5	10	5	-	-	Head ICT	SDPH&PS
	Integrate health information systems with AI and blockchain technologies	Integrated health information systems	Percentage of health information systems integrated with AI and blockchain technologies	100	0	25	25	25	25	20	10	20			Head ICT	SDPH&PS
Regulatory Support and Guidelines	Assess Current Regulatory Landscape	Assessment Report	No. of existing regulations reviewed	4	0	2	2	-	-	-	-	-	-	-	Head ICT	SDPH&PS
	Conduct Stakeholder Engagement and Consultation	Stakeholder engagement and Consultation conducted	No. of stakeholder consultations, workshops, and public hearings conducted	4	0	2	2	-	-	5	5	5	5	-	Head ICT	SDPH&PS
	Implement and Disseminate frameworks and guidelines	Frameworks and guidelines implemented and disseminated	No. of awareness campaigns and training sessions conducted	8	0	2	2	2	2	5	5	5	5	5	Head ICT	SDPH&PS
Funding and incentives for public health organizations to adopt and integrate	Assess Funding Needs and Opportunities	Funding Needs and Opportunities report	No. of funding needs assessments conducted	2	-	1	1	-	-	-	5	5	-	-	Head ICT	SDPH&PS

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets						Budget in Ksh. (Millions)				Responsibility	
emerging technologies into their service delivery processes																
	Develop Funding Programs and Incentives	Funding Programs and Incentive Structures developed	No. of funding programs designed and launched	4	0	2	2	-	-	-	5	5	-	-	head ICT	SDPH&PS
	Develop application and allocation guidelines	Application and allocation Guidelines developed	Completed applications and allocation guidelines	1	0	1	0	0	0						head ICT	SDPH&PS
<b>Strategic Issue: Service delivery</b>																
<b>Strategic Goal: Improved efficiency and effectiveness in service delivery</b>																
<b>KRA 5: Resource mobilization</b>																
<b>Outcome: Increased resources for implementation of public health programmes</b>																
<b>Strategic Objective 1.1: To ensure availability of adequate resources for implementation of public health programmes</b>																
Lobbying from National Treasury	Lobbying for additional finances from the National Treasury and support from development partners	Resources mobilized	Amount of additional funding (percentage)	25	5	5	5	5	5	10	10	10	10	10	Finance	SDPH&PS
Ring fencing the State Department from Budget Cuts	Liaise with the National Treasury and relevant Parliamentary Departmental Committees to exempt the State Department	Reduction in budget cuts for public health programmes	Amount ring fenced for public health programmes (Kshs. Bn)	5	0	1.2	1.2	1.2	1.2	0	0	0	0	0	Finance	SDPH&PS

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets										Budget in Ksh. (Millions)				Responsibility	
	from budget cuts																			
Public Private Partnerships	Review the PPP Strategy	PPP Strategy reviewed	Reviewed PPP strategy in place	1	0	1	0	0	0	0	1	0	0	0	CCPM D	SDPH&PS				
	Implement the PPP Strategy	PPP strategy Implemented	No. of PPP initiatives implemented	5	1	1	1	1	1	5	5	5	5	5	CPPM D	SDPH&PS				
Donor funding	Concept notes and proposal writing	Funded programme/project proposals	No. of funded proposals	2	0	1	1	0	0	0	5	5	0	0	CPPM D/Finance	SDPH&PS				
Innovative financing mechanism	Adopting the use of Lottery, syntax/health tax to raise additional funding for programs	Resources from Innovating financing mechanisms adopted	No. of innovative financing mechanisms adopted	2	0	1	1	0	0	0	5	5	0	0	CPPM D/Finance	SDPH&PS				
<b>Strategic Issue: Service delivery</b>																				
<b>Strategic Goal: Improved efficiency and effectiveness in service delivery</b>																				
<b>KRA 6: Monitoring and Evaluation</b>																				
<b>Outcome: Timely implementation of programmes</b>																				
<b>Strategic Objective 6.1: To ensure effective and efficient implementation of programmes</b>																				
M&E Training	Identify relevant courses for training on M&E	Relevant M&E courses identified	No. of courses identified	4	0	1	1	1	1	0	0	0	0	0	CPPM D	SDPH&PS				
	Conduct M&E Training	M&E training conducted	No. of M&E trainings conducted	4	0	1	1	1	1	0	1	1	10	10	CPPM D	SDPH&PS				
Monitoring and Evaluation	Identify projects and programmes to be monitored	Projects and programmes identified	No. of projects and programmes identified	20	0	4	4	4	4	0	0	0	0	0	CPPM D	SDPH&PS				
	Carry out M&E for identified	M&E carried out	No. of M&E conducted	16	0	4	4	4	4	0	4	4	40	40	CPPM D	SDPH&PS				

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)				Responsibility		
	projects and programmes															
	carry out annual performance review	annual performance review conducted	annual performance review reports	5	1	1	1	1	1		10	10	10	10	CPPMD	SDPH&PS
<b>Strategic Issue: Service delivery</b>																
<b>Strategic Goal: Improved efficiency and effectiveness in service delivery</b>																
<b>Outcome: Improved records accessibility and security</b>																
<b>KRA 7: Records management</b>																
<b>Strategic Objective: To improve security, integrity and timely access and retrieval of records</b>																
Automation of records management process	Develop electronic and documentation records management system	Digitized records management system	Percentage of digitization of records management system	100	-	30	30	20	20	-	10	10	8	8	Records division	SDPH&PS
Records management policy	Develop records management policy	Records management policy developed	No. of records management policy developed	1	-	1	-	-	-	-	3.5	-	-	Records division	SDPH&PS	
Central and secret records management unit	Procure smart bulk filers	Smart bulk filers procured	Percentage of smart Bulkfilers purchased	100	-	100	-	-	-	-	7.2	-	-	Records division	SDPH&PS	
	Purchase of computers and records equipments	Computers and records equipments purchased	Proportion of computers and records equipments purchased	100	-	25	25	25	25		8.6	8.6	8.6	8.6	Records division	SDPH&PS
<b>Strategic Issue: Service delivery</b>																
<b>Strategic Goal: Improved efficiency and effectiveness in service delivery</b>																
<b>Outcome: Improved staff working environment</b>																
<b>KRA 8: Work environment</b>																
<b>Strategic Objectives: To provide a conducive work environment for staff</b>																
Refurbishment of existing offices	Renovate and partition existing office spaces	Refurbished functional offices	No. of offices refurbished	60	-	30	30	-	-	-	60	60	-	Administration	SDPH&PS	
Construction of office block	Construct office block	New office block constructed	Percentage completion of construction	100	-	50	100	-	-	-	60	60	-	Administration	SDPH&PS	

Strategy	Key Activities	Expected Output	Output Indicators	5 Year Target	Annual Targets					Budget in Ksh. (Millions)					Responsibility	
Lease office space	Lease office space	Office spaces acquired	Square meter of office space leased	320 M2	-	-	-	-	-	-	20	20	20	Administration	SDPH&PS	
Parking shades	Construct parking sheds	Parking sheds constructed	Percentage completion of construction	100		100					7			Administration	SDPH&PS	
Tarmacking of access roads	Tarmac access roads	Tarmacked access roads	Square meters of tarmacked roads	100M2		--	-	-	-	-	40	-	-	Administration	SDPH&PS	
<b>Strategic Issue: Service delivery</b>																
<b>Strategic Goal: Improved efficiency and effectiveness in service delivery</b>																
<b>KRA 10 Human Resource Management and Development</b>																
<b>Outcome: Enhanced Compliance with Human Resource Policies, Laws, Regulations and Guidelines</b>																
<b>Strategic Objective 5.2: To ensure 100% Compliance with Human Resource Policies, Laws, Regulations and Guidelines in the Public Service.</b>																
Training and development, Employee skills and Competencies	Undertake institutional skills gap analysis once every 3 years(FY2024/25,2025/26, 2026/27)	Conduct Skill Gap Analysis	Report on skill Gap Analysis	1	-	-	1	-	-	-	10	--	-	SDP H&PS	SDPH&PS	
	Undertake staff Training needs assessment.	Training Need Assessment Done and Completed	Training needs assessment report	1	-	-	1	-	-	-	10	-	-	SDP H&PS	SDPH&PS	
	Training the staff	staff trained	Number of officers trained		200	250	300	350	400	485	495	515	529.5	5497.73	SDP H&PS	SDPH&PS

### **6.1.2. Annual Work Plan and Budget**

The implementation matrix will be used to extract the State Department's annual work plan and budget, which is informed by activity-based costing.

### **6.1.3 Performance Contracting Annex PC 2022/23, 2023/24**

The annual performance contract targets for the State department will be derived from the annual work plans, specifically targeting the high-level deliverables that directly lead to the realization of its mandate.

## **6.2 Coordination Framework**

The implementation of this strategic plan will be coordinated by the Central Planning and Project Monitoring Department. The Principal Secretary will appoint the Strategic Plan Implementation committee comprising of Central Planning Department and all Technical Directorates and Support departments to oversee implementation, monitoring, evaluation and reporting of the strategic plan.

The committee will hold quarterly meetings to interrogate the strategic plan implementation status reports via the M&E feeding and provide appropriate remedial measures based on the M&E finding or recommendations.

### **6.2.1 Institutional Framework**

The State Department is governed by a Principal Secretary who will oversee implementation of the strategic plan and continuously receive and review reports from the the Strategic Plan Implementation committee and offer guidance. The State Department comprises of four (4) technical directorates and support Departments:

- i. Directorate of Public health and sanitation;
- ii. Directorate of Primary Health care
- iii. Directorate of Health standards, regulation & quality assurance;
- iv. Directorate of Public health sector coordination & intergovernmental relations
- v. Administration
- vi. Central Planning and Project Monitoring Department
- vii. Finance Department
- viii. Accounts Department
- ix. Supply Chain Management Services
- x. ICT Department

## *Insert proposed organizational structure*

### **6.2.2 Staff Establishment, Skills Set and Competence Development**

Staff establishment gives an overview of the sum total of all staff positions within the categories of personnel required for the effective operation of the State Department. For skills set and competence development, the goal is to improve the alignment between the employee competencies and the State Department's strategic goals and to stimulate and develop employee involvement in the organization.

The State Department has 645 staff against an Authorized Establishment of 1150 posts leaving a variance of 505 as summarized in **Annex II** on Staff Establishment.

### **6.2.3 Leadership**

The Strategic Plan will be executed by all the directorates/ departments under the overall leadership of the Principal Secretary. The Central Project Planning and Monitoring department will coordinate implementation of the Strategic Plan.

### **6.2.4 Systems and Procedures**

The government, in its endeavor to provide easy access, fast and more convenient services, has identified digitalization as an avenue for delivering its agenda. This will be achieved through creation of an enabling environment for a successful digitization process; identifying, mapping and prioritization of State Department's services that will be digitized, focus being on citizen facing services and back-office services; requirements gathering and business process re-engineering to facilitate optimization of service delivery; and reporting and monitoring the status of the digitization of government services. In addition, the State Department will establish and operationalize a Digital Committee; conduct baseline survey to inform automation of processes; develop a Digitalization Strategy; identify and re-engineer processes for services to be digitized; and undertake actual digitalization.

The State Department recognizes the ever-changing global dynamics, and hence the need for frequent review of systems and procedures to ensure seamless efficient and effective service delivery. This is will be done through:

- i. **Digitalization of Services:** The State Department will leverage on ICT solutions in order to ensure timely service delivery. Key among being business processes

re-engineering, reducing time taken to deliver various services, and the application of digital technologies. Other interventions include onboarding citizen-facing services to the e-citizen platform and adopt paperless office operations.

- ii. **Knowledge Management:** The State Department will establish a knowledge management repository system to collect, organize, store and share data. This will act as a central reference platform for information sharing and documentation of best practices.

### 6.3. Risk Management Framework

The State Department has identified the risks that may hinder the realization of this Strategic Plan. The risks are categorized and prioritized based on the likelihood of occurrence, expected impact and suggested actions for mitigation. This information is presented in table below.

**Table6.4: Risk Management Framework**

S/N O	Type of risks	Risks	Risk Likelihood (L/M/H)	Severity (L/M/H)	Overall Risk Level (L/M/H)	Mitigation Measure(s)
1.	Financial	Resource constraints	M	H	H	<ul style="list-style-type: none"> <li>• Develop a resource mobilization strategy</li> <li>• Strategic engagements with treasury and parliament</li> <li>• Diversifying resource options</li> </ul>
		Austerity measures and budget cuts	H	H	H	Strategic engagements with treasury and parliament to ring fence State department interventions
2.	Operationa l	Inadequate Human Resources	H	H	H	<ul style="list-style-type: none"> <li>• Conduct skills gap analysis</li> <li>• Recruitment and training</li> </ul>
		Succession management	H	H	H	<ul style="list-style-type: none"> <li>• Develop and roll out a comprehensive</li> </ul>



S/N O	Type of risks	Risks	Risk Likelihood (L/M/H)	Severity (L/M/H)	Overall Risk Level (L/M/H)	Mitigation Measure(s)
						Human resource succession plan <ul style="list-style-type: none"> <li>• Develop continuous mentorship and coaching programmes</li> <li>• Develop knowledge management strategy</li> </ul>
3.	Technological	Cyber security and threats	M	H	H	Enhance Information Security Management System (ISMS)
		Rapid technological change	H	H	H	Capacity building on ICT
		Inadequate ICT working tools	M	M	M	Procurement of ICT working tools for staff
4.	Regulatory	Climate change	H	H	H	Environmental conservation e.g. Planting of trees
		Inadequate legislation and policy framework	M	M	M	Review of legislation and polies

## CHAPTER SEVEN: RESOURCE REQUIREMENT AND MOBILISATION STRATEGIES

### 7.0 Overview

This Chapter represents the financial resources required to implement the State Department's Strategic plan, 2023-2027. The chapter has identified the resource gaps and strategies that will be used to raise funds to bridge the deficiency. Further, the chapter showcases the resource management measures for prudent utilization of resources to ensure seamless achievement of the envisaged goals.

### 7.1 Financial Requirements

**Table 7.1 Financial Requirement for implementation of the Strategic plan 2023-27**

Cost Item	Projected Resource Requirements (Kshs. Mn)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
KRA 1: Public Health Emergency Operations Centres	1,374.14	953.18	730.33	715.18	717.03	4,489.86
KRA 2: Disease surveillance and response	258.83	868.21	671.21	671.21	634.98	3,015.43
KRA 3: Food safety	0	134	191	232	273	830
KRA 4: Points of entry and border health	718.4	1141.9	1153.1	1205.3	1137.4	5356.1
KRA 5: National laboratory system surveillance, Diagnosis and Management	425.6	654.6	619	842	647.6	3188.8
KRA 6: National emergency preparedness and disaster response	0	34	43	81	100	258
KRA 7: Environmental health and sanitation	873.2	1003.2	980.2	565.2	262.2	3684
KRA 8: Effective prevention, diagnosis and	11,146	4,323	4,624	13,079	5,336	38,508

Cost Item	Projected Resource Requirements (Kshs. Mn)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
treatment of Malaria						
KRA 9 : Promote Nutrition through the life course	65.9	6462.04	6939.24	7204.24	7467.04	28138.46
KRA 10: Promote Health and Wellness	0	118	70	180	75	443
KRA 11: Detection and treatment of Tuberculosis, Leprosy and Lung diseases	11399.5	12598	12784	11956	9756	58493.5
KRA 12: Strengthen Health Promotion and Education Services	92	463	78	72	71	776
KRA 13: Improved access to quality primary health services equitably to all citizens	75.2	75.2	75.2	75.2	64	364.8
KRA 14: Effective Control, Regulation and Elimination of Drug and Substance abuse	0	233	233	233	233	932
KRA 15: Improved Health of the school going population	352	870	1156	1301	2191	5870
KRA 16: HRH Training and Professional Development	20	20	20	20	20	<b>100</b>
KRA 17: HRH Policy and Regulation	2	74	12	13	2	<b>103</b>
KRA 18: HRH Labour dynamic	52	22	42	52	27	<b>195</b>
KRA 19: Antimicrobial Resistance and Infection Prevention & Control	54	154	68	166	74	<b>516</b>

Cost Item	Projected Resource Requirements (Kshs. Mn)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
KRA 20: Institutionalize continuous Quality improvement initiatives	353	308	307	307	307	<b>1582</b>
KRA 21: Legal, Policy Frameworks and institutional mandates	40	40	40	40	40	<b>200</b>
KRA 22: Health Standards and Clinical Guidelines	91	91	91	91	91	<b>455</b>
KRA 23: Quality Assured Health Products & Technologies	350.7	2,654.90	6,730.10	693.9	695.1	<b>11124.7</b>
KRA 24: Pharmaceutical & Laboratory waste management	0	7	9	6	6	<b>28</b>
KRA 25: Public health research coordination	842	988	989	994	1,156.40	<b>4,969.40</b>
KRA 26: Public health Sector Coordination & Intergovernmental relations	0	105.3	105.3	105.3	105.3	<b>421.2</b>
KRA 27: International Health Relations	328.5	325.5	325.5	325.5	325.5	<b>1,630.50</b>
KRA 28: Increased technology adoption	192	187	89	64	54	<b>586</b>
KRA 29: Resource mobilization	15	1,030.00	1,015.00	15	15	<b>2,090.00</b>
KRA 30: Monitoring and Evaluation	0	60	60	60	60	240
KRA 31: Records management	0	25.8	22.1	16.6	16.6	81.1
KRA 32: Work environment	0	0	127	120	0	247
KRA 33: supply chain services	15	14	16	14	15.5	74.5

Cost Item	Projected Resource Requirements (Kshs. Mn)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
KRA 34 Human Resource Management and Development	13,489.00	13,503.55	13,518.54	13,533.97	13,549.87	67,594.93
<i>Administrative cost</i>	500	600	700	800	900	67,594.93
<b>Total</b>	<b>42,166</b>	<b>48,540</b>	<b>51,651</b>	<b>56,755</b>	<b>60,113</b>	<b>259,225</b>

**Table 7.2 Resource gap in Millions**

Financial Year	Estimated Financial Requirement Kshs.Millions	Estimated Allocations	Variance
2023/2024	42,166	29,114	13,052
2024/2025	48,040	26,244	21,796
2025/2026	51,651	30,207	21,444
2026/2027	56,755	30,645	26,110
2027/2028	62,113	32,177	29,936
<b>TOTALS</b>	<b>260,725</b>	<b>148,387</b>	<b>112,338</b>

### 7.3 Resource Management

The State Department will put in place measures to facilitate prudent utilization of the available resources in line with the Public Finance Management Act 2012 by ensuring: proper financial accounting, reporting and auditing of allocated funds to realize value for money; maintenance of Department's facilities, equipment and vehicles; leveraging on shared ICT resources while keeping upto date with emerging technological opportunities; and periodic monitoring and evaluation of programs and projects and Entrenchment of risk management in financial operations.

## **7.2 Resource Mobilization Strategies**

The financing objectives of the State Department will be geared towards assuring resource adequacy for the implementation of the Strategic Plan. The Resource Mobilization Strategy will consist of mobilization of funding from the National Government, Development Partners, and the Private Sector. During the planning period, strategies will be developed that facilitate the realignment of resources to contribute to attainment of universal health care for all. In this regard, efforts will be made to generate additional resources through various innovative strategies while advocating for enhanced budgetary allocation from the Exchequer. The State Department will employ the following strategies in mobilizing of additional resources;

- i. Government of Kenya- GoK plays a critical role in financing the strategic plan. The State Department will continue to actively participate in the national budgeting process. It seeks to lobby and justify the need for additional funding from the National Treasury in liaison with the parliamentary committee.
- ii. Development Partners- The State Department will strengthen linkages with partners who have continually played a major role in enabling the Department achieve its mandate.
- iii. New partnerships – It will identify new potential partners who may have the same interests/mandate as well as engage public private partnerships. It will engage new partnerships with the aim of seeking additional funding.

## **CHAPTER EIGHT: MONITORING, EVALUATION AND REPORTING FRAMEWORK**

The Chapter provides the monitoring framework that tracks the progress and the implementation of the initiatives using performance indicators. The performance standards are used to assess the State Department's effectiveness. It further elaborates the evaluation framework, including mid-term, end- term evaluation, reporting framework and feedback mechanism.

Monitoring of the Implementation of the Strategic Plan will be spearheaded by the Principal Secretary through the Central Planning and Project Monitoring Department.

### **8.1 Monitoring Framework**

Monitoring entails routine data collection and analysis of implementation progress. Monitoring, implementation of planned activities and programs (formative evaluation) will be undertaken with a view of taking corrective actions. The monitoring reports will inform relevance, efficiency, impact and sustainability of planned programs in relation to both on-going and future policies (summative evaluation). This will help in tracking implementation of the key result areas, strategic objectives, strategies, activities and expected outputs. It will also focus on input and output

indicators of annual targets of the Plan. Quarterly and annual monitoring reports will inform periodical reviews to ensure the Plan remains relevant to the industry priorities.

A Monitoring and Evaluation (M&E) committee will be constituted. The team will be all inclusive to ensure availability of timely and credible data. The committee will be supported by all HoDs. In order to compliment this initiative, the department and individual member of staff will be required to prepare annual work plan in line with annual performance contracts linked to the strategic plan

A M&E team will consolidate quarterly and annual monitoring reports from the Departments using designated templates. Monitoring reports will be disseminated during stakeholder forums scheduled quarterly and annually with a view to inform progress and recommend corrective actions. Reporting will focus on the inputs, process, outputs and recommendations for improvement. The progress in terms of performance implementation of the SP will be monitored against a comprehensive set of indicators.

Progress reports, review meetings and control systems will be set up with intervention programmes used where necessary. Continuous monitoring will assist evaluate and refine monitoring framework to ensure its effectiveness and relevance. The State Department will be open to feedback and adapt an approach needed to better meet the evolving needs of the Industry.

## **8.2 Performance Standards**

The State Department shall conduct a comprehensive assessment of its current performance against international standards which include ISO standards for quality management, and industry specific standards. Additionally, the Department shall identify strengths, weaknesses, and gaps that need to be addressed and set clear and achievable objectives which will align with these international standards. A detailed action plans shall be prepared outlining the steps taken to meet the identified objectives, assign responsibilities, allocate resources, and establish timelines for each action. The SDPH&PS shall invest in the professional development of staff to ensure they have the knowledge and skills necessary to meet international standards.

SDPH&PS shall implement robust Quality Assurance mechanisms which include regular audits, assessment, and feedback mechanisms to monitor and evaluate the effectiveness of the institution's processes and programs. The Department shall also engage with relevant stakeholders, including industry partners and government agencies, to ensure alignment with their expectations and needs and seek feedback and input from them throughout the process.

## **8.3 Evaluation Framework**

The Evaluation process will be conducted on Mid- term, End-term and at the end of the project level to assess impact of the plan. Programme/ Project evaluations plan will be developed to come up with programme-specific assessments during the period of strategic plan implementation. This will be based on Evaluation guidelines developed by the State Department for Economic Planning.

Midterm review will be undertaken in FY 2025/26 to ascertain the achievements against what was planned. End term review will be conducted and will focus on the extent to which the impact and outcome results have been achieved over the implementation period. This evaluation is scheduled for FY 2027/28, and the findings will be expected to inform the development of the next strategic plan. Table 8.1 outlines the outcome indicators, baselines and the targets for the Key Result Areas.

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**Table 8.1 Outcome Performance Matrix**

Key Result Area	Outcome	Outcome Indicator	Baseline		Target	
			Value	Year	Mid-Term Period	End-Term Period
KRA 1: Human Resources for Health Training and Professional Development	Enhanced medical skills and knowledge for medical graduates	Number of medical graduates posted for internship	5,143	2023	15,896	26,944
	Well trained and competent health professionals for local and export markets	Number of medical graduates from KMTC	15,914	2022	63,000	110,000
	Enhanced professional skills and competencies	Number of health specialists trained	100	2022	4,827	4,924
KRA 2: Human Resources for Health Policy and Regulation	Aligned health sector vision on HRH	Number of policies developed/reviewed	0	2024	2	2
		Number of regulated health cadres	14	2024	30	45
	Improved patient safety and health outcomes	Proportion of health care professionals registered and licensed	70	2023	90	100
KRA 3: Human Resources for Health Labour dynamics	Improved access to skilled healthcare workforce for quality healthcare	Core Health care worker density	20	2023	34	38
	Efficiency in health workforce planning and management	Availability of an up-to-date national health workforce account	100	2023/24	100	100
	Improved service delivery and health outcomes	Number of healthcare professionals with clearly defined scopes of practice	14	2023/24	30	45

KRA 4: Public Health Research and Innovation	Improved research on public health	No. of health research conducted	0	2022/23	10	10
	Enhanced evidence based policy and decision making	No. of policy briefs/research	0	2022/23	10	10
	Laboratory and research models infrastructure improved and developed	Percentage of laboratory and research models infrastructure improved and developed	0	2022/23	10	10
KRA 5: Health policies and legislations	Enhanced legal and policy frameworks for improved efficiency in provision of public health services	Number of public health policies developed			3	4
		Number of legislations developed/reviewed	-	2024/25	3	4
KRA 6: Public Health Sector Intergovernmental Relations	Improved intergovernmental relations	No. of intergovernmental participation agreements signed	0	2022/23	47	47
KRA 7: International Health Relations	Strengthened international health relations	No. of bilateral MoUs implemented	0	2022/23	16	20
KRA 8: Public Health Emergency Operations Centers	Improved coordination in responding to public health events and Emergencies	Percentage of counties with operational Public Health Emergency Operation Centres	36	2022	85	100
KRA 9: Pandemic	Enhanced surveillance of priority epidemic prone diseases	Sub-county weekly indicator-based	71	2022	85	90

Preparedness and Response		surveillance weighted average performance				
KRA 10: Food Safety Services	Reduced incidences of food-borne diseases and events	The proportion of food-borne diseases incidence and events reported and investigated	30%	2023	65%	100%
KRA 11: Points of Entry and Border Health	Enhanced timely detection and response to any potential hazards including Chemical, Biological, Radiological, Nuclear and high yield Explosives (CBRNE) at POEs	The proportion of potential hazards including Chemical, Biological, Radiological, Nuclear, and high yield Explosives (CBRNE) responded to at the POEs	27%	2023	34	67
KRA 12: National Laboratory System Surveillance, Diagnosis and Management	Enhanced national laboratory surveillance, diagnosis and management	Percentage increase in laboratory surveillance	30%	2023	70%	95%
		Percentage increase in diagnostic coverage	15%	2023	60%	90%
		Percentage increase in laboratory management components	20%	2023	50%	70%
KRA 15: Prevention, Diagnosis and Treatment of Malaria	Reduced Malaria incidence	Malaria incidence per 1000 population	105	2022/23	60	22
	Reduced the triple burden of malnutrition	Prevalence of stunting among	17%	2022	13%	12%

KRA 16: Nutrition through the Life Course		children under 5 years				
		Prevalence of wasting among children under 5	5%	2022	4%	3%
		Percentage of children under 5 who are overweight	3%	2022	2.5%	2
		Percentage of infant less than 6 months exclusively breastfed	60%	2022	66%	70%
		Proportion of infant and young children 6- 23 months receiving minimum acceptable diet	33%	2022	41%	50%
KRA 17: Health Promotion and Education Services	Improved health literacy and Behaviors	Percentage of population with adequate health literacy	60%	2022	70%	85%
KRA 18: Primary Health Services	Improved Community Health Services	Percentage of functional CHUs	90%	2022	100	100
	Increased population access to primary health services at all levels	Proportion of households served by a functional PCN			-	-
KRA 19: Health of The School Going Population	Improved health of school going population	Proportion of schools implementing school health policy	47%	2023/24	75%	100%

KRA 20: Drug and Abuse Control	Decreased prevalence of drug and substance abuse	Prevalence of Alcohol use	12	2022	11	10
		Prevalence of Tobacco use	9	2022	8	7
		Prevalence of Narcotics and Psychotropic use	6.5	2022	6.3	6.1
KRA 21: Detection and Treatment of Tuberculosis, Leprosy and Lung Diseases	Reduced TB Incidence Rate	TB incidence per 100,000 population	287	2022	247	213
KRA 22: Health and Wellness	Reduced burden of lifestyle diseases	Prevalence of lifestyle diseases Type II Diabetes Hypertension	3.3%	2022	3%	2.6%
		Prevalence of Hypertension	30%	2022	26%	22%
KRA 23: Antimicrobial Resistance and Infection Prevention & Control	Governance and coordination mechanisms strengthened	Number of functional AMR multisectoral coordination structures at national and county levels of government	20	2023/24	30	48
	Awareness & understanding of AMR through effective communication, education & training improved	Proportion of stakeholders who are aware of AMR and appropriate antimicrobial use	10	2022	40	60

	Increased Knowledge & evidence base on AMR trends, burden	Number of annual AMR surveillance reports published	1	2023/24	3	5
	Reduced incidence of healthcare associated infections in health facilities	Incidence of Surgical site infections in hospitals	295.9	2022	200	50
	Use of antimicrobials optimized in all levels	Percentage reduction in irrational use of antimicrobials	-	2022	2	5
KRA 24: Quality Improvement Initiatives	Counties capacity built on KQMH tools; Implementation of the KQMH	Proportion of counties utilizing KQMH	30	2023/24	80	100
	Improved quality of care in health facilities	Proportion of health facilities certified	30	2023/24	80	100
KRA 25: Health Standards and Clinical Guidelines	Highest attainable standards of health services	Number of health standards and Guidelines developed	-	2024/25	3	4
KRA 26: Health Products and Technologies	Desired Public Health outcomes as a result of effective, efficient and transparent regulatory system of HPTs	Number of functions operating at Maturity Level III	0	2022/23	8	9

KRA 27: Pharmaceutical and Laboratory Waste Management	Improved compliance with pharmaceutical and laboratory chemical waste regulations	Percentage compliance to pharmaceutical and laboratory chemical waste regulations	30	2023/24	75	100
KRA 28: Information, Communication and Technology	Fully integrated and interoperable public health information systems with seamless data exchange	Percentage of health information systems integrated	50	2023/24	70	100
	Increased adoption and deployment of e-health technologies	Percentage of interventions utilizing emerging technologies for e-health	50	2023/24	90	100
KRA 29: Resource Mobilization	Increased resources for implementation of public health programmes	Percentage increase in amount of additional funding	5	2023/24	10	10
KRA 30: Monitoring and Evaluation	Timely implementation of programmes	Percentage of programmes/projects monitored	50	2023/24	100	100
KRA 31: Records Management	Improved records accessibility and security	Percentage of records accessed, retrieved and secured	50	2023/24	100	100
KRA 32: Work Environment	Improved staff working environment	Percentage of staff who have offices	50	2023/24	100	100
KRA 33: Human Resource Management and Development	Enhanced Compliance with Human Resource Policies, Laws, Regulations and Guidelines	Compliance level Index	70	2023/24	100	100

### **8.3.1 Mid- Term Evaluation**

Mid-term evaluation of the Strategic Plan will be undertaken to examine the progress towards achieving the set targets. The evaluation will be spearheaded internally by the M&E team. This will be undertaken in the FY 2025/26. Measurements of the mid-year performance will be compared to the performance standards set, deviations corrected and safeguards put in place to mitigate against recurrence of the same. The recommendations of mid-term evaluation will inform the Plan's implementation process for the subsequent years.

### **8.3.2 End- Term Evaluation**

The end term evaluation will be conducted and will focus on the extent to which the impact and outcome results have been achieved over the implementation period. This evaluation is scheduled for FY 2026/27, and the findings will be expected to inform the development of the next strategic plan.

## **8.4 Reporting Framework and feedback mechanism**

The Strategic Plan will be implemented through the annual work plans. The reporting will therefore include the quarterly progress reports and annual performance reports. The reporting framework and feedback mechanisms adopted for reporting on implementation of the Strategic Plan interventions are in a prescribed template (*see Annex I*). Monitoring will be undertaken on a continuous basis and reporting on a quarterly basis, annually, mid-term and at the end of the Plan period leading to the preparation of the following reports:

### **8.4.1 Quarterly Progress Report**

The reports will provide information on key indicators against set targets for the quarter informed by annual work plans. The quarterly progress reports will be used for reviewing progress in implementation of annual work plans.

### **8.4.2 Annual Progress Report**

At the end of every financial year, an annual progress report will be prepared that objectively highlights key achievements against set targets.

### **8.4.3 Evaluation Reports**

- i. Mid-term review evaluation report: The mid-term review report will provide information on progress against the set targets and inform any requisite changes required in the programmes and projects for the remaining plan period.
- ii. End of plan period report: At the end of the Strategic Plan period, there will be a review to identify achievements against each set target, with an overall assessment of performance. The review will also identify challenges encountered and make recommendations to inform the next review and planning process.



## Annex II: Staff Establishment

<b>Office of the Principal Secretary</b>						
S/No	Designation	CSG	Approved Staff Establishment	OPTIMAL Staffing Levels	In post	variance
1	Principal Secretary	2	1	1	1	0
2	Assistant Director, Office Administrative Services	7	1	1	1	0
3	Principal Office Administrator	8	1	1	1	0
4	Principal Driver I	10	2	2	1	-1
5	Senior Office Assistant I	12	2	2	3	1
	<b>Total</b>		<b>7</b>	<b>7</b>	<b>7</b>	<b>0</b>
						0
<b>Office of the Deputy Director General for Health</b>						
Designation	CSG	Approved Staff Establishment	OPTIMAL Staffing Levels	In post	variance	
1	Deputy Director General for Health	4	1	1	1	0
2	Principal Office Administrator	8	1	1	1	0
3	Chief Driver	12	1	1	1	0
4	Office Assistant I	14	1	1	2	1
	<b>Total</b>		<b>4</b>	<b>4</b>	<b>5</b>	<b>1</b>
<b>PUBLIC HEALTH AND SANITATION DIRECTORATE</b>						
<b>Office of Director, Public Health and Sanitation</b>						
Designation	CSG	Approved Staff Establishment	OPTIMAL Staffing Levels	In post	variance	
1	Director, Health Management Services, Public Health	4	1	1	0	1
2	Principal Assistant Office Administrator	8	1	1	0	1
3	Driver II/I/Senior	15/14/13	1	1	0	1
4	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	1
	<b>TOTAL</b>		<b>4</b>	<b>4</b>	<b>4</b>	<b>0</b>
<b>Disease Surveillance Division</b>						
Designation	CSG	Approved Staff Establishment	OPTIMAL Staffing Levels	In Post	variance	
1	Senior Deputy Director, Health Management Services (Public Health)	5	1	1	3	-2

2	Deputy Director, Health Management Services (Public Health)	6	6	6	6	0
3	Assistant Director, Health Management Services (Public Health)	7	10	10	13	-3
4	Principal Health Management Officer (Public Health)	8	10	10	9	1
5	Health Management Officer/Senior (Public Health)	10/9	8	8	4	4
6	Assistant Office Administrator I	10	1	1	0	1
7	Assistant Office Administrator III/II	12/11	1	1	0	1
8	Driver II/I/Senior	15/14/13	1	1	0	1
9	Senior Clerical Officer	12	1	1	1	0
10	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	1
	<b>Sub totals</b>		<b>40</b>	<b>40</b>	<b>36</b>	<b>4</b>

**NATIONAL EMERGENCY AND PREPAREDNESS DIVISION**

	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Senior Deputy Director, Health Management Services(Public Health)	5	1	1	0	-1
2	Deputy Director, Health Management Services(Public Health)	6	2	2	2	0
3	Assistant Director, Health Management Services(Public Health)	7	6	6	1	-5
4	Principal Health Management Officer (Public Health)	8	10	10	9	-1
5	Health Management Officer/Senior (Public Health)	10/9	8	8	3	-5
6	Assistant Office Administrator I	10	1	1	0	-1
7	Assistant Office Administrator III/II	10/9	1	1	0	-1
8	Driver II/I/Senior	15/14/13	1	1	0	-1
9	Senior Clerical Officer	12	1	1	0	-1
10	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	-1
	<b>Sub Totals</b>		<b>32</b>	<b>32</b>	<b>15</b>	<b>-17</b>

**Environmental Health and Sanitation Division**

	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Senior Deputy Director, Health Management Services(Public Health)	5	1	1	1	0
2	Deputy Director, Health Management Services(Public Health)	6	5	5	1	-4

3	Assistant Director, Health Management Services(Public Health)	7	10	10	9	-1
4	Principal Health Management Officer(Public Health)	8	15	15	10	-5
5	Health Management Officer/Senior (Public Health)	10/9	10	10	0	-10
6	Assistant Office Administrator I	10	1	1	0	-1
7	Driver II/I/Senior	15/14/13	2	2	0	-2
11	Office Assistant IV/III/II/I	17/16/15 /14	1	1	0	-1
	<b>Sub total</b>		<b>45</b>	<b>45</b>	<b>16</b>	<b>-29</b>
<b>National Laboratory Services Division</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishm ent</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>varian ce</b>
1	Senior Deputy Director, Health Management Services(Medical Laboratory Services)	5	1	1	0	-1
2	Deputy Director, Health Management Services(Medical Laboratory Services)	6	3	3	1	-2
	<b>Sub-Total</b>		<b>4</b>	<b>4</b>	<b>4</b>	<b>0</b>
<b>National Tuberculosis Reference Laboratory</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishm ent</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>varian ce</b>
1	Deputy Director, Health Management Services(Medical Laboratory Services)	6	1	1	0	-1
2	Assistant Director, Health Management Services(Medical Laboratory Services)	7	1	1	0	-1
3	Principal Medical Laboratory Officer	8	1	1	0	-1
4	Medical Laboratory Officer/Senior	10/9	3	3	1	-2
5	Chief Clerical Officer	11	1	1	0	-1
6	Office Assistant IV/III/II/I	17/16/15 /14	1	1	0	-1
	<b>Total</b>		<b>8</b>	<b>8</b>	<b>1</b>	<b>-7</b>
<b>National HIV Reference Laboratory</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>varian ce</b>

			<b>Establishment</b>			
1	Deputy Director, Health Management Services(Medical Laboratory Services)	6	1	1	1	0
2	Assistant Director, Health Management Services(Medical Laboratory Services)	7	1	1	1	0
3	Principal Medical Laboratory Officer	8	2	2	3	1
4	Medical Laboratory Officer/Senior	10/9	8	8	5	-3
5	Office Assistant IV/III/II/I	17/16/15/14	1	1	2	1
	<b>Total</b>		<b>13</b>	<b>13</b>	<b>12</b>	<b>-1</b>
<b>National Virology Reference Laboratory</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Deputy Director, Health Management Services(Medical Laboratory Services)	6	1	1	0	-1
2	Assistant Director, Health Management Services(Medical Laboratory Services)	7	0	0	1	1
3	Principal Medical Laboratory Officer	8	2	2	0	-2
4	Medical Laboratory Officer/Senior	10/9	3	3	1	-2
5	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	-1
	<b>Total</b>		<b>7</b>	<b>7</b>	<b>2</b>	<b>-5</b>
<b>National Microbiology Reference Laboratory</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Deputy Director, Health Management Services(Medical Laboratory Services)	6	1	1	0	-1
2	Assistant Director, Health Management Services(Medical Laboratory Services)	7	0	0	1	1
3	Principal Medical Laboratory Officer	8	2	2	2	0
4	Medical Laboratory Officer/Senior	10/9	4	4	3	-1
5	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	-1
	<b>Total</b>		<b>8</b>	<b>8</b>	<b>6</b>	<b>-2</b>

<b>National Malaria/NTD Reference Laboratory</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Deputy Director, Health Management Services(Medical Laboratory Services)	6	1	1	0	-1
2	Assistant Director, Health Management Services(Medical Laboratory Services)	7	1	1	0	-1
3	Principal Medical Laboratory Officer	8	2	2	1	-1
4	Medical Laboratory Officer/Senior	10/9	6	6	5	-1
5	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	-1
	<b>Total</b>		<b>11</b>	<b>11</b>	<b>6</b>	<b>-5</b>
<b>National Oncology /Biochemistry Reference Laboratory</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Deputy Director, Health Management Services(Medical Laboratory Services)	6	1	1	1	0
2	Assistant Director, Health Management Services(Medical Laboratory Services)	7	1	1	0	-1
3	Principal Medical Laboratory Officer	8	2	2	1	-1
4	Medical Laboratory Officer/Senior	10/9	5	5	3	-2
5	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	-1
	<b>Total</b>		<b>10</b>	<b>10</b>	<b>5</b>	<b>-5</b>
<b>National Food safety and Nutrition Reference Laboratory</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Deputy Director, Health Management Services(Medical Laboratory Services)	6	1	1	0	-1
2	Assistant Director, Health Management Services(Medical Laboratory Services)	7	1	1	0	-1
3	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	-1
	<b>Total</b>		<b>3</b>	<b>3</b>	<b>0</b>	<b>-3</b>

<b>National Influenza Reference Laboratory</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Deputy Director, Health Management Services(National Laboratory Services)	6	1	1	0	-1
2	Assistant Director, Health Management Services(National Laboratory Services)	7	1	1	1	0
3	Principal Medical Laboratory Officer	8	1	1	1	0
4	Medical Laboratory Officer/Senior	10/9	2	2	1	-1
5	Office Assistant IV/III/II/I	17/16/15/14	1	1	1	0
	<b>Total</b>		<b>6</b>	<b>6</b>	<b>4</b>	<b>-2</b>
<b>National Genomic Surveillance and Sequencing Reference Laboratory</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Deputy Director, Health Management Services(Medical Laboratory Services)	6	1	1	0	-1
2	Assistant Director, Health Management Services(Medical Laboratory Services)	7	1	1	0	-1
3	Principal Medical Laboratory Officer	8	1	1	0	-1
4	Medical Laboratory Officer/Senior	10/9	3	3	0	-3
5	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	-1
	<b>Total</b>		<b>7</b>	<b>7</b>	<b>0</b>	<b>-7</b>
<b>National Equipment Calibration Reference Laboratory</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Deputy Director, Health Management Services(Medical Laboratory Services)	6	1	1	0	-1
2	Assistant Director, Health Management Services(Medical Laboratory Services)	7	1	1	0	-1
3	Principal Medical Laboratory Officer	8	3	3	0	-3
4	Medical Laboratory Officer/Senior	10/9	5	5	2	-3

5	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	-1
	<b>Total</b>		<b>11</b>	<b>11</b>	<b>2</b>	<b>-9</b>
<b>Kenya National Quality Assurance Scheme (KNEQAS) Reference Laboratory</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Deputy Director, Health Management Services(Medical Laboratory Services)	6	1	1	0	-1
2	Assistant Director, Health Management Services(Medical Laboratory Services)	7	1	1	0	-1
3	Principal Medical Laboratory Officer	8	1	1	1	0
4	Medical Laboratory Officer/Senior	10/9	3	3	3	0
5	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	-1
	<b>Total</b>		<b>7</b>	<b>7</b>	<b>4</b>	<b>-3</b>
<b>Other Supportive Cadres For The National Laboratory Services</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Supply Chain Management Officer II/I	11/10	1	1	1	0
2	Senior Office Administrator	9	1	1	1	0
3	Driver II/I/Senior	15/14/13	2	2	2	0
4	Artisan III/II/I/Chargehand II	15/14/13/12	1	1	0	-1
5	Plumber III/II/I/Chargehand II	15/14/13/12	1	1	0	-1
	<b>Total</b>		<b>6</b>	<b>6</b>	<b>4</b>	<b>-2</b>
<b>Port Health Services Division</b>						
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
	<b>Port Health Services Division</b>					0
1	Senior Deputy Director, Health Management Services (Public Health/Environmental Health)	5	1	1	0	1
2	Deputy Director, Health Management Services (Public Health/Environmental Health)	6	2	2	0	2

3	Assistant Director, Health Management Services (Public Health/Environmental Health)	7	5	5	0	5
4	Principal Health Management Officer (Public Health)	8	6	6	5	1
5	Health Management Officer/Senior (Public Health)	10/9	4	4	0	4
	<b>Sub Total</b>		<b>18</b>	<b>18</b>	<b>10</b>	8
	<b>Support services</b>					0
1	Senior Assistant Officer Administrator	9	1	1	0	1
2	Driver II/I/Senior	15/14/13	1	1	0	1
3	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	1
	<b>Sub total</b>		<b>3</b>	<b>3</b>	<b>0</b>	3
	<b>Ports of Entry Section</b>					
	<b>JKIA Port</b>					
1	Deputy, Director Health Management Services/(Environmental Health - Public health)	R/6	1	1	0	-1
2	Assistant Director, Health Management Services/(Environmental health-Public health)	P/7	2	2	1	-1
3	Principal, Health Management Services/Environmental health-Public Health)	N/8	15	15	12	-3
4	Health Management Service Officer/Senior/Environmental Health-Public Health	L/K 9/10	100	100	23	-77
5	Senior Medical Officer	N/8	1	1	0	-1
6	Clinical Officer/ Senior	K/L/10/9	2	2	2	0
7	Principal Medical Laboratory Technologist	N/8	1	1	1	0
8	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	5	5	1	-4
9	Principal Nursing Officer	N/8	2	2	5	3
10	Nursing Officer	K/10	25	25	3	-22
	<b>Sub Total</b>		<b>154</b>	<b>154</b>	<b>48</b>	-106
	<b>Support Services</b>					0
1	Senior Accountant	9	1	1	1	0
2	Senior Assistant Office Administrator	9	1	1	0	-1
3	Driver II/I/Senior	15/14/13	3	3	2	-1
4	Office Assistant IV/III/II/I	17/16/15/14	2	2	0	-2
	<b>Sub total</b>		<b>7</b>	<b>7</b>	<b>3</b>	-4
	<b>Wilson Airport</b>					



1	Deputy, Director Health Management Services/Environmental Health-Public Health	R/6	1	1	0	-1
2	Assistant Director, Health Management Services/(Environmental health-public health)	P/7	1	1	0	-1
3	Principal, Health Management Services/Environmental Health-Public Health	N/8	9	9	4	-5
4	Health Management Officer/Senior/Environmental Health-Public Health	L/K 9/10	27	27	11	-16
5	Clinical Officer/ Senior	K/L/10/9	2	2	0	-2
6	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	2	2	0	-2
7	Principal Nursing Officer	N/8	3	3	3	0
8	Nursing Officer	K/10	5	5	2	-3
	<b>Sub total</b>		<b>50</b>	<b>50</b>	<b>20</b>	<b>-30</b>
	<b>Support Services</b>					0
1	Senior Accountant	9	1	1	0	-1
2	Senior Assistant Office Administrator	9	1	1	0	-1
3	Driver II/I/Senior	15/14/13	2	2	0	-2
4	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	-1
	<b>Sub total</b>		<b>5</b>	<b>5</b>	<b>0</b>	<b>-5</b>
	<b>Malaba OSBP</b>					
1	Assistant Director, Health Management Services/(Environmental Health-Public health)	P/7	1	1	0	1
2	Principal, Health Management Services/Environmental Health-Public Health	N/8	3	3	1	2
3	Health Management Officer/Senior/Environmental Health-Public Health	L/K 9/10	6	6	2	4
4	Clinical Officer/ Senior	K/L/10/9	1	1	0	1
5	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	2	2	0	2
6	Principal Nursing Officer	N/8	1	1	0	1
7	Nursing Officer	K/10	1	1	0	1
	<b>Sub total</b>		<b>15</b>	<b>15</b>	<b>3</b>	<b>12</b>
	<b>Support Services</b>					0
1	Senior Accountant	9	1	1	0	1
2	Assistant Office Administrator I	10	1	1	0	1
3	Driver II/I/Senior	15/14/13	1	1	0	1
4	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	1

	<b>Sub total</b>		<b>4</b>	<b>4</b>	<b>0</b>	4
	<b>Busia OSBP</b>					
1	Assistant Director ,Health Management Services/( Environmental Health-Public Health)	P/7	1	1	0	-1
2	Principal ,Health Management Services/Environmnetal Health-Public Health	N/8	3	3	0	-3
3	Health Management Officer/ Senior/Environmnetal Health-Public Health	L/K 9/10	5	5	6	1
4	Clinical Officer/ Senior	K/L/10/9	1	1	0	-1
5	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	2	2	0	-2
6	Principal Nursing Officer	N/8	1	1	0	-1
7	Nursing Officer	K/10	2	2	1	-1
	<b>Sub total</b>		<b>15</b>	<b>15</b>	<b>6</b>	<b>-9</b>
	<b>Support Services</b>					0
1	Senior Accountant	9	1	1	0	-1
2	Assistant Office Administrator I	10	1	1	0	-1
3	Driver II/I/Senior	15/14/13	1	1	0	-1
4	Office Assistant IV/III/II/I	17/16/15 /14	1	1	0	-1
	<b>Sub total</b>		<b>4</b>	<b>4</b>	<b>0</b>	<b>-4</b>
	<b>Namanga</b>					
1	Assistant Director ,Health Management Services/( Environmnetal Health-Public Health)	P/7	1	1	0	-1
2	Principal ,Health Management Services/Environmnetal Health-Public Health	N/8	2	2	1	-1
3	Health Management Officer/ Senior/Environmnetal Health-Public Health	L/K 9/10	4	4	2	-2
4	Clinical Officer/ Senior	K/L/10/9	1	1	0	-1
5	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	2	2	0	-2
6	Principal Nursing Officer	N/8	1	1	0	-1
7	Nursing Officer	K/10	2	2	0	-2
	<b>Sub Total</b>		<b>13</b>	<b>13</b>	<b>3</b>	<b>-10</b>
	<b>Support Services</b>					0
1	Senior Accountant	9	1	1	0	-1
2	Assistant Office Administrator I	10/9	1	1	0	-1
3	Driver II/I/Senior	15/14/13	1	1	0	-1
4	Office Assistant IV/III/II/I	17/16/15 /14	1	1	0	-1
	<b>Sub total</b>		<b>4</b>	<b>4</b>	<b>0</b>	<b>-4</b>

	<b>Isebania</b>					
1	Assistant Director ,Health Management Services/(Environmnetal Health-Public Health)	P/7	1	1	0	-1
2	Principal ,Health Management Services/Environmental Health-Public Health	N/8	2	2	2	0
3	Health Management Officer/ Senior/Environmental Health-Public Health	L/K 9/10	3	3	3	0
4	Clinical Officer/ Senior	K/L/10/9	1	1	0	-1
5	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	2	2	0	-2
6	Principal Nursing Officer	N/8	1	1	0	-1
7	Nursing Officer	K/10	1	1	0	-1
	<b>Sub total</b>		<b>11</b>	<b>11</b>	<b>5</b>	<b>-6</b>
	<b>Illasit</b>					
1	Principal ,Health Management Services/Environmental health-Public Health	N/8	1	1	0	-1
2	Health Management Officer/ Senior/Environmental Health-Public Health	L/K 9/10	2	2	3	1
4	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	1	1	0	-1
6	Nursing Officer/ Senior	K/110/9	2	2	0	-2
	<b>Sub total</b>		<b>6</b>	<b>6</b>	<b>4</b>	<b>-2</b>
	<b>Moi International Airport</b>					
1	Deputy, Director Health Management Services/Environmental Health-Public Health	R/6	1	1	0	-1
2	Assistant Director ,Health Management Services/( Environmnetal Health-Public Health)	P/7	2	2	0	-2
3	Principal ,Health Management Services/Environmental Health-Public Health	N/8	3	3	3	0
4	Health Management Officer/ Senior/Environmental Health-Public Health	L/K 9/10	6	6	5	-1
5	Clinical Officer/ Senior	K/L/10/9	2	2	0	-2
6	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	2	2	0	-2
7	Principal Nursing Officer	N/8	2	2	0	-2
8	Nursing Officer	K/10	3	3	2	-1
	<b>Sub total</b>		<b>21</b>	<b>21</b>	<b>10</b>	<b>-11</b>
	<b>Support Services</b>					0

1	Senior Accountant	9	1	1	0	-1
2	Senior Assistant Office Administrator	9	1	1	0	-1
3	Driver II/I/Senior	15/14/13	2	2	0	-2
4	Office Assistant IV/III/II/I	17/16/15 /14	1	1	0	-1
	<b>Sub total</b>		<b>5</b>	<b>5</b>	<b>0</b>	<b>-5</b>
	<b>Kilindini Port</b>					
1	Deputy, Director Health Management Services/Environmental Health- public Health	R/6	1	1	0	-1
2	Assistant Director ,Health Management Services/( Environmnetal Health-Public Health)	P/7	1	1	0	-1
3	Principal ,Health Management/ Environmnetal Health-Public Health	N/8	6	6	3	-3
4	Health Management Officer/ Senior/Environmnetal Health-Public Health	L/K 9/10	13	13	8	-5
5	Clinical Officer/ Senior	K/L/10/9	1	1	0	-1
6	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	2	2	0	-2
7	Nursing Officer/Senior	K/L 9/10	2	2	0	-2
	<b>Sub total</b>		<b>26</b>	<b>26</b>	<b>15</b>	<b>-11</b>
	<b>Support Services</b>					0
1	Senior Accountant	9	1	1	0	-1
2	Senior Assistant Office Administrator	9	1	1	0	-1
3	Driver II/I/Senior	15/14/13	1	1	0	-1
4	Office Assistant IV/III/II/I	17/16/15 /14	1	1	0	-1
	<b>Sub total</b>		<b>4</b>	<b>4</b>	<b>0</b>	<b>-4</b>
	<b>Taita Taveta</b>					
1	Principal ,Health Management Services/Environmnetal health-Public Health	N/8	1	1	2	1
2	Health Management Officer/ Senior/Environmnetal health-Public Health	L/K 9/10	4	4	1	-3
3	Clinical Officer/ Senior	K/L/10/9	1	1	0	-1
4	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	1	1	0	-1
5	Nursing Officer/Senior	K/L 9/10	1	1	0	-1
	<b>Sub total</b>		<b>8</b>	<b>8</b>	<b>4</b>	<b>-4</b>
	<b>Support Services</b>					0
2	Driver II/I/Senior	15/14/13	1	1	0	-1
	<b>Sub total</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>-1</b>
	<b>Lunga Lunga</b>					

1	Principal ,Health Management Services/Environmental health-Public Health	N/8	1	1	2	1
2	Health Management Officer/Senior/Public Health	L/K 9/10	4	4	3	-1
3	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	1	1	0	-1
4	Nursing Officer/Senior	K/L 9/10	2	2	0	-2
	<b>Sub total</b>		<b>8</b>	<b>8</b>	<b>5</b>	<b>-3</b>
	<b>Kisumu International Airport</b>					
1	Assistant Director ,Health Management Services/(Environmental Health-Public Health)	P/7	1	1	0	-1
2	Principal ,Health Management Services/Environmental Health-Public Health	N/8	2	2	0	-2
3	Health Management Officer/Senior/Environmental Health-Public Health	L/K 9/10	3	3	3	0
4	Clinical Officer/ Senior	K/L/10/9	1	1	0	-1
5	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	1	1	0	-1
6	Principal Nursing Officer	N/8	1	1	0	-1
7	Nursing Officer/Senior	K/L 9/10	2	2	1	-1
	<b>Sub total</b>		<b>11</b>	<b>11</b>	<b>4</b>	<b>-7</b>
	<b>Support Services</b>					0
1	Senior Accountant	9	1	1	1	0
2	Assistant Office Administrator I	10	1	1	0	-1
3	Driver II/I/Senior	15/14/13	1	1	0	-1
4	Office Assistant IV/III/II/I	17/16/15 /14	1	1	0	-1
	<b>Sub total</b>		<b>4</b>	<b>4</b>	<b>1</b>	<b>-3</b>
	<b>Eldoret International Airport</b>					
1	Assistant Director ,Health Management Services/(Environmental Health-Public Health)	P/7	1	1	0	-1
2	Principal ,Health Management Services/Environmental Health-Public Health	N/8	2	2	4	2
3	Health Management Officer/Senior/Environmental Health-Public Health	L/K 9/10	4	4	3	-1
4	Clinical Officer/ Senior	K/L/10/9	1	1	1	0
5	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	1	1	1	0
6	Principal Nursing Officer	N/8	1	1	1	0
7	Nursing Officer/Senior	K/L 9/10	2	2	4	2

	<b>Sub total</b>		<b>12</b>	<b>12</b>	<b>9</b>	-3
	<b>Support Services</b>					0
1	Senior Accountant	9	1	1	0	-1
2	Assistant Office Administrator I	10	1	1	0	-1
3	Driver II/I/Senior	15/14/13	2	2	0	-2
4	Office Assistant IV/III/II/I	17/16/15 /14	1	1	0	-1
	<b>Sub total</b>		<b>5</b>	<b>5</b>	<b>0</b>	-5
	<b>Lwakhakha</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	1	0
2	Health Management Officer/Senior/Environmental Health-Public Health	L/K 9/10	2	2	1	-1
3	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	1	1	0	-1
4	Nursing Officer/Senior	K/L 9/10	1	1	0	-1
	<b>Sub total</b>		<b>5</b>	<b>5</b>	<b>2</b>	-3
	<b>Support Services</b>					0
1	Senior Accountant	9	1	1	0	-1
	<b>Sub total</b>		<b>1</b>	<b>1</b>	<b>0</b>	-1
	<b>Suam</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	1	0
2	Health Management Officer/Senior/Environmental Health-Public Health	L/K 9/10	2	2	0	-2
3	Nursing Officer/Senior	K/L 9/10	1	1	0	-1
	<b>Sub total</b>		<b>4</b>	<b>4</b>	<b>1</b>	-3
	<b>Muhuru Bay</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	0	-1
2	Health Management Officer/Senior/Public Health	L/K 9/10	1	1	0	-1
3	Nursing Officer/Senior	K/L 9/10	1	1	0	-1
	<b>Sub total</b>		<b>3</b>	<b>3</b>	<b>0</b>	-3
	<b>Mbita Point</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	0	-1
2	Health Management Officer/Senior/Environmental Health-Public Health	L/K 9/10	1	1	0	-1
3	Nursing Officer/Senior	K/L 9/10	1	1	0	-1

	<b>Sub total</b>		<b>3</b>	<b>3</b>	<b>0</b>	<b>-3</b>
	<b>Kisumu Pier</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	0	-1
2	Health Management Officer/ Senior/Environmental Health-Public Health	L/K 9/10	1	1	1	0
3	Nursing Officer/Senior	K/L 9/10	1	1	0	-1
	<b>Sub total</b>		<b>3</b>	<b>1</b>	<b>0</b>	<b>-3</b>
	<b>Moyale</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	1	0
2	Health Management Officer/ Senior/Environmental Health-Public Health	L/K 9/10	1	1	0	-1
3	Nursing Officer/Senior	K/L 9/10	1	1	0	-1
	<b>Sub total</b>		<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>
	<b>Support Services</b>			1		-1
1	Senior Accountant	9	1	1	0	-1
2	Driver II/I/Senior	15/14/13	1	1	0	-1
	<b>Sub total</b>		<b>2</b>	<b>1</b>	<b>0</b>	<b>-1</b>
	<b>Mandera</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	0	-1
2	Health Management Officer/ Senior/Environmental Health-Public Health	L/K 9/10	1	1	1	0
3	Clinical Officer	L/K 9/10	1	1	0	-1
4	Nursing Officer/Senior	K/L 9/10	1	1	0	-1
	<b>Sub total</b>		<b>4</b>	<b>4</b>	<b>1</b>	<b>-3</b>
	<b>Wajir</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	0	-1
2	Health Management Officer/ Senior/Environmental Health-Public Health	L/K 9/10	1	1	1	0
3	Nursing Officer/Senior	K/L 9/10	1	1	1	0
	<b>Sub total</b>		<b>3</b>	<b>3</b>	<b>2</b>	<b>-1</b>
	<b>Isiolo</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	0	-1

2	Health Management Officer/ Senior/Environmental Health-Public Health	L/K 9/10	1	1	1	0
3	Nursing Officer/Senior	K/L 9/10	1	1	0	-1
	<b>Sub total</b>		<b>3</b>	<b>3</b>	<b>1</b>	<b>-2</b>
	<b>Lokichoggio</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	1	0
2	Health Management Officer/ Senior/Environmental Health-Public Health	L/K 9/10	1	1	1	0
3	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	1	1	0	-1
4	Nursing Officer/Senior	K/L 9/10	1	1	0	-1
	<b>Sub total</b>		<b>4</b>		<b>1</b>	<b>-3</b>
	<b>Lamu PORT</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	0	-1
2	Health Management Officer/ Senior/Environmental Health-Public Health	L/K 9/10	2	2	0	-2
3	Clinical Officer/ Senior	K/L/10/9	1	1	1	0
4	Medical Laboratory Technologist III/II/I/Senior	H/J/K/L	1	1	1	0
5	Nursing Officer/Senior	K/L 9/10	1	1	1	0
	<b>Sub total</b>		<b>6</b>		<b>1</b>	<b>-5</b>
	<b>Old Port</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	2	1
2	Health Management Officer/ Senior/Environmental Health-Public Health	L/K 9/10	2	2	1	-1
3	Nursing Officer/Senior	K/L 9/10	1	1	1	0
	<b>Sub total</b>		<b>4</b>		<b>3</b>	<b>-1</b>
	<b>Ukunda</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	1	0
2	Health Management Officer/ Senior/Environmental Health-Public Health	L/K 9/10	1	1	0	-1
3	Nursing Officer/Senior	K/L 9/10	1	1	1	0
	<b>Sub total</b>		<b>3</b>		<b>2</b>	<b>-1</b>
	<b>Shimoni</b>					



1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	2	1
2	Health Management Officer/Senior/Environmental Health-Public Health	L/K 9/10	1	1	0	-1
3	Nursing Officer/Senior	K/L 9/10	1	1	0	-1
	<b>Sub total</b>		<b>3</b>		<b>2</b>	<b>-1</b>
	<b>Manda</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	0	-1
2	Health Management Officer/Senior/Environmental Health-Public Health	L/K 9/10	1	1	0	-1
3	Nursing Officer/Senior	K/L 9/10	1	1	0	-1
	<b>Sub total</b>		<b>3</b>		<b>2</b>	<b>-1</b>
	<b>Malindi</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	1	0
2	Health Management Officer/Senior/Environmental Health-Public Health	L/K 9/10	1	1	0	-1
3	Nursing Officer/Senior	K/L 9/10	1	1	1	0
	<b>Sub total</b>		<b>3</b>		<b>2</b>	<b>-1</b>
	<b>Vanga</b>					
1	Principal ,Health Management Services/Environmental Health-Public Health	N/8	1	1	1	0
2	Health Management Officer/Senior/Public Health	L/K 9/10	1	1	0	-1
3	Nursing Officer/Senior	K/L 9/10	1	1	1	0
	<b>Sub total</b>		<b>3</b>		<b>2</b>	<b>-1</b>
	<b>Nadapal</b>					
1	Principal ,Health Management Services/Public Health	N/8	1	1	0	-1
2	Health Management Officer/Senior/Environmental Health-Public Health	L/K 9/10	1	1	0	-1
	Nursing Officer/Senior	K/L 9/10	1	1		-1
3	Medical Laboratory Technologist III/II/I/Senior	12/11/10 /9	1	1	0	-1
	<b>Sub total</b>		<b>4</b>		<b>0</b>	<b>-4</b>
						0
	<b>PRIMARY HEALTHCARE DIRECTORATE</b>					

	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Director,Health Management Services,Primary Health Care	4	1	1	0	-1
2	Principal Assistant Office Administrator	8	1	1	0	-1
3	Driver II/I/Senior	14	1	1	0	-1
4	Office Assistant I	14	1	1	0	-1
	<b>Total</b>		<b>4</b>	<b>4</b>	<b>0</b>	<b>-4</b>
	<b>Malaria Control and Management Division</b>					
1	Senior Deputy Director,Health Management Services (Primary Health Care)	5	1	1	2	1
2	Deputy Director,Health Management Services (Primary Health Care)	6	2	2	0	-2
3	Assistant Director,Health Management Services (Primary Health Care)	7	3	3	1	-2
4	Assistant Chief Medical Entomologist	7	1	1	1	0
5	Medical Officer	8	1	1	2	1
6	Senior Pharmacist	8	1	1	1	0
7	Senior Pharmaceutical Technologist	9	1	1	1	0
8	Senior Clinical Officer	9	1	1	1	0
9	Senior Medical Laboratory Technologist	9	1	1	0	-1
10	Senior Health Records and Information Management Officer	9	1	1	1	0
11	Principal Registered Nurse	9	1	1	1	0
12	Health Management Officer II/I (Public Health)	11/10	1	1	2	1
13	Senior Medical Laboratory Technician II	10	1	1	0	-1
	<b>Total</b>		<b>16</b>	<b>16</b>	<b>12</b>	<b>-4</b>
	<b>Drug Control and Abuse Division</b>					
1	Senior Deputy Director,Health Management Services (Primary Health Care)	5	1	1	0	-1
2	Deputy Director,Health Management Services (Primary Health Care)	6	2	2	0	-2
3	Assistant Director,Health Management Services (Primary Health Care)	7	2	2	0	-2
4	Medical Officer	8	1	1	0	-1
5	Senior Pharmacist	8	1	1	0	-1

6	Senior Medical Laboratory Technologist	9	1	1	0	-1
7	Senior Health Records and Information Management Officer	9	1	1	0	-1
8	Principal Registered Nurse	9	1	1	0	-1
9	Senior Medical Laboratory Technician II	10	1	1	0	-1
	<b>Total</b>		<b>11</b>	<b>11</b>	<b>0</b>	<b>-11</b>
	<b>TB &amp; Other Lung Diseases Division</b>					
1	Senior Deputy Director, Health Management Services (Primary Health Care)	5	1	1	0	-1
2	Deputy Director, Health Management Services (Primary Health Care)	6	2	2	1	-1
3	Assistant Director, Health Management Services (Primary Health Care)	7	2	2	0	-2
4	Senior Pharmacist	8	1	1	0	-1
5	Senior Medical Laboratory Technologist	9	1	1	0	-1
6	Senior Health Records and Information Management Officer	9	1	1	0	-1
7	Principal Registered Nurse	9	1	1	0	-1
8	Senior Medical Laboratory Technician II	10	1	1	0	-1
	<b>Total</b>		<b>10</b>	<b>10</b>	<b>0</b>	<b>-10</b>
	<b>Health and Wellness Division</b>					
1	Senior Deputy Director, Health Management Services (Primary Health Care)	5	1	1	0	-1
2	Deputy Director, Health Management Services (Primary Health Care)	6	1	1	0	-1
3	Assistant Director, Health Management Services (Primary Health Care)	8	2	2	0	-2
4	Senior Physiotherapist	9	2	2	0	-2
5	Senior Psychological Counsellor	9	2	2	0	-2
	<b>Sub Total</b>		<b>8</b>	<b>8</b>	<b>0</b>	<b>-8</b>
	<b>Health Promotion &amp; Education Management Division</b>					
1	Senior Deputy Director, Health Management Services (Primary Health Care)	5	1	1	0	-1
2	Deputy Director, Health Management Services (Primary Health Care)	6	1	1	0	-1

3	Assistant Director, Health Management Services (Primary Health Care)	7	2	2	0	-2
4	Principal Health Management Officer (Primary Health Care)	8	2	2	0	-2
5	Principal Clinical Officer	8	1	1	0	-1
6	Health Management Officer/ Senior (Primary Health Care)	10/9	1	1	1	0
7	Principal Health Record and Information Management Officer	8	1	1	1	0
8	Health Records and Information Management Officer II/I	11/10	1	1	0	-1
9	Principal Nutrition & Dietetic Officer	8	1	1	1	0
10	Assistant Director, Health Management Services (Nursing Services)	8	0	0	1	1
11	Principal Health Management Officer (Nursing Services)	8	1	1	1	0
12	Senior Public Communication Officer	9	2	2	0	-2
13	Public Communication Officer II/I	11/10	1	1	0	-1
14	Senior Printer III/II	9	1	1	2	1
15	Printer III/II	12/11	1	1	0	-1
16	Designer II/I	11/10	1	1	0	-1
	<b>Sub Total</b>		<b>18</b>	<b>18</b>	<b>7</b>	<b>-11</b>
	<b>Community Health Division</b>					
1	Senior Deputy Director, Health Management Services (Primary Health Care)	5	1	1	0	-1
2	Deputy Director, Health Management Services (Primary Health Care)	6	3	3	1	-2
3	Assistant Director, Health Management Services (Primary Health Care)	7	2	2	0	-2
4	Senior Health Records and Information Management Officer	9	1	1	0	-1
5	Principal Registered Clinical Officer	8	1	1	0	-1
6	Principal Health Management Officer (Primary Health Care)	8	1	1	1	0
7	Principal Health Management Officer (Nursing Services)	8	1	1	1	0
8	Senior Nursing Officer	9	1	1	1	0
	<b>Total</b>		<b>11</b>	<b>11</b>	<b>4</b>	<b>-7</b>
	<b>Nutrition and Dietetics Division</b>					
1	Senior Deputy Director, Health Management Services (Nutrition and Dietetics Services)	5	1	1	1	0

2	Deputy Director, Health Management Services (Nutrition and Dietetics Services)	6	2	2	0	-2
3	Assistant Director, Health Management Services (Nutrition and Dietetics Services)	7	2	2	1	-1
4	Principal Health Management Officer (Nutrition and Dietetics Services)	8	8	8	8	0
5	Senior Health Management Officer (Nutrition and Dietetics Services)	9	2	2	0	-2
6	Senior Health Management Officer (Health Records and Information Management)	9	2	2	1	-1
7	Nutrition and Dietician technologists	11	-	-	3	3
	<b>Total</b>		<b>17</b>	<b>17</b>	<b>11</b>	<b>-6</b>
	<b>School Health Division</b>					
1	Senior Deputy Director, Health Management Services (Primary Health Care)	5	1	1	1	0
2	Deputy Director, Health Management Services (Primary Health Care)	6	4	4	4	0
3	Principal Health Management Officer (Nursing Services)	8	1	1	0	-1
4	Senior Health Management Officer (Primary Health Care)	9	1	1	0	-1
5	Senior Health Management Officer (Nursing Services)	9	1	1	1	0
6	Senior Pharmacist	8	2	2	2	0
7	Senior Pharmaceutical Technologist	9	20	20	2	-18
8	Engineer II/I (Electrical) (Cold Chain)	10/9	2	2	2	0
9	Senior Health Management Officer (Health Records and Information Management)	9	2	2	2	0
	<b>Total</b>		<b>34</b>	<b>34</b>	<b>14</b>	<b>-20</b>
	<b>Support Services</b>					
1	Senior Assistant Office Administrator	9	2	2	2	0
2	Assistant Office Administrator I	10	2	2	0	-2
3	Assistant Office Administrator II/1	12/11	1	1	0	-1
4	Driver II/I/Senior	15/14/13	11	11	7	-4
5	Plant Operator II/I/Senior	15/14/13	2	2	0	-2
6	Office Assistant IV/III/II/I	17/16/15 /14	4	4	2	-2
	<b>Total</b>		<b>22</b>	<b>22</b>	<b>11</b>	<b>-11</b>

	Designation	CSG	Approved Staff Establishment	OPTIMAL Staffing Levels	In Post	variance
1	Director,Health Management Services,Health Standards and Regulation	4	1	1	0	-1
2	Principal Assistant Office Administrator	8	1	1	0	-1
3	Assistant Office Administrator II/1/Senior	11/10/9	0	0	0	0
4	Driver II/I/Senior	15/14/13	1	1	0	-1
5	Office Assistant IV/III/II/I	17/16/15	1	1	0	-1
	<b>Total</b>		<b>4</b>	<b>4</b>	<b>0</b>	<b>-4</b>
	<b>Health Policy and Regulation Division</b>					0
1	Senior Deputy Director,Health Management Services (Standards and Compliance)	5	1	1	0	-1
2	Deputy Director,Health Management Services (Standards and Compliance)	6	2	2	1	-1
3	Assistant Director,Health Management Services (Standards and Compliance)	7	2	2	0	-2
	<b>Total</b>		<b>5</b>	<b>5</b>	<b>1</b>	<b>-4</b>
	<b>Health Standards and Compliance Division</b>					
1	Senior Deputy Director,Health Management Services (Standards and Compliance)	5	1	1	0	-1
2	Deputy Director,Health Management Services (Standards and Compliance)	6	3	3	3	0
3	Assistant Director,Health Management Services (Standards and Compliance)	7	2	2	1	-1
	<b>Total</b>		<b>6</b>	<b>6</b>	<b>4</b>	<b>-2</b>
	<b>Human Resource for Health and Professional Standards Division</b>					
1	Senior Deputy Director,Health Management Services (Standards and Compliance)	5	1	1	2	1
2	Deputy Director,Health Management Services (Standards and Compliance)	6	2	2	1	-1
3	Assistant Director,Health Management Services (Standards and Compliance)	7	2	2	0	-2
	<b>Total</b>		<b>5</b>	<b>5</b>	<b>0</b>	<b>-5</b>
	<b>Health Sector Monitoring &amp; Quality Assurance Division</b>					

1	Senior Deputy Director, Health Management Services (Health Sector Coordination)	5	1	1	1	0
2	Deputy Director, Health Management Services (Health Sector Coordination)	6	2	2	0	-2
3	Assistant Director, Health Management Services (Health Sector Coordination)	7	2	2	0	-2
	<b>Total</b>		<b>5</b>	<b>5</b>	<b>0</b>	<b>-5</b>
	<b>HEALTH SECTOR COORDINATION &amp; RESEARCH DIRECTORATE</b>					
	<b>Designation</b>	<b>CSG</b>	<b>Approved Staff Establishment</b>	<b>OPTIMAL Staffing Levels</b>	<b>In Post</b>	<b>variance</b>
1	Director, Health Management Services (Health Standards and Regulation)	4	1	1	0	1
2	Principal Assistant Office Administrator	8	1	1	2	-1
3	Assistant Office Administrator III/II/1/Senior	12/11	0	0	0	0
4	Driver II/I/Senior	15/14/13	1	1	0	1
5	Office Assistant IV/III/II/I	17/16/15/14	1	1	0	1
	<b>Total</b>		<b>4</b>	<b>4</b>	<b>2</b>	<b>2</b>
	<b>Health Sector Coordination and Intergovernmental Relations Division</b>					
1	Senior Deputy Director, Health Management Services (Health Sector Coordination)	5	1	1	0	1
2	Deputy Director, Health Management Services (Health Sector Coordination)	6	4	4	3	1
3	Assistant Director, Health Management Services (Health Sector Coordination)	7	3	3	3	0
4	Health Management Officer/ Senior (Health Sector Coordination)	10/9	3	3	0	3
5	Principal Health Record and Information Management Officer	8	1	1	1	0
6	Health Record and Information Management Officer	10	1	1	1	0
	<b>Total</b>		<b>13</b>	<b>13</b>	<b>8</b>	<b>5</b>
	<b>International Health Relations Division</b>					

1	Senior Deputy Director,Health Management Services (Health Sector Coordination)	5	1	1	1	0
2	Deputy Director,Health Management Services (Health Sector Coordination)	6	1	1	0	1
3	Assistant Director,Health Management Services (Health Sector Coordination)	7	2	2	1	1
	<b>Total</b>		<b>4</b>	<b>4</b>	<b>2</b>	<b>2</b>
	<b>Health Sector Research and Development Division</b>					
1	Senior Deputy Director,Health Management Services (Health Sector Coordination)	5	1	1	0	1
2	Deputy Director,Health Management Services (Health Sector Coordination)	6	1	1	1	0
3	Assistant Director,Health Management Services (Health Sector Coordination)	7	2	2	0	2
	<b>Total</b>		<b>4</b>	<b>4</b>	<b>0</b>	<b>4</b>
	<b>Total for Technical</b>		<b>804</b>	<b>804</b>	<b>409</b>	<b>395</b>
	<b>Shared Services in Technical Directorates</b>		<b>124</b>	<b>124</b>	<b>39</b>	<b>85</b>
	<b>Grand Total</b>		<b>928</b>	<b>928</b>	<b>448</b>	<b>480</b>
	<b>Administration Division</b>					
1	Secretary Administration	4	1	1	0	-1
2	Director Administration	5	1	1	1	0
3	Senior Deputy Secretary	6	1	1	1	0
4	Undersecretary	7	1	1	0	-1
5	Senior Assistant Secretary	8	1	1	1	0
6	Assistant Secretary III	11/10	1	1	2	1
7	Principal Assistant Office Administrator	8	1	1	1	0
8	Principal Driver I	10	3	5	4	1
9	Principal Driver II	11	3	3	9	6
10	Chief Driver	12	4	5	6	2
11	Senior Driver	13	6	6	5	-1
12	Driver II/I/	15	8	8	10	2
13	Senior Office Assistant II/I	13	3	5	5	2
14	Office Assistant I	14	15	15	2	-13
15	Office Assistant IV/III/II	17/16/15	28	28	2	-26
16	Principal Office Administrator	8	4	0	0	-4
17	Principal Assistant Office Administrator	8	9	9	10	1
18	Senior Office Administrator	9	3	3	0	-3
19	Senior Assistant Office Administrator	9	5	5	0	-5
20	Assistant Office Administrator I	10	16	16	1	-15



21	Assistant Office Administrator III/II	12/11	10	0	0	-10
22	Principal Clerical Officer	10	2	1	1	-1
23	Chief Clerical Officer	11	1	6	6	5
24	Senior Clerical Officer	12	2	3	3	1
25	Clerical Officer I	13	0	1	1	1
	<b>Sub-Total</b>		<b>68</b>	<b>68</b>	<b>71</b>	<b>3</b>
	<b>Human Resource Management and Development Division</b>					
1	Director, Human Resource Management and Development	5	1	1	1	0
2	Deputy Director, Human Resource Management and Development	6	1	1	1	0
3	Assistant Director, Human Resource Management and Development	7	1	1	1	0
4	Principal Human Resource Management and Development Officer	8	1	1	2	1
5	Principal Human Resource Management and Development Assistant	8	0	0	0	0
6	Senior Human Resource Management and Development Officer	9	1	1	1	0
7	Senior Human Resource Management and Development Assistant	9	1	1	0	-1
8	Human Resource Management and Development Assistant I	10	1	1	0	-1
9	Human Resource Management and Development Officer II/I	11/10	2	2	2	0
10	Human Resource Management and Development Officer III/I	12/11	2	2	0	-2
11	Principal Assistant Office Administrator	8	1	1	1	0
12	Senior Assistant Office Administrator	9	0	0	0	0
13	Chief Clerical Officer	11	0	0	3	3
15	Support Staff/Senior/Supervisor	17/16/15	0	0	3	3
	<b>Sub-Total</b>		<b>11</b>	<b>11</b>	<b>15</b>	<b>3</b>
	<b>Finance Division</b>					
1	Senior Chief Finance Officer	5	1	1	1	0
2	Chief Finance Officer	6	1	1	0	-1
3	Senior Principal Finance Officer	7	1	1	1	0
4	Principal Finance Officer	8	1	1	1	0
5	Finance Officer I	9	1	1	0	-1
6	Finance Officer II	10	1	1	3	2
7	Senior Driver	13	1	1	0	-1
	<b>Sub-Total</b>		<b>4</b>	<b>4</b>	<b>5</b>	<b>1</b>
	<b>Accounts Division</b>					
10	Senior Deputy Accountant-General	5	0	0	1	1

11	Deputy Accountant-General	6	1	1	1	0
12	Assistant Accountant-General	7	1	1	1	0
13	Principal Accountant	8	1	1	3	2
14	Senior Accountant	9	13	13	2	-11
15	Accountant II/I	11/10	2	2	11	9
16	Principal Clerical Officer	10	2	2	3	1
	<b>Sub-Total</b>		<b>20</b>	<b>20</b>	<b>8</b>	<b>-12</b>
	<b>Information Communication Technology Division</b>					
1	Director, Information Communication Technology	5	1	1	1	0
2	Assistant Director, Information Communication Technology	7	1	1	1	0
3	Principal Information Communication Technology Officer	8	1	1	0	-1
4	Senior Information Communication Technology Officer	9	1	1	2	1
5	Information Communication Technology Officer II/I	11/10	2	2	1	-1
	<b>Sub-Total</b>		<b>6</b>	<b>6</b>	<b>7</b>	<b>1</b>
	<b>Central Planning and Projects Monitoring Division</b>					
1	Director of Planning	5	1	1	1	0
2	Principal Economist	7	1	1	0	-1
3	Senior Economist/Statistician	8	2	2	3	1
4	Economist II/I/Statistician II/I	10/9	1	1	3	2
5	Driver II/I/Senior	13	1	1	0	-1
6	Office Assistant IV/III/II/I	17/16/15	1	1	0	-1
	<b>Total</b>		<b>5</b>	<b>5</b>	<b>5</b>	<b>0</b>
	<b>Record Management Unit</b>					
1	Assistant Director, Records Management	7	1	1	0	-1
2	Principal Records Management Officer	8	1	1	0	-1
3	Senior Records Management Officer	9	1	1	0	-1
4	Records Management Officer II/I	11/10	2	2	2	0
5	Records Management Officer III/II	12/11	2	2	0	-2
	<b>Total</b>		<b>7</b>	<b>7</b>	<b>2</b>	<b>-5</b>
	<b>Supply Chain Management Unit</b>					
1	Deputy Director Supply Chain Management	6	1	1	1	0
	Assistant Supply Chain Management Officer	7	0	0	1	1
2	Principal Supply Chain Management Officer	8	1	1	2	1
3	Senior Supply Chain Management Officer	9	1	1	3	2

4	Supply Chain Management Officer II/I	11/10	2	2	10	8
5	Senior Supply Chain Management Assistant	9	1	1	2	1
6	Supply Chain Management Officer IV/III	13/12	1	1	7	6
7	Senior Assistant Office Administrator	9	0	0	2	2
8	Driver II/I/Senior	13	0	0	0	0
9	Office Assistant IV/III/II/I	17/16/15	0	0	2	2
	<b>Total</b>		<b>7</b>	<b>7</b>	<b>30</b>	<b>23</b>
	<b>Public Communication Unit</b>					
1	Deputy,Director Public Communication	6	1	1	0	-1
2	Principal Public Communication Officer	8	1	1	0	-1
3	Senior Public Communication Assistant	9	0	0	1	1
4	Senior Assistant Office Administrator	9	0	0	1	1
5	Public Communication Technician I	10	1	1	0	-1
6	Driver II/I/Senior	13	0	0	0	0
7	Office Assistant IV/III/II/I	17/16/15	0	0	0	0
	<b>Total</b>		<b>3</b>	<b>3</b>	<b>2</b>	<b>-1</b>
	<b>Legal Services Unit</b>					
1	Deputy Chief State Counsel	6	1	1	0	-1
2	Senior State Counsel	8	1	1	0	-1
3	Senior Assistant Office Administrator	9	0	0	0	0
4	Driver II/I/Senior	12	0	0	0	0
5	Office Assistant IV/III/II/I	17/16/15	0	0	0	0
	<b>Sub-Total</b>		<b>2</b>	<b>2</b>	<b>0</b>	<b>-2</b>
	<b>TOTAL FOR SHARED SERVICES</b>		<b>122</b>	<b>122</b>	<b>145</b>	<b>23</b>

### Annex III: Skills gap Analysis

S/N O.	Cadre	Skill Set	Skills Gap	Competence Development
1	Public Health personnel	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Healthcare Systems</li> <li>• Professional Development Courses</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare Systems</li> <li>• Professional Development Courses</li> <li>• Supervisory skills</li> <li>• Decision-making and problem-solving skills</li> <li>• Conflict management skills</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Problem-Solving Skills</li> <li>• Supervisory skills</li> <li>• Decision-making and problem-solving skills</li> <li>• Conflict management skills</li> <li>• Professional Development Courses</li> </ul>
2	Medical doctors	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Interpersonal Skills</li> <li>• Communication Skills</li> <li>• Problem-Solving Skills</li> <li>• Healthcare Systems</li> <li>• Professional Qualification</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Specialist Courses</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Problem-Solving Skills</li> <li>• Professional Development Courses</li> </ul>
3	Pharmacists	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Computer application</li> <li>• Interpersonal Skills</li> <li>• Problem-Solving Skills</li> <li>• Healthcare Systems</li> <li>• Professional Development Courses</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist Courses</li> <li>• Higher Diploma in Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Computer application</li> <li>• Interpersonal Skills</li> <li>• Problem-Solving Skills</li> <li>• Professional Development Courses</li> </ul>
4	Dentist	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Policy formulation and implementation</li> <li>• Supervisory skills</li> <li>• Healthcare Systems</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare Systems</li> <li>• Statistics</li> <li>• SMC</li> <li>• SLDP</li> <li>• Specialist Courses</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Policy formulation and implementation</li> <li>• Supervisory skills</li> </ul>
5	Clinical Officers	<ul style="list-style-type: none"> <li>• Professional Development Courses</li> <li>• SLDP</li> <li>• Computer application</li> <li>• Policy formulation and implementation</li> <li>• Supervisory Skills</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare Management</li> <li>• Clinical Medicine &amp; Surgery</li> <li>• SMC</li> <li>• SLDP</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Policy formulation and implementation</li> <li>• Supervisory skills</li> </ul>
6	Nurses	<ul style="list-style-type: none"> <li>• Community Health Nursing</li> <li>• SMC</li> <li>• SLDP</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist Courses</li> <li>• Leadership skills</li> <li>• Supervisory skills</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Leadership skills</li> </ul>

		<ul style="list-style-type: none"> <li>• Leadership skills</li> <li>• Professional development Course</li> <li>• Supervisory skills</li> <li>• Professional Development Courses</li> </ul>		<ul style="list-style-type: none"> <li>• Professional development Course</li> <li>• Supervisory skills</li> </ul>
7	Medical Laboratory	<ul style="list-style-type: none"> <li>• Leadership skills</li> <li>• Professional development Course</li> <li>• Policy formulation and implementation</li> <li>• Supervisory skills</li> <li>• Decision-making and problem-solving skills</li> <li>• Conflict management skills</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Leadership skills</li> <li>• Professional development Course</li> <li>• Policy formulation and implementation</li> <li>• Supervisory skills</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Leadership skills</li> <li>• Professional development Course</li> <li>• Policy formulation and implementation</li> <li>• Supervisory skills</li> <li>• Decision-making and problem-solving skills</li> <li>• Conflict management skills</li> </ul>
8	Nutritionist	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Leadership skills</li> <li>• Professional development Course</li> <li>• Policy formulation and implementation</li> <li>• Supervisory skills</li> <li>• Decision-making and problem-solving skills</li> <li>• Conflict management skills</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Leadership skills</li> <li>• Professional development Course</li> <li>• Supervisory skills</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Leadership skills</li> <li>• Professional development Course</li> <li>• Policy formulation and implementation</li> <li>• Supervisory skills</li> <li>• Decision-making and problem-solving skills</li> <li>• Conflict management skills</li> </ul>
9	Biochemist	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Supervisory skills</li> <li>• Decision-making and problem-solving skills</li> <li>• Conflict management skills</li> <li>• Presentation skills</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Supervisory skills</li> <li>• Decision-making and problem-solving skills</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Supervisory skills</li> <li>• Decision-making and problem-solving skills</li> <li>• Conflict management skills</li> <li>• Presentation skills</li> </ul>
10	Health Records	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Supervisory skills</li> <li>• Interpersonal Skills</li> <li>• Records management skills</li> </ul>	<ul style="list-style-type: none"> <li>• Health System Management</li> <li>• Supervisory skills</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Records management skills</li> <li>• Data protections</li> </ul>

		<ul style="list-style-type: none"> <li>• Data protections</li> <li>• Data Analysis</li> </ul>		<ul style="list-style-type: none"> <li>• Data Analysis</li> </ul>
11	Physiotherapist	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Counselling skills</li> <li>• Listening skills</li> <li>• Cultural Sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Counselling skills</li> <li>• Listening skills</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Counselling skills</li> <li>• Listening skills</li> </ul>
12	Human Resource Management and Development officers/Assistants	<ul style="list-style-type: none"> <li>• Data Analysis</li> <li>• Problem-Solving</li> <li>• Leadership</li> <li>• Industrial Relations</li> <li>• Training of trainers (ToT)</li> <li>• SMC</li> <li>• SLDP</li> <li>• Pensions skills,</li> <li>• IPPD and Complement control skills</li> <li>• Professional development Course</li> <li>• Policy formulation and implementation</li> <li>• Supervisory skills</li> <li>• Decision-making and problem-solving skills</li> <li>• Conflict management skills</li> <li>• Minute writing skills</li> <li>• Budgeting skills</li> </ul>	<ul style="list-style-type: none"> <li>• Policy formulation and implementation</li> <li>• Leadership skills</li> <li>• Managerial skills</li> <li>• Supervisory skills</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Pensions skills,</li> <li>• IPPD Skills</li> <li>• Complement control skills</li> <li>• Data analysis skills</li> <li>• Budgeting</li> <li>• Performance management</li> <li>• Training of trainers (ToT)</li> <li>• Leadership skills</li> <li>• Report writing skills</li> </ul>
	Administrative Officers	<ul style="list-style-type: none"> <li>• SLDP</li> <li>• SMC</li> <li>• Paramilitary course</li> <li>• performance measurement</li> <li>• Leadership and Teamwork</li> <li>• Report writing</li> <li>• Policy Development</li> <li>• Program Management</li> <li>• Monitoring and Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• SLDP</li> <li>• SMC</li> <li>• Paramilitary course</li> <li>• Performance measurement</li> </ul>	<ul style="list-style-type: none"> <li>• SLDP</li> <li>• SMC</li> <li>• Paramilitary course</li> <li>• Performance measurement</li> <li>• Policy Development</li> <li>• Program Management</li> <li>• Monitoring and Evaluation</li> </ul>
	Economists	<ul style="list-style-type: none"> <li>• Monitoring and evaluation skills</li> <li>• Report writing skills</li> <li>• Budgeting skills</li> <li>• Strategic planning and implementation</li> <li>• Project planning and Monitoring</li> <li>• Policy Development</li> <li>• Program Management</li> </ul>	<ul style="list-style-type: none"> <li>• Project Management</li> <li>• Proficiency in data analysis and performance measurement</li> <li>• Quality assurance and control skills.</li> <li>• Project management software and tools</li> <li>• SMC</li> </ul>	<ul style="list-style-type: none"> <li>• Project management skills</li> <li>• Data analysis skills training</li> <li>• Quality assurance and control.</li> <li>• Project Monitoring and evaluation</li> <li>• SMC</li> <li>• SLDP</li> </ul>

		<ul style="list-style-type: none"> <li>• Monitoring and Evaluation</li> <li>• Data Analysis</li> <li>• Cultural Sensitivity</li> <li>• Leadership and Teamwork</li> <li>• SMC</li> <li>• SLDP</li> </ul>	<ul style="list-style-type: none"> <li>• SLDP</li> </ul>	
	Finance officers	<ul style="list-style-type: none"> <li>• Public Finance Management</li> <li>• Budget Analysis</li> <li>• Public Finance Analysis</li> <li>• Report writing skills</li> <li>• SMC</li> <li>• SLDP</li> <li>• Financial Management</li> <li>• Budget preparation</li> <li>• Interpersonal Skill</li> <li>• Problem-Solving</li> <li>• ICT and Technology Proficiency</li> <li>• IFMIS competency</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Analysis</li> <li>• Financial Reporting</li> <li>• Knowledge of PFM ACT and guidelines Risk Management</li> <li>• Regulatory Compliance</li> <li>• Cash Flow Management</li> <li>• Cost Control and Expense Management</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Management</li> <li>• Budget preparation</li> <li>• Interpersonal Skill</li> <li>• Problem-Solving</li> <li>• ICT and Technology Proficiency</li> <li>• IFMIS competency</li> <li>• SMC</li> <li>• SLDP</li> </ul>
	Accountants	<ul style="list-style-type: none"> <li>• Financial accounting, reporting and analysis skills</li> <li>• Budget implementation</li> <li>• Financial reporting</li> <li>• IFMIS competency</li> <li>• Quality assurance and control skills</li> <li>• Leadership and Teamwork</li> <li>• SMC</li> <li>• SLDP</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge of PFM ACT and guidelines</li> <li>• Proficiency in data analysis</li> <li>• Proficiency in preparation of financial reports</li> <li>• SMC</li> <li>• SLDP</li> </ul>	<ul style="list-style-type: none"> <li>• IFMIS Training</li> <li>• SMC</li> <li>• SLDP</li> <li>• Financial reporting</li> <li>• Quality assurance</li> <li>• ICT / Computer</li> <li>• SMC</li> <li>• SLDP</li> <li>•</li> </ul>
	Supply Chain Management Officers/Assistants	<ul style="list-style-type: none"> <li>• Procurement planning</li> <li>• IFMIS competency</li> <li>• Sourcing skills</li> <li>• Receipting &amp; warehousing</li> <li>• Stock control</li> <li>• Tender / RFP processing</li> <li>• Budgeting skills</li> <li>• Financial management</li> <li>• Legal and regulatory knowledge</li> <li>• Inventory management</li> <li>• data analysis</li> <li>• Contract Management</li> <li>• SMC</li> <li>• SLDP</li> </ul>	<ul style="list-style-type: none"> <li>• Professional development</li> <li>• Budgeting skill</li> <li>• IFMIS competency</li> <li>• Sourcing skills</li> <li>• Receipting &amp; warehousing</li> <li>• Negotiation skills</li> <li>• Regulatory compliance knowledge</li> <li>• Inventory management skills</li> <li>• SMC</li> <li>• SLDP</li> </ul>	<ul style="list-style-type: none"> <li>• Tender / RFP processing upskilling</li> <li>• Budgeting skills training</li> <li>• IFMIS Training</li> <li>• Sourcing skills</li> <li>• Receipting &amp; warehousing training</li> <li>• Training on Financial and risk management</li> <li>• regulatory compliance</li> <li>• SMC</li> <li>• SLDP</li> </ul>

	ICT Officers	<ul style="list-style-type: none"> <li>• Professional qualifications</li> <li>• Computer maintenance and security</li> <li>• Data protection</li> <li>• ICT infrastructure management.</li> <li>• Network administration.</li> <li>• Security management.</li> <li>• Technical support.</li> <li>• Project management.</li> <li>• Vendor management.</li> <li>• SMC</li> <li>• SLDP</li> </ul>	<ul style="list-style-type: none"> <li>• Data protection</li> <li>• Information systems management</li> <li>• Web Management</li> <li>• Project management</li> <li>• Network administration</li> <li>• Programming and coding</li> <li>• SMC</li> <li>• SLDP</li> </ul>	<ul style="list-style-type: none"> <li>• Data protection course</li> <li>• Cyber security</li> <li>• Data management and analytics</li> <li>• Network and cloud Computing</li> <li>• Network and programming</li> <li>• SMC</li> <li>• SLDP</li> <li>• ICT infrastructure management.</li> </ul>
	Public Communications Officers/Assistants	<ul style="list-style-type: none"> <li>• Mass Communication</li> <li>• International Relation</li> <li>• Communication Skills</li> <li>• Journalism</li> <li>• Public relations</li> <li>• International Relations</li> <li>• SMC</li> <li>• SLDP</li> </ul>	<ul style="list-style-type: none"> <li>• Professional development</li> <li>• Communication Skills</li> <li>• Public relations</li> <li>• interpersonal skills</li> </ul>	<ul style="list-style-type: none"> <li>• Professional development course</li> <li>• Public relations course</li> <li>• Speech writing course</li> <li>• Public relations</li> <li>• interpersonal skills</li> </ul>
	Records Management Officers	<ul style="list-style-type: none"> <li>• Supervisory skills</li> <li>• Records management skills</li> <li>• Data protections</li> <li>• SMC</li> <li>• SLDP</li> </ul>	<ul style="list-style-type: none"> <li>• Supervisory skills</li> <li>• Records management skills</li> <li>• Data protections</li> <li>• SMC</li> <li>• SLDP</li> </ul>	<ul style="list-style-type: none"> <li>• ICT / Computer</li> <li>• SMC</li> <li>• SLDP</li> <li>•</li> </ul>
	Office Administrative Services	<ul style="list-style-type: none"> <li>• Supervisory skills</li> <li>• Office management skills</li> <li>• Customer Care skills</li> <li>• Organization and planning skills</li> <li>• Listening skills</li> <li>• Customer service skills</li> <li>• Hospitality skills</li> <li>• SMC</li> <li>• SLDP</li> </ul>	<ul style="list-style-type: none"> <li>• Secretarial Skills</li> <li>• Listening skills</li> <li>• Certified Public Secretaries (CPS)</li> </ul>	<ul style="list-style-type: none"> <li>• Office management skills</li> <li>• Customer Care skills</li> <li>• Organization and planning skills</li> <li>• SMC</li> <li>• SLDP</li> <li>• Secretarial Skills</li> </ul>
	Clerical Officers	<ul style="list-style-type: none"> <li>• Computer application skills</li> <li>• Interpersonal skills</li> </ul>	<ul style="list-style-type: none"> <li>• Listening skills</li> <li>• Customer Care/Public Relations Course</li> <li>• Hospitality skills</li> </ul>	<ul style="list-style-type: none"> <li>• Organization skills</li> <li>• Listening skills</li> <li>• Customer service skills</li> <li>• Hospitality skills</li> </ul>
	Drivers	<ul style="list-style-type: none"> <li>• Defensive Driving</li> <li>• Certificate</li> <li>• First-Aid Certificate</li> <li>• Defensive Driving skills</li> <li>• First aid skills</li> </ul>	<ul style="list-style-type: none"> <li>• First aid skills</li> <li>• Customer service Skills</li> <li>• Defensive Driving skills</li> </ul>	<ul style="list-style-type: none"> <li>• Defensive driving course</li> <li>• First-Aid course</li> <li>• Customer Care/Public Relations Course</li> </ul>



		<ul style="list-style-type: none"> <li>• Basic mechanical skills</li> <li>• Customer Care/Public Relations Course</li> </ul>		<ul style="list-style-type: none"> <li>• Driver refresher course</li> <li>• Refresher course</li> </ul>
	Office Assistants	<ul style="list-style-type: none"> <li>• Customer Care/Public Relations Course</li> <li>• Hospitality skills</li> </ul>	<ul style="list-style-type: none"> <li>• Hospitality skills</li> </ul>	<ul style="list-style-type: none"> <li>• Time management skills</li> <li>• Hospitality skills</li> </ul>
	Occupational therapists	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Interpersonal Skills</li> <li>• Communication Skills</li> <li>• Decision-making</li> <li>• Problem-Solving Skills</li> <li>• Healthcare Systems</li> <li>• Supervisory Skills</li> <li>• Professional development Course</li> <li>• Policy formulation and implementation</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Leadership skills</li> <li>• Professional development Course</li> <li>• Policy formulation and implementation</li> <li>• Supervisory skills</li> </ul>	<ul style="list-style-type: none"> <li>• SMC</li> <li>• SLDP</li> <li>• Leadership skills</li> <li>• Professional development Course</li> <li>• Policy formulation and implementation</li> <li>• Supervisory skills</li> <li>• Decision-making</li> <li>• Problem-solving skills</li> </ul>

#### **CROSS CUTTING SKILLS FOR BOTH TECHNICAL AND SUPPORT CADRE**

- Interpersonal Skills
- Communication Skills
- Time-management Skills
- Organization skills
- ICT and Technology Proficiency
- Interpersonal Skills
- Problem-Solving
- Report writing skills
- Pre-retirement Training