



**OFFICE OF THE PRESIDENT**  
**Ministry of Interior and Coordination of National Government**  
**Directorate of National Cohesion and Values**

**REPORTING TEMPLATE FOR MINISTRIES, DEPARTMENTS, AND AGENCIES (MDAs) ON THE 2021 GOVERNMENT COMMITMENTS AND WAY FORWARD.**

NAME OF MINISTRY, DEPARTMENT OR AGENCY: .....MINISTRY OF HEALTH.....

**THE 10<sup>TH</sup> ANNUAL PRESIDENT'S REPORT ON NATIONAL VALUES AND PRINCIPLES OF GOVERNANCE**  
**TARGET 1: Implement five (5) commitments and way forward in the 2021 Annual President's Report on National Values and Principles of Governance (60%)**

No.	2021 Government Commitments selected by the MDA	Action (s) taken to implement the commitment	Result (s)/ Indicator (s) of the Achievement (No /Percentage) Attach Evidence
1.	Fast-track implementation of programmes, projects and activities for the realisation of the “Big 4 Agenda”	<b>Primary Health Care:</b> The MOH continued to implement Universal Health Coverage through Primary Care Networks (PCN) Strategy, which utilizes the Hub and Spoke Model where the hub is a Level 4 facility supporting the spokes, which are Level 3, 2 and community health units. The PCN Strategy has been implemented in 12 counties namely: Samburu, Garissa, Kisumu, Kilifi, Nakuru, Kakamega, Mombasa, Makueni, Marsabit, Migori, Kwale, Vihiga	Implemented Primary Care Networks in 12 counties, being rolled out across the country supported by different partners  <i>Annex 1: Progress Report on implementation of PCNs</i>
		<b>Human Resources for Health:</b> To ensure continuity in the provision of quality healthcare services, the Ministry continued to manage 8,500 UHC staff down from 8,721 in last reporting period at the County Level. The attrition was due to absorption by the counties and other job opportunities.	<i>Annex 2 : Distribution of Interns per county by cadre</i>

		<p>Further, the MOH continued to manage 4,937 interns comprising of Medical Officers-654, Pharmacist-496, Dentist-61, Clinical Officers-2,798 and Nurses-928 for delivery of quality healthcare services</p> <p>The MOH also conducted a Health Labor Market analysis to identify the HRH supply, demand and needs for the public and private health sector</p>	<p><i>Annex 3: HLMA Report, 2021/2022</i></p>
		<p><b>Health Care Financing:</b> The MOH continued to implement the Health Financing Reforms Expert Panel (HEFREP) Report.</p> <p>Key achievements:</p> <ul style="list-style-type: none"> <li>• NHIF Reforms to support implementation of UHC - Five draft regulations were developed</li> <li>• Biometric registration of 1,022,078 indigent households from all the 47 counties to benefit from Social Health Insurance.</li> <li>• Kshs. 6 billion was disbursed being premiums for 1 million beneficiaries.</li> <li>• Facility Improvement Fund (FIF) and Governance Guidelines approved for health facilities to assist in the flow of funds to the health facilities and ring fencing of the health funds.</li> <li>• Developed draft Health Financing Transition Plan to provide short term and long-term options for resource mobilization. This is to aid the transition from donor aid to a more sustainable domestic health financing.</li> <li>• Enhanced efficiency and effectiveness in resource utilization by restructuring Strategic Public Health Programmes to create synergies, eliminate duplication and gain on economies of scale (National Syndemic Diseases Program)</li> </ul>	<p><i>Annex 4: Draft Regulations for NHIF Reforms</i></p> <p><i>Annex 5: Facility Improvement Fund (FIF) &amp; Governance Guidelines</i></p> <p><i>Annex 6: Kenya Health Sector Transition Roadmap</i></p> <p><i>Annex 7: Main Kenya Gazette Vol. 136 15-7-22</i></p>
		<p><b>Social Health protection:</b></p> <ul style="list-style-type: none"> <li>• <b>UHC Scheme for Indigents:</b> 1,022,078 indigent households</li> </ul>	<p><i>Annex 8: Health Sector Program Performance Report (PPR) 2021/22</i></p>

		<p>identified out of which 901,628 were verified and benefitted from UHC Scheme through NHIF from an allocation of Ksh. 6 billion.</p> <ul style="list-style-type: none"> <li>• <b>Health Insurance Subsidy Programme for Orphans &amp; Vulnerable Children (HISP-OVC):</b> 254,368 OVC households being supported up from 181,468. A total of Kshs 368,775,878 was paid out to the program as at 30th June 2022</li> <li>• <b>Older Persons &amp; Persons with Severe Disability (OPPSD) Scheme:</b> 16,800 more Households were registered totaling to 58,800 Households. A total of KES 105,084,107 was paid out as benefits to members of the scheme on 30th June 2022.</li> <li>• <b>Linda Mama Programme:</b> A total of 1,186,004 benefitted compared to 1,153,988 in the last reporting period.</li> </ul>	
		<p><b>Health Management Information System: County &amp; National Vital Signs profiles (VSP):</b> MOH launched the Kenya Vital Signs Profiles (VSPs) for National and all the 47 Counties to strengthen data and information needed to improve PHC systems.</p> <p><b>Health Technology Assessment Strategic Framework</b> The Health Technology Assessment (HTA) Strategic Framework was developed. Health technology assessment is the application of knowledge to improve or maintain individual and public health. As part of health financing, and UHC reform, Kenya is committed to institutionalize HTA as a healthcare priority setting a framework to enhance efficiency, equity and fairness.</p> <p><b>Research for Health:</b> Research for Health Policy (2020-2030) endorsed, and dissemination initiated. The overall policy goal is to provide guidelines for creation of a national framework in which research for health is conducted and evidence is used to inform policies and strategies, key of which is attainment of Universal Health Coverage that will improve the health of all people in Kenya.</p>	<p><i>Launch of National and County VSPs</i> <a href="https://www.health.go.ke/health-ministry-launches-documents-to-boost-uhc-rollout/">https://www.health.go.ke/health-ministry-launches-documents-to-boost-uhc-rollout/</a></p> <p><i>Annex 9: Health Technology Assessment Strategic Framework</i></p> <p><i>Annex 10: MoH, Research for Health Policy (2020-2030)</i></p>

		<p><b>Health Products and Technologies (HPTs)</b> The Ministry, through KEMSA, procured health products and technologies (HPTs) worth KSh.29.097 Billion</p> <p>Strengthened Institutional structures to manage HPTs efficiently</p> <p>The Medicines Affordability and Pricing Advisory Committee (MAPAC) was revitalized and as a result (and working with the Ministry of Trade) included essential HPTs in the Preferential Procurement Master Roll No. 1 of 2022 to guide procurement of HPTs in the public sector</p>	<p><i>Annex 8: Health Sector Program Performance Report (PPR) 2021/22</i></p>						
		<p><b>Health Infrastructure and Capital Projects:</b> The Ministry undertook several infrastructural projects geared towards affordable healthcare which is one of the “Big Four” Agenda</p> <ul style="list-style-type: none"> <li>• Commissioning of the Cancer Centres</li> <li>• Upgrading &amp; renovation works</li> <li>• East African Kidney Institute (EAKI) Centre of Excellence</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioning of Nakuru, Mombasa and Garissa Cancer centres.</li> <li>• Upgrading of Kigumo County Referral Hospital to a level 4 (70% complete)</li> <li>• Commissioning of Linac Equipment at KNH</li> <li>• Renovation works at Mama Lucy Hospital (70% of the works completed)</li> <li>• Installation of medical gases pipeline systems in Marimani, Chepyakwai, Pumwani and Kimalel Isolation Center.</li> <li>• EAKI construction: Civil works at 97% and absorption at 65%</li> </ul>						
		<p><b>Managed Equipment Service (MES) Programme;</b></p> <ul style="list-style-type: none"> <li>• 129 theatres in 115 hospitals installed and operational.</li> <li>• 120 Central Supply Sterilization Units installed and operational.</li> <li>• 54 dialysis units with 305 dialysis machines installed and operational.</li> <li>• 14 hospitals equipped with ICU equipment and operational.</li> <li>• 98 hospitals equipped with radiology equipment and operational.</li> </ul>	<p>All the equipment under the Managed Equipment Services (MES) project achieved the contractual uptime of 95%.</p> <table border="1" data-bbox="1487 1166 2101 1410"> <thead> <tr> <th>Key Performance Indicators</th> <th>Actual Achievement (APR 2021/22)</th> </tr> </thead> <tbody> <tr> <td>Number of surgeries</td> <td>150,293</td> </tr> <tr> <td>Number of dialysis sessions</td> <td>151,121</td> </tr> </tbody> </table>	Key Performance Indicators	Actual Achievement (APR 2021/22)	Number of surgeries	150,293	Number of dialysis sessions	151,121
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		<p>The MES contract was extended for a further 3 years. The extension will allow the Counties to plan how the MES services will continue to be provided after expiry of the 3-year extension period.</p>	<table border="1"> <tr> <td data-bbox="1487 113 1809 188">Number of patients utilizing ICU</td> <td data-bbox="1809 113 2096 188">12,519</td> </tr> <tr> <td data-bbox="1487 188 1809 263">Number of radiological tests</td> <td data-bbox="1809 188 2096 263">1,979,869</td> </tr> </table> <p><b><i>Annex 11: MES Final Survey Report on Implementation of the Managed Equipment Project</i></b></p>	Number of patients utilizing ICU	12,519	Number of radiological tests	1,979,869
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		<p><b>Transforming Health Systems for Universal Care (World Bank &amp; DANIDA) Projects</b></p> <p>The project focuses on Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH) services.</p>	<p>A total of Ksh. 1.45 billion and Ksh. 322 million disbursed to the counties under World Bank and DANIDA respectively.</p> <p><b><i>Annex 12: TSH &amp; DANIDA 2022 Report</i></b></p>				
		<p><b>HIV Care and Treatment:</b> the MOH continued to offer HIV Prevention and Care Services as follows:</p> <ul style="list-style-type: none"> <li>• HIV testing services through Enhanced Targeted Testing Approaches</li> <li>• HIV Prevention Combination Services,</li> <li>• Provision of HIV Care and Treatment Services</li> </ul>	<p>3,582,514 HIV tests were done compared to 4,314,612 in 2021. The performance is attributed to continued implementation of targeted HIV testing for the general population. The decline in testing was attributed to erratic supply of HIV test kits which led to missed opportunities for HIV testing.</p> <p><b><i>Annex 13: KHIS; MOH 731-1 HIV testing and prevention services 2018</i></b></p> <p>Currently, 1,117,261 (84%) PLHIVs on ART have been verified and Sites reporting using case based data have increased from 1493 in 2021 to 1712 in 2022.</p> <p>946,347 out of 1,003,125 PLHIVs on ART who had their routine viral loads taken were suppressed (<math>\leq 1000</math> copies) accounting for 94% viral load suppression.</p> <p><b><i>Source: <a href="https://virallload.nascop.org/">https://virallload.nascop.org/</a></i></b></p>				

		<p><b>Nutrition:</b></p> <ul style="list-style-type: none"> <li>• Breast Milk Substitutes (General), Regulations were developed and came to force on 30th May 2022.</li> <li>• Vitamin A Supplementation coverage for children 6-59 months recorded at 86.3%</li> <li>• The coverage for Iron and folic acid supplementation among pregnant women recorded at 80.2%</li> <li>• Over 3500 health facilities in the 23 ASAL counties are implementing high impact nutrition interventions</li> <li>• Conducted Seasonal Food and Nutrition Assessments and Analysis to inform response and contingency planning.</li> </ul>	<p><b><i>Annex 8: Health Sector Program Performance Report (PPR) 2021/22</i></b></p>
		<p><b>National Vaccine &amp; Immunization Program:</b> The National Vaccines and Immunization Program (NVIP) aims to reach all children with lifesaving childhood vaccines in line with Universal Health Coverage</p>	<p>Fully immunized coverage improved from 84% in the last reporting period to 86% in the year 2022.</p> <p><b><i>Annex 14 : Penta 3 Coverage January to June 2022</i></b></p>
		<p><b>Malaria:</b></p> <ul style="list-style-type: none"> <li>• Malaria test positivity rate reduced from 29% in 2021 to 28.8% in 2022</li> <li>• Malaria vaccination in children increased from 315,826 in 2021 to 374,994 in 2022</li> <li>• Malaria incidence reduced from 86% in 2021 to 80.3% in 2022</li> <li>• Total number of LLINs distributed at ANC &amp; CWC increased from 1,440,004 in 2021 to 1,791,938 in 2022</li> <li>• Patients on AL reduced from 3,618,612 in 2021 to 3,551,163 in 2022</li> </ul>	<p><b><i>Annex 15: Malaria Report 2021/22</i></b></p>
		<p><b>School Health Program:</b></p> <ul style="list-style-type: none"> <li>• UHC expanded Edu Afya implemented in all public secondary schools as part of the School Health Program</li> <li>• The adolescent and School Health Policy was reviewed to</li> </ul>	<p>Source:  <a href="http://nemis.education.go.ke/manuals/EduAfya_Brochure.pdf">http://nemis.education.go.ke/manuals/EduAfya_Brochure.pdf</a></p>

		<p>align it to the GoK agenda</p> <ul style="list-style-type: none"> <li>Over 6 million school aged children in endemic areas dewormed</li> </ul>	<p>Source:  <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6367841/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6367841/</a></p>
		<p><b>Infection prevention and control (IPC):</b> IPC remains a high impact intervention in public health management. In this regard, the MOH developed and implemented the following;</p> <ul style="list-style-type: none"> <li>IPC Policy and Strategic Plan 2021 to 2025</li> <li>Antimicrobial Resistance (AMR) Policy and Action Plan 2017 to 2022</li> <li>Patient and Health worker safety and Quality of Care Policy and Action Plan 2022 to 2027</li> <li>Quality of Care Certification Framework for the Kenyan Health Sector (2020)</li> </ul>	<ul style="list-style-type: none"> <li><b>IPC &amp; AMR indicators being monitored through the Kenya Health Information System (KHIS)</b>  <a href="https://hiskenya.org/dhis-web-dashboard/#/">https://hiskenya.org/dhis-web-dashboard/#/</a></li> <li><b>Annex 16 :</b> IPC Policy</li> <li><b>Annex 17 :</b> IPC Strategic Plan</li> <li><b>Annex 18:</b> AMR Policy</li> <li><b>Annex 19:</b> AMR Action Plan</li> <li>Safety indicators being monitored through the Kenya Health Information System (KHIS) <a href="https://hiskenya.org/dhis-web-dashboard/#/">https://hiskenya.org/dhis-web-dashboard/#/</a></li> <li><b>Annex 20:</b> National Policy for Patient Safety, Health worker Safety and Quality of Care</li> <li><b>Annex 21:</b> National Action Plan for Patient Safety, Health worker Safety and Quality of Care</li> <li><b>Annex 22:</b> Quality of Care Certification Framework for the Kenyan Health Sector</li> <li><b>Annex 23:</b> Quality of Care Certification Manual for the Kenyan Health Sector</li> </ul>
		<p><b>National Public Health Laboratory Services (NPHLS):</b> The Department of Laboratory Services initiated and led the initiative to roll out molecular testing of key infectious diseases such as HIV, TB, Malaria, COVID-19 and influenza among others</p>	<ul style="list-style-type: none"> <li>3.4m COVID-19 samples tested</li> <li>3000 influenza samples and expanded genome surveillance.</li> <li>1.2m VL testing for people living with HIV and AIDS</li> <li>Molecular testing for COVID-19 and febrile illnesses has been expanded from</li> </ul>

			<p>one (1) in 2020 to over 110 in 2022</p> <p><b><i>Annex 24: National Public Health Laboratory Report 2022</i></b></p>
		<p><b>Emergency Medical Care:</b> The Ministry launched Emergency Medical Care Policy (2020-2030 ) and a strategic plan ( 2020-2025). The following were achieved;</p> <ul style="list-style-type: none"> <li>• Appointment and Gazettement of National Emergency Medical Care Steering Committee.</li> <li>• Roll out of the policy in collaboration with Emergency Medicine Kenya Foundation</li> <li>• Development of Emergency Medical Technicians and Ambulance Drivers Curriculum</li> <li>• Development of National Emergency Medical Care Treatment Guidelines</li> <li>• Draft legislative proposals on Emergency Medical Care Bill</li> </ul>	<p><b><i>Annex 25: Emergency Medical Care Policy (2020-2030)</i></b></p> <p><b><i>Annex 26 : Emergency Medical Care strategic plan ( 2020-2025)</i></b></p>
		<p><b>National Cancer Program:</b> The MOH, through the National Cancer Program, established regional cancer and chemotherapy centers</p> <p>The MOH continued to support implementation of cancer prevention activities through:</p> <ul style="list-style-type: none"> <li>✓ Cervical cancer screening scale-up</li> <li>✓ Breast cancer screening program roll-out</li> </ul>	<p>3 comprehensive regional cancer centers commissioned in Nakuru, Garissa and Mombasa</p> <p><b><i>Annex 27: RADIOTHERAPY_FINAL IPA_NKR Tripartite</i></b></p> <p>10 regional chemotherapy centers in place (Meru, Nyeri, Kisumu, Kakamega, Embu, Machakos, Kisii, Nakuru, Mombasa and Garissa)</p> <p>6000 HCWS trained on cervical and breast cancer screening</p> <p><b><i>Annex 28: Cervical cancer screening program continuous quality Improvement County Technical Assistance Report</i></b></p> <p>Breast Cancer Action Plan dissemination to all</p>



		<p>14 Million Kenyans were reached with Cancer Education messages through various media platforms. This was enhanced by translation of cancer messages to 11 dialects that were disseminated through local FM stations</p>	<p>the 47 counties <i>Annex 29: Breast Cancer Action plan (BCAP)dissemination Report</i></p> <p><i>Annex 8: Health Sector Program Performance Report (PPR) 2021/22</i></p>
		<p><b>Reproductive and Maternal Health:</b> The MOH developed and disseminated the following documents;</p> <ul style="list-style-type: none"> <li>• National Reproductive Health Policy (2022-2032).</li> <li>• National Guidelines for Quality Obstetric and Perinatal Care, Maternal New-born Health Standards and Quality of Care Assessment Tools,</li> <li>• Maternal and Perinatal Death Surveillance and Response 1<sup>st</sup> Report and a Guide to Understanding Adolescence.</li> </ul>	<p><i>Annex 30: Reproductive Health Policy</i> <i>Annex 31: National Guidelines for Quality Obstetric and Perinatal care</i> <i>Annex 32: Maternal New-born Health standards and quality of care assessment tools</i> <i>Annex 33 : Maternal and Perinatal Death surveillance and Response 1<sup>st</sup> report</i> <i>Annex 34 : Guide to Understanding adolescence</i> <i>Annex 35: Draft Kenya National Family Planning Policy</i> <i>Annex 36: Continuum of care package ( pre-conception care, ANC, PNC)</i></p>
		<p><b>Health Promotion:</b> A Draft Health Promotion Policy developed as one of the pillars of Primary Health Care to provide direction on emerging and re-emerging issues in health.</p> <p>Review of Health Promotion Strategy, which aims at providing guidance and implementation of Health Promotion Policy.</p>	<p><i>Annex 37: Health Promotion Policy &amp; Strategy Development Report</i> <a href="https://drive.google.com/file/d/1vPWuqgEWCGy2R4J_8marQhr2TuVJt6_P/view?usp=sharing">https://drive.google.com/file/d/1vPWuqgEWCGy2R4J_8marQhr2TuVJt6_P/view?usp=sharing</a></p>
		<p><b>Non-Communicable Diseases:</b></p> <ul style="list-style-type: none"> <li>○ Capacity building of HCWs on Cardiovascular Diseases (CVD) and Diabetes Care through the PENPLUS Project in Isiolo and Vihiga Counties</li> <li>○ Trained 300 HCWs on CVD care through Moyo Afya Project</li> <li>○ Provision of point-of-care ultrasound and ECG</li> </ul>	<p><i>Annex 38: PENPLUS Project Brief</i></p> <p><i>Annex 39: NCDAK MoyoAfya October 2022 Quarterly Narrative Report_ 23.10.22</i></p>

		<p>machines at all level 3 facilities in Siaya County</p> <ul style="list-style-type: none"> <li>○ Rolled out in 2 counties (Kisumu and Nyamira) - trained 32 HCWs, and 52 CHVs.</li> <li>○ Screened 7,023 for Hypertension</li> <li>○ CVD guidelines and Infant Sickle Cell Disease (SCD) screening guidelines developed</li> <li>○ Developed framework for the formation of NCDs psychosocial support groups</li> </ul> <p>In line with the Primary Health Care Strategic Framework 2019-2024, the MOH has implemented the following to deliver on Primary Health Care interventions;</p> <ul style="list-style-type: none"> <li>- Integration of NCD education, institutionalization of screening services and follow-up into levels 1-3</li>   <li>- Utilizing existing community health structures (CHS) to enhance NCD prevention and management at PHC level;</li>   <li>- Decentralization of sickle cell disease/haemophilia care services</li> </ul>	<p><b><i>Annex 40: Pamoja Tunajali HIV Hypertension Integrated Project Dissemination Meeting 30 Nov 2022 v2 FINAL</i></b></p> <ul style="list-style-type: none"> <li>● 56 health facilities supported (in Kakamega, Makeni, Kilifi, Mombasa, Nakuru and Nyeri)</li> <li>● 19 facilities supported in Makeni County in collaboration with PATH through Afya Kijijini Project to improve access and quality of hypertension and diabetes care at the primary healthcare level</li>   <li>● 991 CHVs trained on hypertension and diabetes management</li> <li>● Building capacity of PLWNCDs support groups in creating NCDs awareness <ul style="list-style-type: none"> <li>○ 37 support groups formed and trained in Meru</li> <li>○ 391 peer educators trained on DM and HTN</li> </ul> </li> <li>● A total of 14 care clinics have been opened to enhance access to care services</li> <li>● Established 3 comprehensive haemophilia centres</li> </ul>
		<p><b>Rehabilitative Services:</b> In order to standardize the assessment of persons with disability, the Ministry:-</p>	<p>The two documents are available in the MOH website <a href="http://www.health.go.ke">www.health.go.ke</a></p>

		<ul style="list-style-type: none"> <li>• Developed Rehabilitative Services &amp; Assistive Technology Strategy 2022-2026</li> <li>• Reviewed and disseminated the Disability Medical Assessment &amp; Categorization Guidelines and the Assessment Forms for various disability types.</li> </ul>	
		<p><b>The National TB &amp; Leprosy Disease Program (NTLDP):</b> The TB program endeavoured to provide free TB diagnosis and treatment to patients found with TB. The program also mobilised resources to provide drug resistant TB patients with NHIF cover through Global Fund grants.</p>	<p>So far over 82,000 TB patients identified and started on both first and second line treatment compared 77,777 in 2021  <i>Annex 41: Tuberculosis Report 21-2022</i>  <i>Annex 42: Tiba-Newsletter-Edition-9</i></p>
		<p><b>Global Fund Kenya Coordinating Mechanism:</b> Under the Kenya Coordinating Mechanism (KCM) for Global Fund, the MOH in various programs undertook implementation of the Global Fund Grant to Kenya for the period July 2021 to June 2024 totalling to USD 441,509,321.</p> <p>The Global Fund has so far disbursed over USD 220 million to the Ministry’s programmes.</p>	<p>GF programmatic and financial performance reported at 75%  Source: <a href="https://globalfundkcm.or.ke/kcm-minutes/">https://globalfundkcm.or.ke/kcm-minutes/</a>  Source: <a href="https://globalfundkcm.or.ke/oversight-field-visit-reports/">https://globalfundkcm.or.ke/oversight-field-visit-reports/</a></p>
		<p><b>Nursing Services:</b> Launch and dissemination of the National Nursing and Midwifery Policy and Scopes of Practice.</p>	<p><i>Annex 43: National Nursing and Midwifery policy (2022-2032)</i>  <i>Annex 44: Scopes of practice for nursing and midwifery practice</i></p>
		<p><b>Mental Health:</b> The following policy documents were launched;</p> <ul style="list-style-type: none"> <li>• Mental Health Act</li> <li>• Suicide Prevention Strategy, 2021-2026</li> <li>• Kenya Mental Health Action Plan 2021-2025</li> <li>• Kenya Board of Mental Health</li> </ul>	<p><i>Source: <a href="http://www.moh.go.ke">www.moh.go.ke</a></i></p>
		<p><b>Eye Health;</b> Towards the realisation of UHC, through the National Eye Health Strategic Plan 2020-2025, the Ministry of Health with support from Christian Blinden Mission and the German Government launched the Vision Impact Project (VIP) focussing on detailed Eye Health Systems Strengthening in 10 counties (<i>Vihiga, Bomet, Kakamega, Nakuru, Kiambu, Kajiado,</i></p>	<p>CS Speech during the Launch (CS-Speech-VIP.pdf <a href="http://www.health.go.ke">www.health.go.ke</a></p>

		<p>Mombasa, Kwale, Embu and Meru). Total cost at ksh.2.2billion on 21<sup>st</sup> April 2022.</p>	
		<p><b>Environmental Health:</b></p> <ul style="list-style-type: none"> <li>• <b>Climate Change &amp; Health:</b> Training manual for community health volunteers on household air pollution to support achievement of Universal Clean Energy. In all counties, 600 CHMT members, 329 Technical Officers trained as trainers of trainers. 1786 Community Health Volunteers trained.</li> <li>• <b>Food Safety:</b> The MOH has a draft Food Safety Policy and Bill 2022 that seek to provide for the creation of a Food Safety Authority</li> </ul>	<p><i>Annex 45 : Training manual for Community Health Volunteers on household air pollution for Achievement of Universal Clean Energy and health co-benefits</i></p> <p><i>Annex 46: Training Report on Household Air Pollution</i></p> <p><i>Annex 47: Draft food safety Policy and Bill 2022.</i></p>
		<p><b>Water, Hygiene &amp; Sanitation(WASH):</b>  <b>Menstrual Hygiene:</b> The MOH developed the Menstrual Hygiene Policy and a Teachers Handbook</p>	<p>3.7 million school girls on free sanitary pads  Ksh. 470 million spent on the project  <i>Annex 48: Menstrual hygiene policy</i></p> <p><i>Annex 49: Menstrual hygiene teachers Handbook</i></p>
		<p><b>Vector Borne &amp; Neglected Tropical Diseases</b></p> <ul style="list-style-type: none"> <li>• <b>Leishmaniosis:</b> <ul style="list-style-type: none"> <li>○ 89 Health Care Workers trained to diagnose, manage and report on Visceral Leishmaniasis.</li> <li>○ 257 Community Health Volunteers capacity built with key health messages in VL hot spots.</li> </ul> </li> <li>• <b>Lymphatic Filariasis:</b> <ul style="list-style-type: none"> <li>○ 4,082,889 (99.7%) out of the eligible population of 4,095,762 were treated</li> </ul> </li> <li>• <b>Intestinal Worms &amp; Bilharzia:</b> <ul style="list-style-type: none"> <li>○ 10.5 million people in endemic communities were treated -3,595,092 and 7,011,083 in coastal and western regions, respectively</li> </ul> </li> <li>• <b>Zoonotic Diseases:</b> <ul style="list-style-type: none"> <li>○ One-Health Strategic Plan (2021-2025) was launched.</li> </ul> </li> </ul>	<p><i>Annex 8: Health Sector Program Performance Report (PPR) 2021/22</i></p>

		<ul style="list-style-type: none"> <li>○ 28 healthcare workers in Lamu County were trained on human rabies prevention and control.</li> <li>○ 75 healthcare workers from Isiolo, Marsabit, Garissa, Wajir and Mandera County were trained on brucellosis disease management and biosecurity.</li> </ul>	
		<p><b>Blood &amp; Blood Products:</b></p> <ul style="list-style-type: none"> <li>● Collected 465,819 units of blood up from 178, 249 units and served over 440,000 Kenyans.</li> <li>● Regional Blood Transfusion Centres increased from three (3) to Six (6) (i.e. Mombasa, Nairobi, Embu, Eldoret, Nakuru and Kisumu).</li> <li>● Development and deployment of the <b>DAMU-KE</b> – Kenya Blood Banking Information System to <b>fifteen (15)</b> hubs through a Hub-Spoke Model of deployment</li> <li>● Turn-around-time dropped by <b>90%</b> from blood donation to results confirmation at transfusing hospitals</li> <li>● Accreditation audits for ALL blood laboratories undertaken through Kenya Accreditation Service (KENAS)</li> </ul>	<p><i>Annex 50: Brief Report on National Blood Transfusion Services 2022</i></p>
		<p><b>UHC Enablers:</b> in collaboration with other government agencies;</p> <ul style="list-style-type: none"> <li>● 241 health facilities up from 156 connected to electricity</li> <li>● 2928 facilities connected with water up from 2907</li> <li>● 18 facilities are connected to LAN;</li> <li>● 406 KM roads to health facilities have been upgraded</li> <li>● 200,000 boda boda riders issued with NHIF SMART cards to access medical care.</li> </ul>	<p><i>Annex 8: Health Sector Program Performance Report (PPR) 2021/22</i></p>
		<p><b>Leadership and Governance:</b> Establishment and appointment of various Boards of Directors for Parastatals and Regulatory Bodies</p> <ul style="list-style-type: none"> <li>● GAZETTE NOTICE NO. 8818, THE MENTAL HEALTH ACT (Cap. 248) appointed board of directors with effect from 28<sup>th</sup> July 2022</li> <li>● GAZETTE NOTICE NO. 8273, THE NUTRITIONIST AND DIETICIANS ACT (<i>No. 18 of 2007</i>) appointed</li> </ul>	<p><i>Annex 51: Gazette Notices on Appointment of Boards Directors</i></p>

		<p>board of directors with effect from 15<sup>th</sup> July 2022</p> <ul style="list-style-type: none"> <li>• GAZETTE NOTICE NO. 8271, THE CANCER PREVENTION AND CONTROL ACT (No. 15 of 2012) appointed board members with effect from 13<sup>th</sup> July 2022</li> <li>• GAZETTE NOTICE NO. 8270, THE TOBACCO CONTROL ACT (No. 4 of 2007) appointed board members with effect from 13<sup>th</sup> July 2022</li> <li>• <b>Appointed the CEO and Board of Directors for BIOVAX</b></li> <li>• GAZETTE NOTICE NO. 8268, THE BREAST MILK SUBSTITUTE (REGULATIONS AND CONTROL) ACT, (No. 34 of 2012) appointed members of the National Committee on Infant and Young Child Feeding with effect from the 15th July, 2022.</li> <li>• GAZETTE NOTICE NO. 8269, THE NATIONAL HEALTH INSURANCE FUND ACT (No. 9 of 1998) members of the National Health Insurance Fund effect from the 13th July, 2022.</li> <li>• GAZETTE NOTICE NO. 8272, THE NUCLEAR REGULATORY ACT (No. 29 of 2019) appointed board members with effect from 13th July 2022.</li> <li>• GAZETTE NOTICE NO. 8274, THE NURSES AND MIDWIVES ACT (Cap. 257) appointed board members with effect from 13th July 2022.</li> <li>• GAZETTE NOTICE NO. 8275, THE CLINICAL OFFICERS (TRAINING, REGISTRATION AND LICENSING) ACT (No. 20 of 2017) appointed board members with effect from 13th July 2022.</li> <li>• GAZETTE NOTICE NO. 8821, THE MATHARI NATIONAL TEACHING AND REFERRAL HOSPITAL (No. 165 of 2020) members of the board with effect from the 29th July, 2022.</li> <li>•</li> </ul>	
2.	<b>Implement measures for Post Covid-19</b>	The World Bank Funded Covid 19 Health Emergency Response Program (C-HERP) advertised and recruited	<b><i>CHERP Q1 2022/2023 Report as at 17th OCT 2022</i></b>

<b>recovery to enhance execution of government programmes, projects, activities and service delivery</b>	<ul style="list-style-type: none"> <li>• 61 consultants of various cadres on an 18 months contract to assist in its efforts to prevent, detect and respond to the threat of post-Covid-19 infections and enhance capacities of existing programmes for service delivery (e.g. Blood Transfusion Service)</li> <li>• 32 psychologists for psychosocial support</li> <li>• Continued to manage 379 surge capacity staff</li> <li>• 5,972 liters of medical oxygen was supplied to Machackos Level 5 Hospital, Mumias Level 4, Alupe SCH, Mount Elgon Hospital, Nyamira CRH, Webuye, Bungoma CRH, Bugina Isolation in vihiga, Mbale CRH, Siaya CRH, Nakuru PGH, Kericho CRH, Koiywo and Kisumu CRH.</li> <li>• Medical gas tanks installation and piping works were done in health facilities in the following counties:- Garissa, Busia, Taita Taveta, Mandera, Machakos, Kisumu, Kajiado, Migori, Nairobi KNH &amp; KUTTRH.</li> </ul>	Source: <a href="http://www.health.go.ke">www.health.go.ke</a>
	Continued to monitor infections and implement Infection Prevention and Control measures and recommendations for Coronavirus Disease 2019 (COVID-19) in Health Care Settings	Daily Covid 19 situation report and vaccination updates available on MOH website ( <a href="http://www.health.go.ke">www.health.go.ke</a> )
	COVID-19 Dashboard to monitor COVID-19 Immunization in the country, the COVID-19 dashboard was developed	COVID-19 Dashboard integrated in KHIS <a href="https://hiskenya.org/dhis-web-dashboard/#/">https://hiskenya.org/dhis-web-dashboard/#/</a>
	<b>Mental health and psycho- social support:</b> 705 county healthcare workers in the 47 counties were trained to promote mental Health Psycho-social support and post Covid-19 recovery	<b>Annex 8: Health Sector Program Performance Report (PPR) 2021/22</b>
	<ul style="list-style-type: none"> <li>• Guidelines for Covid-19 in homebased care developed</li> <li>• Coordinated Covid-19 vaccination activities for state departments, corporates and diplomatic agencies and foreign missions between</li> </ul>	<b>Guidelines for Covid-19 in homebased care</b>  Source: <a href="http://www.health.go.ke">www.health.go.ke</a>
	Mainstreaming of Covid 19 vaccination into the National Vaccine and Immunization Program (NVIP)	37% of adults were fully vaccinated against Covid-19 <b>Annex 52 : Covid 19 Vaccination Report December 2022</b>
	The proportion of facilities offering immunization services	

		<p>increased from 60% to 90% during the review period. This was attributed to the installation of specialized vaccine storage equipment in over 3,500 health facilities and 290 sub-county vaccine depots.</p>	
		<p>The Ministry has continued to manage the <i>Jitenge</i> system which is used to track Covid 19 patients in the country</p>	<p><a href="http://www.moh.go.ke">www.moh.go.ke</a></p>
		<p><b>Post COVID-19 Measures at the Ports of Entry</b></p> <ul style="list-style-type: none"> <li>• 38 Thermo-scanners installed at Ports of Entry;</li> <li>• Lease agreement with Toyota for five (5) ambulances for JKIA, Moi, Kisumu, Eldoret and Malaba</li> <li>• KEMRI has established a genomic sequencing site / lab at JKIA</li> <li>• Developed draft Port Health Strategic Plan (2023-2027)</li> <li>• Handbook for Standard Operating Procedures for prevention and control of communicable diseases.</li> <li>• Digitization of surveillance</li> <li>• Regional collaboration: MoU between Kenya and Tanzania on cross border collaboration</li> </ul>	<p><b>Annex 53: Report on Post COVID-19 Measures at the Ports of Entry</b></p>
3.	<p><b>Leverage on and enhance use of information and communication technologies (ICT) and other innovations in service delivery</b></p>	<p>MOH has established the Digital Health Platform to provide</p> <ul style="list-style-type: none"> <li>• Real time Data collection</li> <li>• Customer/client interaction</li> <li>• Mapping of resources at sites</li> <li>• Analytics at all levels</li> </ul> <p>The MOH further developed the Software for Outpatient Modules (OPD) to link health facilities. Six (6) modules for National Health Data Centre complete and deployed</p>	<p><b>Annex 54: CS Brief on M&amp;E, Research &amp; Innovation</b></p>
		<p>Utilization of Kenya Nutrition Scorecard (KNS) in RMNCAH platform. KNS has been disseminated to all 47 counties and 15 counties are already utilizing it and accessing ALMA scorecard hub.</p>	<p><a href="https://scorecardhub.org/scorecards/?c=kenya&amp;t=nutrition-scorecard-tools&amp;y=all">https://scorecardhub.org/scorecards/?c=kenya&amp;t=nutrition-scorecard-tools&amp;y=all</a></p>
		<p>Implementation of Integrated Human Resource Information System (IHRIS) for health workforce data and decision-making at the National and County levels</p>	<p>Link: <a href="http://ihris.or.ke/moh/login">http://ihris.or.ke/moh/login</a></p>



		<p>Developed two Quality of Care Assessment tools both in electronic versions i.e. the Joint Health Inspections Checklist (JHIC) and the Kenya Quality Model for Health (KQMH). The tools have been deployed for use in assessing compliance to quality and patient safety standards across the 47 counties</p>	<p><b><i>Annex 55: Joint Health Inspection Checklist</i></b></p> <p><b><i>Annex 56: Kenya Quality Model for Health Checklist-Dispensary</i></b></p> <p><b><i>Annex 57: Kenya Quality Model for Health Checklist-Health Centre</i></b></p> <p><b><i>Annex 58: Kenya Quality Model for Health Checklist-Hospital</i></b></p>
		<p>To support community health services:-</p> <ul style="list-style-type: none"> <li>• National Community Health Digitization Strategy, 2020-2025 was developed</li> <li>• Electronic Community Health Information System (e-CHIS) developed and Piloted in Isiolo and Kisumu Counties</li> </ul>	<p><b><i>Annex 59: National Community Health Digitization strategy 2020-2025</i></b></p> <p><a href="http://www.moh.go.ke">www.moh.go.ke</a></p>
		<p>Chanjo system continuously used for monitoring of Covid 19 vaccination</p> <p>Chanjo eLMIS has been rolled out for vaccine logistics management</p>	<p>4000 immunizing facilities are using Chanjo KE to report covid-19 vaccination data</p> <p>250 sub counties are using the Chanjo eLMIS for vaccines stock management</p> <p><a href="https://portal.health.go.ke/">https://portal.health.go.ke/</a></p>
		<p>Digitization of chargeable services at Jomo Kenyatta International Airport by embracing use of Process Data Quickly (PDQ) machines and Mpesa Till number</p> <p>Establishment of a Customer care Command Center for travelers at MOH to resolve queries raised by travelers arising from use of travel applications such as Regional Electronic Cargo and Driver Tracking System ( RECDTS) and Trusted Travel (PanaBios)</p>	<p><b><i>Annex 60: Authorization Letter to use PDQ Machines Ref AG/3/88/IVOL.59/(46) 4<sup>th</sup> June 2022)</i></b></p> <p>Travellers screened for Ebola 588,622 Conveyances (Transit vehicles) inspected 73,894</p> <p>Command Centre Customer care support 0798088534/0795958552</p>
		<p>Established Cancer e-learning platforms for primary health care workers;</p>	<p>Over 4000 healthcare workers have completed the training module</p>

		<ul style="list-style-type: none"> <li>• <b>Ushauri platform for scaling up screening in WLWHIV:</b> an sms based system aimed at promoting adherence to treatment and intention to care among people living with HIV in Kenya.</li> <li>• <b>Oncology Dashboard developed:</b> This commodity allocation tool is aimed at enabling the monitoring of oncology drugs allocation to facilities within Kenya.</li> </ul>	1,738,169 women reached on the USHAURI platform <a href="http://adt.nascop.org/register">http://adt.nascop.org/register</a>
		Development of efficient integrated EMR for NCDs	<ul style="list-style-type: none"> <li>• SPICE digital platform for hypertension and diabetes in 52 facilities across 9 counties</li> <li>• Developed oncology, TB &amp; Haemophilia EMR</li> </ul>
		The TB program uses an electronic system (TIBU) for reporting which is integrated with the KHIS2. IT has been enhanced to include facility-based system (t-bu lite).	All sub counties are able to report using the TIBU and allocation tools TB notification increased from 77,845 in 2021 to 89,812 in 2022 <a href="http://pms.dtltd.or.ke/">http://pms.dtltd.or.ke/</a>
		MoH began piloting the roll out of Telemedicine Project between KNH and Isiolo County. Subsequently, the Country will be clustered in a manner that each of the level 6 facilities can provide targeted telemedicine services to lower level facilities.	<b><i>Annex 54: CS Brief on M&amp;E, Research &amp; Innovation</i></b>
4.	<b>Continue enhancing the collaboration between the two levels of government to entrench sharing and devolution of power.</b>	The MOH has worked with the tobacco growing Counties to facilitate farmers to transition from tobacco growing to alternative livelihoods that are profitable, safe and food secure.	The initiative was piloted in Migori county where over 1,300 farmers have transitioned to growing Nyota Bean which is high in Iron content. The intervention has been successful and is now being rolled to three (3) other counties i.e Bungoma, Busia and Meru
		The MOH working with the county governments to build capacity for the implementation of the WHO-Framework Convention for Tobacco Control (FCTC) and the Tobacco Control Act at the county level.	
		The Ministry held one (1) virtual Health Sector Intergovernmental Consultative Forum (HSIGCF) with county Governments and	<b><i>Annex 61: Report of the 19<sup>th</sup> Health Sector Intergovernmental Consultative Forum</i></b>

	other stakeholders.	<b>(HSIGCF)</b>
	<b>Joint Service Delivery Assessment:</b> A comprehensive assessment of health facilities by County and National teams was done to collect relevant data on status of service delivery to guide support and mentorship programs	<b><i>Annex 62: Draft Report on Joint service delivery assessment report</i></b>
	The Ministry and Counties jointly reviewed and developed the following Policy documents: - Adolescent and School Health Policies. - Primary Health Care Guide  -Dissemination of Disability Medical Assessment & Categorization Guidelines to 47 counties	<b><i>Annex 63: School Health Policy</i></b>  <b><i>Annex 64: Disability Medical Assessment &amp; Categorization Guidelines. Available at <a href="http://www.moh.go.ke">www.moh.go.ke</a></i></b>
	NVIP has further coordinated vaccination response to two outbreaks reported by counties- yellow fever and measles - by conducting sub national mass vaccination campaigns.	Yellow fever outbreak response conducted in 2 counties Tana River and Isiolo  Measles and Rubella outbreak response conducted in 7 counties (Nairobi, West Pokot, Marsabit, Wajir, Garissa, Turkana, Mandera) <b><i>Annex 65: Report of the Yellow Fever outbreak response</i></b>
	The NPHL continued to support the counties with Molecular Testing Equipment and Reagents for COVID-19. As of Dec 2022, at least 38 counties were able to conduct molecular testing. The NPHL is also supporting counties to respond to various threats such as Ebola, Cholera, Yellow fever, measles and mumps among others. The NPHL also continues to support county diagnostic services	A list of county facilities that are able to conduct molecular testing is available on the MoH website <a href="http://www.moh.go.ke">www.moh.go.ke</a>
	Three (3) regional cancer centers Nakuru, Garissa, Mombasa completed and operationalized  The National and county governments have continued to collaborate through; <ul style="list-style-type: none"> <li>• Intergovernmental Technical Working Groups (TTCs)</li> <li>• Interagency coordination committees (ICCs)</li> </ul>	<a href="http://www.moh.go.ke">www.moh.go.ke</a>

		<p>The MOH is a member and convener of the Kenya Coordinating Mechanism which is a partnership between Governments (National and Counties), civil society, development partners the private sector and people affected by the diseases designed to accelerate the end of AIDS, Tuberculosis and Malaria epidemics with support from The Global Fund.</p>	<p>KCM Guidelines and Conflict of Interest Policy</p> <p><a href="https://globalfundkcm.or.ke/oversight-field-visit-reports/">https://globalfundkcm.or.ke/oversight-field-visit-reports/</a></p> <p><a href="https://globalfundkcm.or.ke/kcm-minutes">https://globalfundkcm.or.ke/kcm-minutes</a></p>
		<p>The MOH developed draft Guidelines aiming to provide technical assistance and guidance in dissemination of Information, Education and Communication Materials to the counties.</p>	<p>The draft guideline was developed and awaits finalization then Validation and Launch</p> <p><a href="https://drive.google.com/file/d/1eRU09byOqKG MG86zx-8lQragaTUd2Z9E/view?usp=sharing">https://drive.google.com/file/d/1eRU09byOqKG MG86zx-8lQragaTUd2Z9E/view?usp=sharing</a></p>
		<p>MOH trained different audiences in the counties on social behaviour change communication (SBCC). These comprise; all the counties and sub counties health management teams, 40 CORPs in each county, 52 vulnerable and Marginalized Groups.</p>	
5.	<p><b>Implement measures to promote inclusivity and representation of Kenya's diverse communities in the public service.</b></p>	<p>The MOH effected promotions and training of different cadres as follows;</p> <ul style="list-style-type: none"> <li>• 159 Promotions</li> <li>• 206 officers were sponsored by the Ministry to undertake specialized courses across cadres and included (Medical Officers-140, Dental officers-4, Pharmacist-29, Nurse-19, Administrative -6, Medical Lab Technologist 7, and 1 Medical Social Worker</li> <li>• 130 were sponsored for management courses at KSG Campuses</li> <li>• 141 confirmations in appointment</li> <li>• 4,937 UHC Interns deployed in National and County health facilities</li> <li>• 72 MOH staff are persons living with disabilities</li> <li>• Recruitment of 61 consultants on an 18 month contract under CHERP- World Bank funded project to enhance Post-covid service delivery.</li> </ul>	<p><i>Annex 66: Promotion list disaggregated by gender, ethnicity and disability</i></p> <p><i>Annex 67 :List of Officers Trained disaggregated by gender, ethnicity and disability</i></p> <p><i>Annex 68 :List of Officers trained on Management Courses at the KSG disaggregated by gender, ethnicity and disability</i></p>



**OFFICE OF THE PRESIDENT**  
**Ministry of Interior and Coordination of National Government**  
**Directorate of National Cohesion and Values**

**REPORTING TEMPLATE FOR 2022 ANNUAL PRESIDENT’S REPORT ON NATIONAL VALUES AND PRINCIPLES OF GOVERNANCE FOR MINISTRIES, DEPARTMENTS AND AGENCIES (MDAs).**

NAME OF MINISTRY, DEPARTMENT OR AGENCY: .....MINISTRY OF HEALTH.....

**TARGET 2: Annual Report on measures taken and progress in the realization of National Values and principles of Governance (40%)**

No	National Values and Principles of Governance	Measures taken and progress in the realization of National Values and principles of Governance (Quantitative & Qualitative Data) (Policies, laws, strategies, Vision 2030 flagship projects, programmes, activities, directives and budgets)	Progress achieved in the realization of National Values and principles of Governance (Quantitative & Qualitative Data) (Disaggregate data by age, gender, ethnic origin, urban/rural population, county and other relevant status, on an annual comparative basis over the past year)	Challenges (Internal and External)	Recommendations/Way Forward
1.	<b>Patriotism</b>	Procurement of locally manufactured deworming medicines	Increased capacity of local manufacturers to manufacture deworming medicines	Challenges in timely procurement of raw materials to manufacture deworming medicines	Facilitate timely procurement of raw materials to manufacture deworming medicines

		100% health screening for signs of communicable diseases for all travelers arriving in the country 24/7	A total of 60,672 travelers screened across all Ports of Entry	Limited human resources Limited holding rooms for suspect case and those available do meet health standards Limited ambulance and those available serve just as transportation vehicles	Employ more staff to avert the natural attrition rates Increase funding allocation to points of entry to enable them to comply with international standards
		The Ministry of Health celebrates the National Health Days that bring together Kenyans of all walks of life	All the 26 annual national health days marked	Inadequate financing to show case health innovations	Encourage all the Counties to mark the National Health Days
		Health care workers continued to offer exemplary services despite risks involved during the Covid-19 pandemic	The exercise of Covid 19 vaccination reached 23m people up from 10 million in 2021	Burn out of staff Lack of resources	Inter-departmental collaborations and linkages  Dedicate more resources
		Resources successfully mobilized from partners to enhance the governments capacity to deliver health programs such as HIV/AIDS, TB, Malaria Vaccines and Family Health	Ksh. 28,329 Billion translating to 44% of the budget	Heavy reliance on donor funding	Build Capacity in domestic Resource Mobilization
2.	National Unity	Establishment of healthcare facilities offering adolescent and youth friendly services across the country	67% of healthcare facilities offering adolescent and youth friendly services across the country	Inadequate HCWs trained on provision of adolescent and youth friendly services	Train HCWs on adolescent and youth friendly service provision
		The MOH continued to implement UHC agenda	1,022,078 indigent households were identified as at December 2022 of which 901,628 indigent households	Budget constraints  Lack of correct indigent data	Civic education  Increase budgetary allocation

			were verified to be covered by the UHC Scheme implemented through NHIF with an allocation of Ksh. 6 billion.	Political interference	Proper monitoring and evaluation
		Technical Support to counties on Mental Health Psychosocial Social Support (MHPSS)	The Ministry in collaboration with Kenya Medical Training Colleges conducted the capacity-building training for 705 county healthcare workers in the 47 counties aimed at promoting and enhancing Mental Health Psychosocial Social Support for improved service delivery	Budget Constraints	Government to factor capacity building more HCWs since mental health issues are real and increasing
		The Vital Signs Profiles were developed for both National Government and all the 47 Counties	Vital Signs Profiles developed	The VSPs utilize quantitative data only	Incorporate Qualitative data in KHIS to enable VSPs to utilize the qualitative data
		The MOH continued to offer Family Planning services providing an opportunity for families to plan the number and spacing of their children which improves the family's social-economic status.	A total of <b>1,238,301</b> new Family Planning Cases in 2022.  Total Number of Women of reproductive age (WRA) receiving family planning (FP) commodities- <b>4,899,509</b> . <b>(Data source KHIS)</b>	Inadequate financing and expected Donor pull out	Aim at 100% domestic financing for Family Planning commodities and services
3.	<b>Sharing and Devolution of Power</b>	Implementation of the Intergovernmental Relations Act, 2012	One Health Sector Intergovernmental Consultative Forum Held as per the stipulated Act	Funding of the forum remains largely donor dependent and limited dedicated GOK funding	Dedicate more GOK funding to support the forums.
		Collaborative response to health threats by the Border Management	Scheduled meetings to enable the BMC agencies to keep abreast with point of entry on	Human resources inequalities have been realized amongst the	Wholesome harmonization of human resources needs for all agencies serving at

		Committees	goings	various agencies serving in the BMC	Ports of Entry.
		The Vital Signs Profiles were developed for both National and all the 47 Counties	Vital signs profiles developed to support timely data	The VSPs utilizes quantitative data only	Incorporate Qualitative data in KHIS to enable VSPs to utilize the qualitative data
		The MOH continued to manage UHC staff deployed to the counties	Management of 8,500 UHC staff deployed to the counties	Attrition of UHC staff to County Governments	Supportive supervision and Regular technical Support
		A Joint Service Delivery Assessment of health facilities was done	262 facilities across all the 47 Counties were assessed	Facilities in some Counties have no autonomy to plan for the funds received	Counties should give facilities the financial autonomy to budget and plan with the finances they earn.
		The Ministry of Health works closely with the Council of Governors Health Committee and County Officials in the Planning, Forecasting and delivery of health Services	Held National and County Dialogue Meetings	Inadequate Financing	100% domestic financing for service delivery
<b>4.</b>	<b>Democracy and participation of the people</b>	Involvement of all of government, Civil Society Organizations (CSOs) through meetings and social media on review and development of the Adolescent and School Health policies	4 meetings held	Limited resources	Advocate for more resources to enable public participation
		Engagement of civil societies, private sector and communities of people living with HIV (PLHIVs).	Engaged the groups in policy formulation and guidelines development and in TWG memberships	Stakeholders with vested interests	Stakeholder awareness and sensitization
		Community dialogues for	Communication materials for	Language and	Translation of IEC materials



		Covid-19 vaccination in all the 47 counties	Covid-19 vaccine developed and distributed	technological barriers Myths and misconceptions about Covid 19	to local dialect Create awareness
		Members of civil society, private sector and communities affected by TB were involved in policy and work plan development	These groups are part of the TB committees, COEs, HSWG and secretariat for the development of NSP	Stakeholders with vested interests	Stakeholder awareness and sensitization
		Community engagement in homebased care, palliative and geriatric care in COVID-19 management	Home based care of Covid-19 total recoveries of 350,000	Myths and misconceptions of care at home	Sensitisation of the community
		The Ministry has continued to engage with PLWHIV and communities in planning and implementation of behaviour change activities.	PLHIVs and key populations are involved in key decision-making processes on HIV prevention and management.	Inadequate funding of activities Demand for allowances and stipends by participants	Resource mobilization Enhance awareness creation for attitude change
		Involvement of the public in policy formulation and legislation	The MOH continues to communicate to the public the adverse effects of tobacco production and use including of tobacco smoke through audio and print media. Further, thematic messages are developed and disseminated during the World No Tobacco Day.	Inadequate funds	Allocation of funds
<b>5.</b>	<b>Rule of Law</b>	The Ministry continues to promote policies and programmes that are in	Several policies and guidelines were developed and launched to support health	Delayed implementation Budgetary constraints	Enhance monitoring of the implementation of the policies

	tandem with the Constitution, National laws as well as International Law, Treaties and Protocols in regards to disease prevention and control	service delivery		
	Implementing PSC HR Circulars	Circulation to Heads and staff of revised PSC Circulars e.g. The 2022 PSC Discipline Manual for Public Service	Non-compliance in some instances	Sensitization of all Departmental/Section/Units, programs and their staff.
	Adhering to Public Procurement and Asset Disposal Act (PPADA) 2015, Public Procurement Regulations (2020) and PFM Act 2012	Supply Chain Officers, Finance Officers and Accountants trained continuously  Use of Standard Tender documents provided by the Public Procurement Regulatory Authority.	Non-compliance in some instances	Sensitization of the Public Officers on the Acts and Regulations  Sanction non compliance
	Promoting implementation of the Public Health Act, 2017	The MOH operates as per the Health Act 2017	Some aspects of the Health Act 2017 have not been operationalized	Fully operationalize the Health Act
	Engagement of AG Chambers in decisions that have legal implications	Several Bills have been drafted in collaboration with AG chambers e.g KFDA, e-health Bills	Difficulty in adherence to the timelines  Implementing court orders  Budgetary constraints in respect of settling court awards	Review and clarify/amend laws, in consultation with the AG chambers on  Budgetary allocation  Promote Alternative Disputes Resolution Measures
	Implementation of TB Isolation Policy	Patients who need isolation provided with services in accordance with the law	Few patients still do not adhere to TB medication Few isolation facilities	Increase Isolation facilities country wide

		Responding to Parliamentary Petitions, Statements and Questions	The MOH continued to respond to issues from both Houses of Parliament	Short timelines for responding to issues  Difficulty in handling issues that cut across the two levels of government or involves other MDAs	Enhance the capacity of the MOH to respond to Parliamentary issues  Promote seamless coordination between the MOH, COG and other MDAs
<b>6.</b>	<b>Human Dignity</b>	Supporting learners living with disability in the school environment	Supporting learners living with disability in the school environment is part of the school health policy	Limited implementation of supporting learners living with disability in the school environment	Advocacy of Promote supporting learners living with disability in the school environment
		Customer Service Desk at Afya House registered 73,728 clients served	The Ministry deployed two officers at the customer care desk for effective quality service to the staff and public for improved organizational image and credibility	Not all public customers register at the customer care desk	Create awareness on the existence of the customer care services
		The MOH continued to implement disability medical assessments and categorization	Reviewed and disseminated to all the counties the Disability Medical Assessment Forms & Categorization Guidelines and Assessment Forms have various disability domains.	Lack of implementation framework for the categorization guidelines by counties	Technical support and capacity building of the disability assessment committees
		Promote staff wellness and wellbeing	Operationalization of the Staff Wellness Clinic at Afya House  Two staff referred for rehabilitation	Inadequate personnel to offer comprehensive wellness care  Cases of Relapse	Deployment of staff Sensitization of all  Departmental/Section/Units and programs  Develop relapse prevention and management strategies
		Promote hygienic management of menstruation and	Menstrual Management Policy, Strategy and Handbook developed and	Staff shortage Lack of finances to support publicity activities.	Allocate more human and financial resources

		menstrual waste	launched		
7.	Equity	All counties had TOTs trained on provision of Adolescent and Youth Friendly Services	Counties cascaded training on provision of Adolescent and Youth Friendly Services	Limited resources to train on provision of Adolescent and Youth Friendly Services	Advocate for resources to train on provision of Adolescent and Youth Friendly Services
		Promoting equity in vaccination coverage	Coverage and equity analysis conducted to assist in addressing context specific issues.	Myths and misconceptions leading to low uptake	Awareness creation and sensitization
		Implementation of Presidential Directive of Access to Government Procurement Opportunities (AGPO) by Women, Youth and Persons with Disability	Procurement opportunities were awarded to 323 companies in F/Y 2021/2022 under AGPO for Women, Youth and Persons with Disability	Inadequate funds	Allocate more funds
		Undertook placement of Interns and youth on industrial attachment	The ministry undertook fair placement of 4,937 Interns and Youth industrial attachment	Limited placement of attaches' by PSC	PSC to provide re-way for MOH training section to determine the number to be placed on attachment
		Provision free health care services at Primary health care facilities.	Primary health care services are provided at no cost to the Clients in public health facilities.	Inadequate commodities to address the community health needs	Adequate budgetary allocation
		The THS-UC Project applied performance-based allocation to counties by utilizing a set of minimum conditions (WB)  The Danida PHC Program distributed funds to counties using the Commission for Revenue Allocation (CRA) criteria.	1.45 billion for the World Bank's THS-UC Project and 322 million for the DANIDA PHC Support program were disbursed to counties in June 2022.	Delayed disbursement of funds to counties due to delayed approval of the County Governments Additional Allocations Bill (CGAAB) 2021.  Slow implementation and absorption of funds by counties.	Fastrack approval of the CGAAB, which is an Annual Bill, by the Senate and National Assembly to facilitate timely disbursement of funds to counties.  Counties to fastrack implementation and documentation of

					expenditures.
		Provision of HIV prevention and treatment services to vulnerable populations and populations at risk i.e. Adolescent & Young People, Female sex workers, truck drivers, discordant couples, People who inject drugs, Men who have Sex with Men etc	A private sector engagement framework is being developed to guide access to affordable HIV services at private sector and community level facilities	In-accessibility of the services in the private sector	Finalization of the HIV Private Sector Engagement Framework.
8.	Social Justice	Promote the inclusion of children born to adolescent mothers under NHIF indigent and vulnerable populations	An application is in the process to promote the inclusion of children born to adolescent mothers under NHIF indigent and vulnerable populations	Children born to adolescent mothers currently not being included in NHIF as indigent and vulnerable populations  Inadequate data on potential beneficiaries	Fast track the approval process  Collect data and promote community awareness
		Implementation of the sponsored schemes for vulnerable groups through NHIF (HISP-Elderly and severely disabled persons, Linda Mama, Edu Afya, UHC Scheme for indigents)	The MOH through the NHIF has continued to implement the sponsored insurance schemes as below; <ul style="list-style-type: none"> <li>• <b>UHC Scheme for Indigents:</b> identified 1,022,078 indigent households, 901,628 indigent households were verified to be covered by the UHC Scheme implemented through</li> </ul>	Delayed disbursement and reimbursement of claims	Introduce all-encompassing health social funds.

			<p>NHIF from an allocation of Ksh. 6 billion.</p> <ul style="list-style-type: none"> <li>• <b>Health Insurance Subsidy Programme-Orphans &amp; Vulnerable Children (HISP-OVC):</b> The MOH through NHIF has continued to support 181,968 households. An additional 72,400 OVC household were registered bringing the total to 254,368 OVC households. A total of Kshs 368,775,878 was paid out to the program as at 30th June 2022</li> <li>• <b>Older Persons &amp; Persons with Severe Disability (OPPSD) Scheme:</b> 16,800 Households were registered totaling to 58,800 Households. A total of KES 105,084,107 was paid out as benefits for members of the scheme on 30th June 2022.</li> <li>• <b>Linda Mama Programme:</b> A total of 1,186,004 registered expectant mothers, an increase compared to the same period last financial year which had 1,153,988</li> </ul>		
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<b>9.</b>	<b>Inclusiveness</b>	To enhance inclusiveness, the MOH involved the youths, expectant mothers, teachers, and school-going children, in awareness initiatives under the Pata Chanjo Kaa Chonjo Campaign. The Campaign aimed to promote healthy behavior and vaccine uptake to prevent the spread of COVID-19.	In addition, working with various stakeholders and partners including Population Services (PS) Kenya, World Relief and Purpose Kenya fostered patriotism by participating in national and county health promotion activities that demonstrated love and commitment to the country. Content created and shared via digital channels i.e. facebook and Twitter. Over ten target audiences reached	Lack of access to information Inadequate resources to disseminate the content to various target audiences	Advocate for private schools to be included
		Capacity building of staff	206 officers were released by the Ministry to undertake specialized courses across the cadres  130 were sponsored for the management courses at KSG	Inadequate budget for training	Increase training budget
		Support Members of Staff living with disability	The number of identified staff living with disabilities increased from 34 to 71 and MOH has continued to facilitate them to access the following services as provided for in the Persons with Disabilities Act (PWD) Act No. 14 of 2003  - Tax relief - Service up to the age of 65 years	Late application for disability benefits  Verification of documentation on disability assessment	Sensitization of the staff on issues of disability

			- Physical amenities (Toilets)		
		Implementation of Presidential Directive on Access to Government Procurement Opportunities (AGPO) by Women, Youth and Persons with Disability	Procurement opportunities were awarded to 323 companies in F/Y 2021/2022 under AGPO for Women, Youth and Persons with Disability	Some level of non-compliance	Enforcement of the Provision
10.	Equality	The MoH continued to implement the School Health Policy	School Health Policy implemented in all public and private schools	Budgetary constraints  Sustainability of some initiatives e.g hand washing equipment	Develop sustainability strategies
		Equal opportunities	The MOH effected promotions and training of different cadres as follows; <ul style="list-style-type: none"> <li>• 159 Promotions</li> <li>• 206 officers were released by the Ministry to undertake specialized courses across cadres and included (Medical Officers-140, Dental officers-4, Pharmacist-29, Nurse-19, Administrative - 6, Medical Lab Technologist 7, and 1 Medical Social Worker</li> <li>• 130 were sponsored for management courses at KSG Campus</li> <li>• 141 confirmations in appointment</li> <li>• 4,937 UHC interns</li> </ul>	Not all staff benefited from the promotions and training due to budgetary constraints	Lobby Treasury for more additional resources



		<p>deployed in National and County health facilities</p> <ul style="list-style-type: none"> <li>• 72 MOH staff are persons living with disabilities</li> <li>• Recruitment of 61 consultants on an 18 month contract under CHERP- World Bank funded project</li> </ul>		
	Implementation of Quality of Care Strategy ensuring equal access to quality services country wide	<p>Kenya Quality Model for Health (KQMH) has been rolled out to all the counties</p> <p>140 Health Inspectors trained to assess health facilities for compliance to quality and patient safety standards using the Joint Health Inspection Checklist. In addition, 3 Quality of Care Coaches per county were trained to ensure institutionalization of quality of care initiatives</p>	Budgetary constraints to train adequate staff on KQMH	<p>Resource mobilization for training</p> <p>Strengthen monitoring implementation of KQMH</p>
	The immunization program aims to reach all eligible persons without discrimination	Coverage increased to 86% from 84% in previous reporting period	Inadequate funds	Allocate more funds
	Access to people centred HIV services at all the levels of health care	Provision of HIV services through people centred approach is ongoing.	<p>Uneven distribution of health facilities and healthcare personnel and poor infrastructure and information management systems.</p> <p>Stock outs of HIV commodities, quality of</p>	Increase funding to the hard to reach and ASAL areas

				some antiretrovirals. Access to HIV-related information continues to be a problem, particularly for young people and those of low socioeconomic status.	
		Access to TB services in all the levels of health care	Provision of TB services through people centred approach in line with the NSP.	Barriers to access for venerable populations, hard to reach areas, distribution of health services	Target TB services to key populations including targeted screening, sample networking and outreaches.
<b>11.</b>	<b>Human Rights</b>	Implementation of Tobacco control measures	<p>The Ministry through the National Tobacco Control Programme continues to promote and enforce interventions that uphold the enjoyment of human rights including :</p> <ul style="list-style-type: none"> <li>• right to clean and safe environment from second-hand tobacco smoke;</li> <li>• implementation of Graphic Health Warnings to ensure consumer rights to information on the content and harmfulness of tobacco products;</li> <li>• Prohibition of tobacco advertising and promotion that contains</li> </ul>	<p>Inadequate funds</p> <p>Challenges in enforcement of the Act</p>	<p>Allocate funds</p> <p>Creation of awareness on health risks from tobacco use</p>

			misinformation and misrepresentation of facts		
	Right to health	The Ministry ensured staff working conditions are favourable to all	Ineffective supervision of staff and delegation	Promote Equal pay for equal work strategy	
	Child and Adolescent Health rights included in the Adolescent and School Health Policies	Child and Adolescent Health rights included in the Adolescent and School Health Policies	Limited dissemination of the adolescent and school health policies	Enhance dissemination of the adolescent and school health policies	
	Social Health Insurance	1,022,078 indigent households identified, 901,628 were verified and benefitted from UHC Scheme through NHIF from an allocation of Ksh. 6 billion	Budgetary constraints  Lack of proper documentation for the indigents	Mobilize for more resources  Strengthen documentation for indigents	
	Reproductive Health	A total of Ksh. 1.45 billion and Ksh. 322 million disbursed to the counties under World Bank and DANIDA projects, respectively for Reproductive Health Services, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services.	Reliance on donor funding  Budgetary constraints	Domestic resources mobilization for RMNCAH	
	The immunization program aims to reach all eligible persons without discrimination	Coverage increased to 86% from 84% in previous reporting period	Inadequate resources	Allocate more resources	
	Placing TB as part of human rights agenda	Developed the multi-sectoral accountability framework with human rights approaches	stigma against TB remains a challenge to accessing TB services	Integrating Human rights in provision of TB services.  Public awareness	

12.	<b>Non-Discrimination</b>	Increase awareness about communicable and non-communicable diseases at community level	Communication strategy in place to address communicable and non-communicable diseases at all levels	Inadequate resources to reach all populations with messages	Packaging of messages for social media and print media
		HIV treatment and support services for vulnerable populations adolescent girls and young women.	Implemented stigma and discrimination reduction activities through; <ul style="list-style-type: none"> <li>• Peer support/education programmes,</li> <li>• Community education through community leaders,</li> <li>• Dialogues and workplaces, and</li> </ul>	Self-stigma and intersectional stigma due to HIV status and membership of a key population serves as a deterrent to attending health facilities for fear of being reported to the police Increased vulnerability to new HIV infections among adolescent girls and young persons.	Enhance Research to better understand how stigma manifests  Promote creation of an enabling environment that enables People living with HIV to disclose their HIV status especially to their sexual partners  Promote integration of HIV and ethical issues training especially on issues affecting key populations, children and adolescents living with HIV
		Disability mainstreaming	The MOH is processed 149,733 requests from the public for recommendation as Persons Living with Disability and the documents forwarded to National Council for Persons with Disability for registration.	Failure to provide authentic medical assessment documents	Enhance sensitization for the disability assessment committee at the health facilities
13.	<b>Protection of the Marginalized</b>	The immunization program aims to reach all eligible persons without	Coverage and equity analysis conducted to assist in addressing context specific	Hard to reach populations such as nomadic communities remain a	Implement innovative strategies to access hard to reach populations

		discrimination	issues.	challenge	
		Targeted outreaches for TB screening, testing and treatments	Improved access through innovation of new tools for TB screening (portable/mobile digital CXR for screening and new WHO approved molecular diagnostic tools)	Inadequate equipment and resources to support mobile outreaches to these populations	Increase in domestic funding for TB
		The Transforming Health Systems for Universal Care Project has a component on Vulnerable and Marginalized Groups (VMGs). The project triggers Operation Policy (O.P) 4.10 on Vulnerable and Marginalized Groups (VMGs)	The project supported the welfare of VMGs in 31 counties through advocating for at least 5% of the county allocations to be set aside for activities targeted towards these communities. The activities were captured in the County VMG Plans (VMGPs)	Delayed disbursements of funds to counties and slow implementation of activities in the VMCPs by Counties.	Counties to fastrack implementation of activities in their VMGPs
		Recruitment of staff	The ministry gave equal opportunities to men, women, persons with disabilities and those from marginalized communities	Failure by applicants from marginalized communities to meet the set minimum requirements	Consider lowering the requirements for marginalized upon PSC approval
<b>14.</b>	<b>Good Governance</b>	Management through various committees and platforms	<p>The MOH reconstituted various management committees such as MHRMAC, Audit Committee, Resolution of Public Complaints Committee, Senior Management among others</p> <p>The Ministry has several reporting digital systems e.g. -KHIS</p>	<ul style="list-style-type: none"> <li>- Lack a clear Ministerial Organogram</li> <li>-Poor coordination in scheduling meetings</li> <li>-Lack of commitment for virtual meetings</li> <li>-Competing activities</li> <li>-Limited awareness of the existing platforms.</li> </ul>	<ul style="list-style-type: none"> <li>- Develop an organogram for the Ministry</li> <li>-Prepare a schedule for meetings</li> <li>-Put in place mechanism for successful meetings.</li> <li>- Create awareness and sensitization on the</li> </ul>

			<ul style="list-style-type: none"> <li>-Regional electronic cargo and driver tracking system (RECDTS)</li> <li>-Trusted travel -PanaBios</li> <li>-Vital signs profiles</li> <li>-Integrated diseases surveillance</li> <li>-TB surveillance systems (TIBU)</li> <li>-ePOD</li> <li>-Rumour Tracker</li> </ul>		reporting digital systems
		Monitoring and evaluation of programmes, services and project	<p>The Ministry has continued to monitor and evaluate programmes, services and projects e.g.</p> <ul style="list-style-type: none"> <li>- Joint inspection</li> <li>- KAP survey</li> </ul>	Uncoordinated and overlapping M & E roles, activities and report sharing.	Streamline the M & E function
<b>15.</b>	<b>Integrity</b>	Adherence to the existing laws and regulations governing ethical conduct.	The MOH continues to enforce adherence to the existing laws and regulations such as; Public Procurement and Disposal Act 2015, Public Financial Management Act 2015, Public Officers Ethics Act revised 2016, Public Service policies, regulations and guidelines; Professional Standards and Regulatory requirements etc.	Disregard of the existing laws and regulations by staff	<p>Continuous sensitization of members on integrity issues</p> <p>Sanction staff who don't uphold laws and regulations as stipulated.</p>
<b>16.</b>	<b>Transparency &amp; Accountability</b>	Annual work planning, performance review and budgeting process	The MOH has continued to prepare annual work plans, conduct performance review meetings with stakeholders and prepare in a bid to promote transparency and	<p>Non-disclosure by some partners of their commitment to budget support</p> <p>Change of government</p>	Treasury to engage all partners with a view to ensuring that their financial support is captured in the government's financial systems

		<p>accountability</p> <p>Annual budgeting process is subjected to public participation</p> <p>The MOH continues to prepare annual financial statements that are audited by the Office of the Auditor General</p>	<p>priorities mid-stream of the budget cycle.</p>	
	MOH website	<p>The Ministry's website is accessible to the public for information on health matters and redress mechanism.</p>	<p>The website is not adequately user friendly.</p>	<p>Revamp the website to be more user friendly</p> <p>Create awareness on the availability of information and services on the website.</p>
	Kenya Community Scorecard Guidelines for Social Accountability in Primary Health Care	<p>Developed and disseminated the community score card guidelines for social accountability of primary health care to all 47 Counties which will enhance responsiveness of health services to the needs of the community</p>	<p>Guidelines have just been launched</p>	<p>Wide dissemination and implementation</p>
	Requirement of all staff to be accountable	<p>The Ministry continuously sensitizes and disseminates public service policies, guideline and circulars to staff.</p>	<p>Bottlenecks in the dissemination to all staff.</p> <p>Disregard of public service policies, guideline and circulars</p>	<p>Enhance the cascading to all staff</p>
	Use of national M&E reporting systems	<p>- Use of KHIS and adoption of a national unique person identifier (NUPI) in the system.</p>	<p>Lack of identification documents(ID or birth certificates) required for NUPI registration by some</p>	<p>Continuous health education to clients on the verification process and requirements</p>

			-Ongoing data verification exercise for ART clients	clients	
17.	<b>Sustainable development</b>	The THS-UC Project is a World Bank funded project promoting demand for RMNCAH services that comes to an end in September 2023.	The Project Management Team held discussions with counties on their closeout and sustainability plans during Performance  Review Meetings held in April and December 2022.  Counties put in place evidence based and appropriate interventions in improving the utilization and quality of RMNCAH services.	Counties are yet to put in place sustainability measures by investing more resources towards supporting RMNCAH services.	Counties to have elaborate closeout plans and put in place sustainability measures as they prepare for project closure.
		Implementation of the WHO Framework for Tobacco Control (FCTC)	Under SDG 3: The Ministry is almost fully implementing the WHO-FCTC and the Protocol to Eliminate Illicit Trade in tobacco products	Inadequate resources	Allocate resources
		Climate change	Promotion of clean cooking to reduce household air pollution through training of 600 CHMT members, 329 technical officers as trainers of trainers, 1786 community health volunteers		
		Waste management	Status report on infection, prevention and control protocol in healthcare facilities on basic hygiene and	Inadequate funding to implement the recommendations from the report.	Resource mobilization.



		hand washing services.		
	Telemedicine	Pilot project for telemedicine between Kenyatta National Hospital and Isiolo County	Inadequate ICT infrastructure and budgetary constraints	-Collaboration with MOICT - Resource mobilization.
	Promotion of staff	The Ministry promoted 159 staff across all cadres	Budget constraints	Ensure availability of funds to implement the projections
	Capacity building	Staff from National (65) and Counties (94) were trained on Data Analytics	Inadequate resources	Allocate more resources in order to increase coverage.

**N.B:**

- (1). Each MDA should report on all the 17 National Values and Principles of Governance under Article 10 (2) of the Constitution.
- (2). Evidence **MUST** be provided with the Report.

**SUBMITTED BY:**

**ACCOUNTING OFFICER / CEO**

NAME: Dr. Josephine Mbw

SIGNATURE  DATE 18/1/2023