



**Hennet**  
Health NGOs' Network

# THE KENYA PRIMARY HEALTH CARE (PHC) BASELINE SURVEY REPORT 2024

---

HEALTH NGOS' NETWORK (HENNET)

# TABLE OF CONTENTS

---

<b>ABBREVIATIONS AND ACRONYMS</b> .....	<b>1</b>
<b>CHAPTER ONE: INTRODUCTION</b> .....	<b>3</b>
<b>BACKGROUND</b> .....	<b>3</b>
<b>CHAPTER TWO: LEGAL FRAMEWORKS AND POLICY DOCUMENTS</b> .....	<b>5</b>
<b>CHAPTER THREE: FLOW OF THE SOURCES OF PHC FUNDS</b> .....	<b>7</b>
<b>PUBLIC SPENDING – NATIONAL LEVEL</b> .....	<b>8</b>
MINISTRY OF HEALTH BUDGET LINES FY 2022/2023 .....	8
STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS – FY 2023/2024 .....	10
<b>PUBLIC HEALTH FUNDING – COUNTY GOVERNMENTS</b> .....	<b>11</b>
KAKAMEGA COUNTY .....	11
KISUMU COUNTY .....	13
KITUI COUNTY.....	14
KILIFI COUNTY .....	15
BARINGO COUNTY.....	17
LAIKIPIA COUNTY .....	18
ISIOLO COUNTY .....	20
NAIROBI COUNTY .....	22
<b>CHAPTER FOUR: FINDINGS</b> .....	<b>24</b>
<b>NATIONAL GOVERNMENT</b> .....	<b>24</b>
<b>COUNTY GOVERNMENTS</b> .....	<b>24</b>
KAKAMEGA COUNTY .....	24
KISUMU COUNTY .....	25
KITUI COUNTY.....	25
KILIFI COUNTY .....	26
BARINGO COUNTY.....	26
LAIKIPIA COUNTY .....	27
ISIOLO COUNTY .....	27
NAIROBI COUNTY .....	27
<b>SUMMARY</b> .....	<b>28</b>
<b>SUMMARY OF PHC SERVICES ALLOCATIONS</b> .....	<b>29</b>
<b>CHAPTER FIVE: ACCOUNTABILITY STRUCTURES</b> .....	<b>30</b>
<b>CHALLENGES:</b> .....	<b>31</b>
<b>MEASURES TO MITIGATE CHALLENGES:</b> .....	<b>31</b>
<b>CHAPTER SIX: POLICY ANALYSIS</b> .....	<b>33</b>
<b>ACTOR POWER</b> .....	<b>34</b>
<b>IDEAS</b> .....	<b>34</b>
<b>POLITICAL CONTEXT</b> .....	<b>35</b>
<b>ISSUE CHARACTERISTICS</b> .....	<b>35</b>
<b>CHAPTER SEVEN: CONCLUSION</b> .....	<b>36</b>
<b>RECOMMENDATIONS</b> .....	<b>36</b>
<b>CONCLUSION</b> .....	<b>36</b>

# ABBREVIATIONS AND ACRONYMS

---

**AIE** – Authority to Incur Expenditure

**CLTS** – Community-Led Total Sanitation

**CSOs** – Civil Society Organizations

**FP** – Family Planning

**FY** – Financial Year

**GBV** – Gender-Based Violence

**HIV** – Human Immunodeficiency Virus

**IMCI** – Integrated Management of Childhood Illness

**KSHS** – Kenyan Shillings

**MCH** – Mother and Child Health

**M & E** – Monitoring and Evaluation

**NCDs** – Non-Communicable Diseases

**NGOs** – Non-Governmental Organizations

**PCN** – Primary Care Networks

**PHC** – Primary Health Care

**PS** – Principal Secretary

**RMNCAH** – Reproductive, Maternal, Newborn, Child and Adolescent Health

**SRH** – Sexual Reproductive Health

**TB** – Tuberculosis

**UNICEF** – United Nations Children’s Fund

**UHC** – Universal Health Coverage

**WHO** – World Health Organization

# ABOUT HENNET

---

The Health NGOs' Network (HENNET) is a membership organization that seeks to promote civil society's roles and engagements to transform Kenya's health sector to enhance their responses towards the health needs of Kenyans with a vision of a healthy Kenyan Society. HENNET was founded in 2005. The network is governed by a Board of Directors with an executive committee as defined by its constitution and is widely seen by its peers as the appropriate and unbiased coordinator and convener of the CSO health sector. Functionality and everyday operations are managed by the secretariat staff under the leadership of the Executive Director.

Our strategic position with the government through MoH, National Assembly Council of Governors and other key stakeholders in health gives us a unique niche in the representation of health CSOs in policy and decision-making processes, articulating and highlighting the needs of the different constituents of the CSOs we represent. Our strategic positioning mandates us to Coordinate capacity building initiatives, enhance the creation of strategic partnerships, collaborations, networking, and facilitate information sharing among health CSOs.

## **HENNET Work in Primary Health Care (PHC)**

Hennet is implementing a 5-year PHC project supported by BMGF, the project targets strengthening advocacy at national and County level for the attainment of the Health Outcomes through empowered and coordinated communities and CSOs. This project targets 8 Counties namely: Kakamega, Kisumu, Kilifi, Baringo, Laikipia Isiolo, Kitui and Nairobi Counties.



## **PHC Survey structure**

In setting the pace for the project, Hennet conducted a baseline survey which focused on health budgets from Kakamega, Kisumu, Kilifi, Baringo, Laikipia Isiolo, Kitui and Nairobi Counties. with the following objectives:

1. Identify and document the public health funding landscape over the last 2 government financial years (FY22/23 and FY 23/24) with a focus on MNCH, FP and PHC.
2. Map and identify existing Primary Health Care (PHC) accountability structures in Kenya at both national and County levels and how they each interrelate.
3. Identify and document any existing PHC champions in MoH, National Assembly, Senate, and Media, CSOs
4. Identify and document PHC guiding laws, policies, and legislative guidelines in Kenya.
5. How does PHC appear in the national and county budget lines. What are the sources of PHC funds and how do they flow from treasury to service delivery.

## **Survey Methodology**

The survey employed a secondary data approach, where desk review was conducted.

## **Desk Review**

To better understand the topic a desk review/literature review was conducted on PHC from a global lens to the local perspective. Sources of documents included published articles, policy briefs, institutional reports and published and unpublished governmental reports and documents.

---

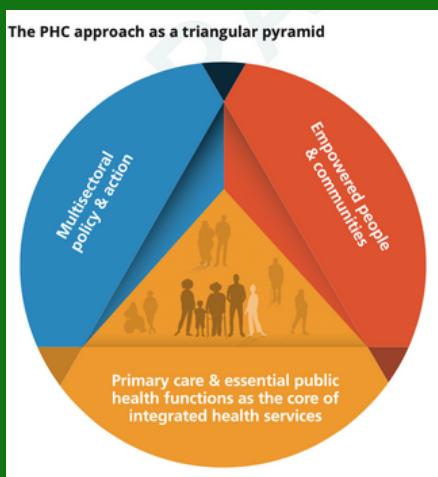
# CHAPTER ONE: INTRODUCTION

---

## BACKGROUND

Primary Healthcare (PHC) is a whole of society approach to health that aims to maximize the level and distribution of health and well-being through three main components. These are, 1) Primary Care ( defined as the first contact accessibility, comprehensiveness, continuity and coordination for person-centred services) and essential public health functions as the core, 2) Multisectoral policy and action and 3)empowered people and communities[1].

This is illustrated by the image below where the triangular pyramid demonstrates the interconnectivity of the three components.



In 1978, through the declaration of Alma-Ata, a paradigm shift in how health is viewed was framed and the concept of PHC was brought to light. This declaration was then renewed in Astana in 2018 with a renewed focus on reframing the 'disease agenda' to the 'health agenda'. This shift aims to redefine health as a state of physical, mental and social well-being rather than the absence of disease.

In Kenya, PHC is seen as the gateway to attaining Universal Health Coverage (UHC) with the Kenya PHC strategic framework (2019- 2024) developed to support this goal. This framework came after the launch of the UHC pilot program in 2018 that highlighted key challenges, namely, primary care services were unavailable at the point of need, weak linkages between the community and PHC facilities and issues surrounding governance and accountability. This led to the proposed establishment of Primary Care Networks (PCNs) through the PCN guidelines of 2021 to address the above challenges and lead to the implementation of the PHC strategic framework. PCNs are administrative health regions under a 'Hub and Spoke' model where the hub is a level 4 facility (public or privately owned) and the spoke is several lower-level facilities including a community unit.

---

PCNs if implemented well deliver services to a catchment area ensuring continuity of care through their referral and counter-referral systems. They are also designed to reduce costs through more efficient use of resources e.g., through shifting of services from higher to lower and sharing of human resource and health products and commodities. However, limited government spending in combination with existing health system efficiencies (wastage of resources) are key challenges obstructing access to quality and affordable PHC services. This report will thus aim to identify the existing legal and policy frameworks, and flow of funds from the national treasury and highlight public spending in Kenya over the last two financial years on PHC, Maternal and Child health as well as family planning services.

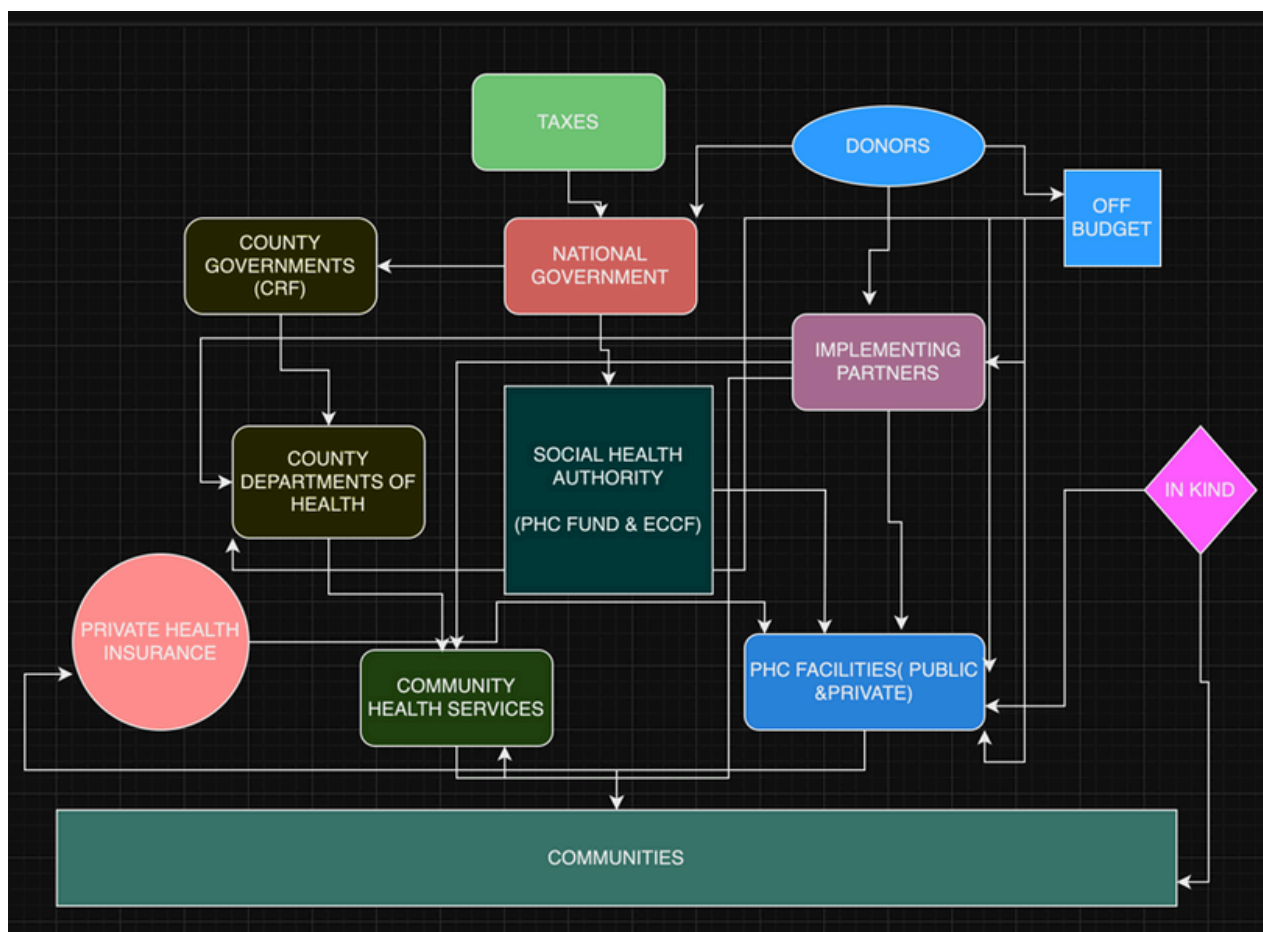
# CHAPTER TWO: LEGAL FRAMEWORKS AND POLICY DOCUMENTS

The table below highlights PHC guiding laws, policies and legislative guidelines in Kenya using a time series approach;

YEAR	DOCUMENT	DESCRIPTION
1989	National Development Plan 1989 – 1993	The first policy document to mention PHC
1994	Kenya Health Policy Framework	1 <sup>st</sup> policy document for health
2005	NHSSP II Community Health Units were introduced as a service delivery level.	Established Community Health Units in the country
2006	1 <sup>st</sup> community health strategy developed	The 1 <sup>st</sup> document on community health from the MOH
2013	Kenya Medium Term Plan 2013 -2017	A nationwide multi-sectoral document that outlines the main policies, and legal and institutional reforms that the government plans to implement.
2014	Kenya Health Policy 2014 -2030	To actualize the principles of the 2010 constitution and global commitments.
2014	Kenya Health Sector Strategic and Investment Plan 2014 – 2019	It outlines and defines the medium-term priorities and goals for the attainment of objectives as per the Kenya health policy.
2014	Kenya Community Health Strategy 2014 – 2019	Aims to provide a framework for all stakeholders to implement community health services.
2019	Kenya Primary Health Care Strategic Framework	Developed after the Astana declaration to actualize the government’s commitment to PHC.
2020	Kenya Universal Health Coverage Policy	To establish a structure and institutionalize how UHC will be achieved in the country.
2020	Kenya Community Health Policy 2020 – 2030	Based on the principles of PHC, community participation, empowerment and partnership.
2020	Kenya Community Health Strategy 2020 -2025	Provides a framework for all stakeholders to implement community health services.
2021	Advocacy, Communication, & Community Engagement	Provides for a framework for advocacy, communication and community engagement for PHC in Kenya.
2021	Kenya Primary Care Network guidelines	Provides a guide to how county governments and implementing partners will establish and operationalize primary care networks (PCNs).
2023	Kenya Primary HealthCare Act	An act of parliament to provide a framework for the delivery of, access to and management of primary health care.

# CHAPTER THREE: FLOW OF THE SOURCES OF PHC FUNDS

THE IMAGE BELOW ILLUSTRATES HOW FUNDS FLOW FROM THE NATIONAL TREASURY TO SERVICE DELIVERY.



## PUBLIC SPENDING – NATIONAL LEVEL

The Kenyan government uses program-based budgeting for the allocation of resources across sectors. Program budgeting is a reform that intends to shift the focus of budgetary processes from the control of inputs to an output-based system to produce measurable results. The Health sector in the Financial Year 2022/2023 had five program areas, these were, preventive, promotive and reproductive health, national referral and specialized services, health research and development, general administration and support services and lastly health policy, standards and regulations. The five program areas then have sub-programs within them each with a budget as the table below illustrates (FY 2022/2023).

# MINISTRY OF HEALTH BUDGET LINES FY 2022/2023

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>PREVENTIVE, PROMOTIVE AND REPRODUCTIVE HEALTH</b>		
	Non – Communicable Disease Prevention and Control	781,904, 285
	Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)	7,892,506,800
	Radiation Safety	180,000,000
	Communicable Disease Control	7,980,935,471
	Disease Surveillance and Response	9,255,624,210
	Environmental Health	464,607,106
	<b>SUBTOTAL</b>	<b>26, 555, 577, 872</b>
<b>NATIONAL REFERRAL SERVICES AND SPECIALIZED SERVICES</b>		
	National Referral Services	40,146,052,825
	National Public Health Labs	125,420,792
	Forensics and Diagnostics	3,331,042,100
	Health Infrastructure and Equipment	5,214,000,000
	National Blood Transfusion Services	129,101,678
	Health Products and Technologies	2,906,000,000
	<b>SUBTOTAL</b>	<b>51,851,617,395</b>
<b>HEALTH RESEARCH AND DEVELOPMENT</b>		
	Capacity Building and Training	8,495,000,000
	Research and Innovations in health	3,904,000,000
	<b>SUBTOTAL</b>	<b>12,399,000,000</b>
<b>GENERAL ADMINISTRATION, PLANNING AND SUPPORT SERVICES</b>		
	Health Policy, Planning and Financing	1,457,510,362
	Health Standards, Quality Assurance & Standards	1,077,235,560
	National Quality Control Laboratories	118,030,341
	Human Resource Management & Development	6,176,794,793 <sup>1</sup>
	<b>SUBTOTAL</b>	<b>8,829,571,056</b>
<b>HEALTH POLICY, STANDARDS AND REGULATIONS</b>		
	Health Policy, Planning and Financing	15,204,927,724
	Health Standards and Regulations	456,564,421
	Social Protection in Health	7,221,996,184
	<b>SUBTOTAL</b>	<b>22,883,488,329</b>
	<b>TOTAL</b>	<b>122,519,254,652</b>

For the Financial year 2023/2024, two State departments were established through an executive order of January 2023. The State Department for Medical Services and the State Department for Public Health and Professional Standards. The Budget lines were thus split across the two departments as outlined below.

# STATE DEPARTMENT OF MEDICAL SERVICES - FINACIAL YEAR 2023/2024

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>NATIONAL REFERRAL SERVICES AND SPECIALIZED SERVICES</b>		
	National Referral Services	47,733,642,468
	Health Infrastructure and Equipment	9,300,500,000
	National Blood Transfusion Services	1,237,482,356
	Health Products and Technologies	4,324,701,263
	<b>SUBTOTAL</b>	<b>62, 596,326,087</b>
<b>CURATIVE &amp; REPRODUCTIVE, MATERNAL, NEWBORN, CHILD &amp; ADOLESCENT HEALTH (RMNCAH)</b>		
	Communicable Disease Control	6,027,055,565
	Non – Communicable Disease Prevention and Control	2,257,741,893
	Reproductive, Maternal, Newborn, Child and Adolescent Health	2,841,031,647
	Immunization Management	9,892,774,930
	<b>SUBTOTAL</b>	<b>21,018,604,035</b>
<b>GENERAL ADMINISTRATION, PLANNING AND SUPPORT SERVICES</b>		
	General Administration and Human Resource Management	3,103,943,208
	Finance and Planning	180,705,333
	Social Protection in Health	24,883,998,286
	<b>SUBTOTAL</b>	<b>8,829,571,056</b>
<b>HEALTH RESEARCH AND INNOVATIONS</b>		
	Health Innovation	1,002,000,000
	Medical Research	3,907,000,000
	<b>SUBTOTAL</b>	<b>22,883,488,329</b>
	<b>TOTAL</b>	<b>116,692,576,949</b>



# STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS – FY 2023/2024

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>PREVENTIVE, PROMOTIVE AND REPRODUCTIVE HEALTH</b>		
	Non-communicable disease prevention and control	1,790,356
	Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)	974,947,600
	Radiation Safety and Nuclear Security	63,750,000
	Communicable Disease Control	1,350,009,056
	Disease Surveillance and Response	300,000,000
	Environmental Health	31,896,300
	<b>SUBTOTAL</b>	<b>2,722,393,312</b>
<b>HEALTH RESEARCH AND DEVELOPMENT</b>		
	Capacity Building and Training	2,153,750,000
	Research and Innovations in health	125,000,000
	<b>SUBTOTAL</b>	<b>2,278,750,000</b>
<b>GENERAL ADMINISTRATION, PLANNING AND SUPPORT SERVICES</b>		
	Health Standards and Quality Assurance	303,126,908
	Human Resource Management & Development	197,379,775
	Health Administration	50,000,000
	<b>SUBTOTAL</b>	<b>550,506,683</b>
<b>HEALTH POLICY, STANDARDS AND REGULATIONS</b>		
	Health Policy, Planning and Financing	10,499,557
	Health Standards and Regulations	21,066,052
	<b>SUBTOTAL</b>	<b>31,565,609</b>
<b>PREVENTIVE AND PROMOTIVE HEALTH SERVICES</b>		
	Communicable disease prevention and control	4,379,541,509
	Disease surveillance and response	164,569,785
	Public Health Services	2,381,441,626
	Radiation safety and Nuclear security	274,000,000
	Primary Health Care	69,873,240
	<b>SUBTOTAL</b>	<b>7,269,426,160</b>
<b>HEALTH RESOURCES DEVELOPMENT AND INNOVATION</b>		
	Capacity building and training	9,349,000,000
	Research and Innovation in Health	118,140,000
	Health profession services	4,601,526,298
	<b>SUBTOTAL</b>	<b>14,068,666,298</b>
<b>HEALTH POLICY, STANDARDS AND REGULATIONS</b>		
	Health standards and Quality assurance	1,706,666,754
	Health Policy and Regulations	101,303,379
	<b>SUBTOTAL</b>	<b>1,803,970,133</b>
<b>GENERAL ADMINISTRATION</b>		
	General Administration and Human Resource Management and Development	453,418,802
	Finance and Planning	68,458,607
	<b>SUBTOTAL</b>	<b>521,877,409</b>
	<b>TOTAL</b>	<b>22,663,940,000</b>

# PUBLIC HEALTH FUNDING – COUNTY GOVERNMENTS

Kenya's health system is devolved into 47 county governments but for this report, we will focus on the budgets of Kakamega, Kisumu, Kilifi, Baringo, Laikipia, Isiolo, Kitui and Nairobi counties only for the financial years 2022/2023 and 2023/2024.

## KAKAMEGA COUNTY

Kakamega county is in the Western part of the country covering an area of 3,051.3 square kilometres. It's also the second most populous county after Nairobi with the largest rural population. Its health department consists of two sections, public health and medical services. The county also uses program-based budgets to allocate resources which are predominantly three programs; preventive and promotive services, curative services and general administration. The tables below illustrate these budget lines over the last two financial years 2022/2023 and 2023/2024.

### KAKAMEGA COUNTY FY 2022/2023

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>PREVENTIVE, PROMOTIVE SERVICES</b>		
	Community Health Strategy	98,979,441
	Disease surveillance and emergency response	13,000,000
	Nutrition service promotion	228,574
	HIV/AIDS Control	513,574
	Maternal and Child Healthcare	111,027,387
	TB Control	513,574
	Malaria Control	599,170
	Promotion of Family Planning	190,287
	<b>SUBTOTAL</b>	<b>225,052,007</b>
<b>CURATIVE SERVICES</b>		
	Curative Services	1,185,961,825
	Community Health Strategy	1,245,793
	Disease surveillance and response	385,180
	<b>SUBTOTAL</b>	<b>1,187,592,798</b>
<b>ADMINISTRATION, PLANNING AND SUPPORT SERVICES</b>		
	Administrative, planning and support services	725,774,069
	Disability mainstreaming	205,430
	Health data and information management	1,919,085
	<b>SUBTOTAL</b>	<b>727,898,584</b>
	<b>TOTAL</b>	<b>2,140,543,389</b>

## KAKAMEGA COUNTY FY 2023/2024

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>PREVENTIVE AND PROMOTIVE SERVICES</b>		
	Community Health Strategy	158,300,000
	Disease surveillance and emergency response	1,000,000
	Nutrition service promotion	1,000,000
	HIV/AIDS Control	1,000,000
	Maternal and Child Healthcare	110,000,000
	TB Control	1,000,000
	Malaria Control	1,000,000
	Promotion of Family Planning	1,000,000
	Community-led total sanitation(WASH)	1,500,000
	Non-communicable diseases	1,000,000
	Alcohol and drug abuse control	800,000
	Child survival	900,000
	Vector and Vermin control	800,000
	Beyond Zero	1,000,000
	Jigger control	900,000
	Expanded Immunization programme	1,001,967
	Reproductive health	1,000,000
	Neglected tropical diseases	1,000,000
	<b>SUBTOTAL</b>	<b>284,201,967</b>
<b>CURATIVE SERVICES</b>		
	Health Infrastructure Development	554,900,000
	Primary medical health services	610,195,338
	Blood transfusion services	10,000,000
	<b>SUBTOTAL</b>	<b>1,175,095,338</b>
<b>ADMINISTRATION, PLANNING AND SUPPORT SERVICES</b>		
	Administrative and Human resources management	3,173,509,894
	Health standards	1,000,000
	Disability mainstreaming	1,000,000
	Health data and information management	6,000,000
	GBV	900,000
	Funzo Kenya	7,500,000
	Health promotion services	1,000,000
	<b>SUBTOTAL</b>	<b>3,190,909,894</b>
	<b>TOTAL</b>	<b>4,650,207,199</b>

## KISUMU COUNTY

Kisumu county is in the Lake Victoria region boasting a population of 1,155,574 million a host to the third largest city in Kenya, Kisumu county. Its health department is also constituted of two directorates, medical services and public health and sanitation. Its budget lines are allocated to three program areas; preventive and promotive health services, curative health services and leadership and general administration. The tables below illustrate these budget lines over the last two financial years 2022/2023 and 2023/2024.

## KISUMU COUNTY FY 2022/2023

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>PREVENTIVE AND PROMOTIVE SERVICES</b>		
	Primary Health Care	268,020,951
	Mental Health Services	1,073,068
	Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)	21,328,613
	<b>SUBTOTAL</b>	<b>290,422,632</b>
<b>CURATIVE HEALTH SERVICES</b>		
	Jaramogi Odinga Odinga Teaching Referral Hospital	177,379,806
	Kisumu County Referral Hospital	70,817,774
	County and Sub-county hospitals	143,895,497
	<b>SUBTOTAL</b>	<b>392,093,077</b>
<b>LEADERSHIP AND GENERAL ADMINISTRATION</b>		
	Health Policy	4,384,826
	General Administration	162,992,777
	Human resource management and development	3,069,895,422
	<b>SUBTOTAL</b>	<b>3,237,273,025</b>
	<b>TOTAL</b>	<b>3,919,788,734</b>

## KISUMU COUNTY FY 2023/2024

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>PREVENTIVE AND PROMOTIVE SERVICES</b>		
	Primary Health Care & Community Health Strategy	39,050,398
	Syndromic response and management	360,000
	Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)	1,760,000
	Nutrition Services	2,000,000
	Surveillance and Public Health Emergency Operations Centre	600,000
	Communicable and Non-communicable management	264,000
	<b>SUBTOTAL</b>	<b>5,023,648</b>
<b>CURATIVE HEALTH SERVICES</b>		
	Jaramogi Odinga Odinga Teaching Referral Hospital	115,000,000
	Kisumu County Referral Hospital	42,000,000
	County and Sub-county hospitals	252,174,534
	Health centres and dispensaries	11,132,698
	<b>SUBTOTAL</b>	<b>420,307,232</b>
<b>LEADERSHIP AND GENERAL ADMINISTRATION</b>		
	General Administration	463,742,000
	Human resource management and development	2,688,154,740
	<b>SUBTOTAL</b>	<b>3,577,227,620</b>
	<b>TOTAL</b>	<b>3,919,788,734</b>

## KITUI COUNTY

Kitui county is in the former Eastern province boasting a land size of 30,496 square kilometres and a population of approximately 1.1 million people. Its health budget is under four main programs, general administration, planning and support services, curative health services, preventive and promotive health services and maternal and child health services. The tables below illustrate these budget lines over the last two financial years 2022/2023 and 2023/2024.

### KITUI COUNTY FY 2022/2023

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>CURATIVE HEALTH SERVICES</b>		
	Forensics and Diagnostics	2,727,788,076
	County referral services	7,624,000
	Mental Health	390,044,000
	Primary health compensation	x
	<b>SUBTOTAL</b>	<b>3,144,256,076</b>
<b>PREVENTIVE AND PROMOTIVE HEALTH SERVICES</b>		
	Health promotion	4,150,000
	Communicable disease control	9,178,987
	Non-communicable disease control	2,200,000
	<b>SUBTOTAL</b>	<b>15,528,987</b>
<b>GENERAL ADMINISTRATION, PLANNING AND SUPPORT SERVICES</b>		
	Human resource management	125,445,930
	Health policy, planning and financing	70,702,129
	Standards and quality assurance	4,844,081
	<b>SUBTOTAL</b>	<b>200,992,140</b>
<b>MATERNAL AND CHILD HEALTH SERVICES</b>		
	Family planning services	139,695,120
	Free Maternity	41,499,747
	Immunization	3,062,793
	<b>SUBTOTAL</b>	<b>184,257,660</b>
	<b>TOTAL</b>	<b>3,545,034,863</b>

## KITUI COUNTY FY 2023/2024

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>CURATIVE HEALTH SERVICES</b>		
	Forensics and Diagnostics	1, 117,914, 130
	County referral services	360,000,000
	Primary health compensation	42,555,000
	<b>SUBTOTAL</b>	<b>1,520,469,130</b>
<b>PREVENTIVE AND PROMOTIVE HEALTH SERVICES</b>		
	Health promotion	2,115,336
	Communicable disease control	1, 235, 557
	Non-communicable disease control	371,200
	<b>SUBTOTAL</b>	<b>3,722,093</b>
<b>GENERAL ADMINISTRATION, PLANNING AND SUPPORT SERVICES</b>		
	Human resource management	835,367,631
	Health policy, planning and financing	210,869,068
	Standards and quality assurance	2,809,567
	<b>SUBTOTAL</b>	<b>1,049,046,266</b>
	<b>TOTAL</b>	<b>2,573,237,489</b>

## KILIFI COUNTY

Kilifi County is one of the five counties that make up the Kenyan coast with a population of 1,453,787 people. Its budget lines are allocated to four program areas; preventive and promotive health services, curative, rehabilitative and referral health services, reproductive health, and general administration, planning and support services. and planning leadership and general administration. The tables below illustrate these budget lines over the last two financial years 2022/2023 and 2023/2024.

## KILIFI COUNTY FY 22/23

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>PREVENTIVE AND PROMOTIVE SERVICES</b>		
	Communicable disease control	2,010,000
	School Health	9,600,000
	CLTS	1,500,00
	Environmental Health	2,500,000
	Human Nutrition and Dietic	1,000,000
	Community Health Services	2,300,000
	HIV promotion and control	3,850,438
	Malaria Control	1,800,00
	TB control	500,000
	NCDs	19,660,000
	Disease Surveillance	4,000,000
	Health promotion	62,300,438
	<b>SUBTOTAL</b>	<b>111,020,876</b>
<b>CURATIVE, REHABILITATIVE AND REFERRAL HEALTH SERVICES</b>		
	Rehabilitative services	2,250,000
	General specialized medical and surgical services	579,349,826
	County referral services	603,899,826
	Diagnostics	16,200,000
	<b>SUBTOTAL</b>	<b>1,201,699,652</b>
<b>GENERAL ADMINISTRATION, PLANNING AND SUPPORT SERVICES</b>		
	Health Policy	2,800,000
	Administration for Health	219,200,000
	Research, Standards and Quality Assurance	1,400,000
	Health Information and M&E	3,600,000
	Capacity building and training	231,620,000
	<b>SUBTOTAL</b>	<b>3,577,227,620</b>
<b>REPRODUCTIVE HEALTH</b>		
	Family Planning Services	3,990,000
	Reproductive, Maternal, Newborn, Child and Adolescent Health	4,000,000
	Immunization	1,200,000
	IMCI	710,000
	Adolescent and Youth SRH	31,150,000
	<b>SUBTOTAL</b>	<b>41,050,000</b>
	<b>TOTAL</b>	<b>4,930,998,148</b>

## BARINGO COUNTY

Baringo is one of the largest counties in Kenya covering 11,075 Km<sup>2</sup> but with a relatively small population compared to other counties. The County is divided into 7 Sub-Counties; Baringo South, Mogotio, Eldama Ravine, Baringo Central, Baringo North, Tiaty West and Tiaty East with a population of 666,763. The health department has four programs, general administration, planning and support services, reproductive, maternal and child health services, curative and rehabilitative services and preventive and promotive health services. The tables below illustrate these budget lines over the last two financial years 2022/2023 and 2023/2024.



## BARINGO COUNTY FY 2022/2023

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>PREVENTIVE AND PROMOTIVE SERVICES</b>	HIV Control TB and Leprosy Malaria control NTDs COVID -19 Response Disease Surveillance Environmental Health Community Health Services WASH/CLTS Health Promotion Infrastructure development	<b>363,455,304</b>
<b>CURATIVE HEALTH SERVICES</b>	Rehabilitative Services General and Specialized medical services County referral services	<b>150,935,760</b>
<b>REPRODUCTIVE MATERNAL AND CHILD HEALTH SERVICES</b>	Family Planning Maternal and Child Health Immunization Human Nutrition and Dietetics Infrastructure development for maternal and child health	<b>X</b>
<b>GENERAL ADMINISTRATION, PLANNING AND SUPPORT SERVICES</b>	Human resource management Research, standards and quality assurance. Health Administration Health policy and financing Monitoring and Evaluation	<b>331,245,824</b>
	<b>TOTAL</b>	<b>845,636,888</b>

## BARINGO COUNTY FY 2023/2024

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>PREVENTIVE AND PROMOTIVE SERVICES</b>	HIV Control TB and Leprosy Malaria control NTDs COVID -19 Response Disease Surveillance Environmental Health Community Health Services WASH/CLTS Health Promotion Infrastructure development	<b>408,566,962</b>
<b>CURATIVE HEALTH SERVICES</b>	Rehabilitative Services General and Specialized medical services County referral services	<b>183,466,907</b>
<b>GENERAL ADMINISTRATION, PLANNING AND SUPPORT SERVICES</b>	Human resource management Research, standards and quality assurance. Health Administration Services Health policy and financing Monitoring and Evaluation Health Records and Information Infrastructure development for maternal and child health	<b>393,740,332</b>
	<b>TOTAL</b>	<b>985,774,201</b>

## LAIKIPIA COUNTY

Laikipia is a cosmopolitan county located in the Mt Kenya region with a population of 518,560 with an average household size of 3.4 persons per household. The health department is also known as the Laikipia Health Service (LHS). It has three main programs, general administration, planning and support services, curative and rehabilitative health and preventive health services. The tables below illustrate these budget lines over the last two financial years 2022/2023 and 2023/2024.

### LAIKIPIA COUNTY FY 2022/2023

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>PREVENTIVE AND PROMOTIVE SERVICES</b>	1. Public health promotion and Nutrition services	5,000,000
	2. Family Planning, Maternal and Child Health services	3,000,000
	3. Public health services	5,000,000
	4. TB/HIV/AIDS	5,000,000
	5. NCDs control and prevention	3,000,000
	6. Community health strategy, advocacy and surveillance	26,236,000
	<b>SUBTOTAL</b>	<b>47,236,000</b>
<b>CURATIVE HEALTH SERVICES</b>	1. Health products and technologies	130,000,000
	2. Health Infrastructure and medical equipment leasing	200,00,000
	3. Emergency, Referral and Rehabilitative services	6,000,000
	4. 90 LHS outlets support program.	30,000,000
	5. Diagnostic improvement at the dispensary level	26,000,000
	6. Referral strategy	6,000,000
	<b>SUB – TOTAL</b>	<b>398,000,000</b>
<b>GENERAL ADMINISTRATION, PLANNING AND SUPPORT SERVICES</b>	1. Health policy, governance, planning and financing.	6,000,000
	2. Human resources development	10,000,000
	3. Health information, standards and quality assurance	7,000,000
	<b>SUBTOTAL</b>	<b>23,000,000</b>
	<b>TOTAL</b>	<b>468,236,000</b>

## LAIKIPIA COUNTY FY 2023/2024

During this FY, the programs changed to five; headquarters, medical services, public health and sanitation, sub-county health management (Laikipia East and Laikipia West)

<b>PROGRAM AREA</b>	<b>SUB-PROGRAM</b>	<b>BUDGET</b>
<b>HEADQUARTERS</b>	1. LHS Outlets support	49,000,000
	2. Emergency, Referral and Rehabilitative services	9,000,000
	<b>SUBTOTAL</b>	<b>49,000,000</b>
<b>PUBLIC HEALTH &amp; SANITATION</b>	1. Public Health & Nutrition services	7,350,000
	2. Family planning, Maternal and Child health services	2,000,000
	3. TB/HIV/AIDS	4,000,000
	4. NCD prevention and control	2,000,000
	5. Social Health Insurance scheme	6,000,000
	6. Community health strategy, advocacy and surveillance	14,000,000
	<b>SUB-TOTAL</b>	<b>35,350,000</b>
<b>MEDICAL SERVICES</b>	1. Health products and technologies	169,250,000
	2. LHS Infrastructure support	60,181,000
	3. LHS Medical Equipment support	150,000,000
	4. Administration, project planning and implementation services	10,000,000
	5. Health policy, governance, planning and financing.	2,000,000
	6. Human resource development	25,000,000
	7. Standards and Quality assurance	10,000,000
	8. Health leadership and governance	5,832,000
	9. Health information, standards and quality assurance	2,000,000
	<b>SUBTOTAL</b>	<b>434,263,000</b>
<b>SUB COUNTY HEALTH MANAGEMENT – WEST</b>	Semi-autonomous government agencies	<b>227,000,000</b>
<b>SUB COUNTY HEALTH MANAGEMENT – EAST</b>	Semi-autonomous government agencies	<b>328,104,000</b>
	<b>TOTAL</b>	<b>1,074,417,000</b>

---

## ISIOLO COUNTY

Isiolo County is in the upper eastern region of Kenya with a population of 268,002. It borders Meru and Tharaka Nithi counties to the southwest Marsabit County to the North, Samburu and Laikipia Counties to the West, Garissa County to the Southeast, Wajir County to the Northeast and Tana River and Kitui Counties to the South. It has three main programs, administration, planning and support services, curative health and preventive and promotive health services. The tables below illustrate these budget lines over the last two financial years 2022/2023 and 2023/2024.

### ISIOLO COUNTY FY 2022/2023

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>ADMINISTRATIVE SUPPORT SERVICES</b>	1. Personnel service	13,550,000
	2. Administration support services	1,034,799,215
	3. Beyond Zero campaigns	14,312,362
	<b>SUBTOTAL</b>	<b>1,063,661,577</b>
<b>PREVENTIVE AND PROMOTIVE SERVICES</b>	1. Preventive and Promotive health services	199,273,740
	2. Capital grants and support services (DANIDA)	11,601,050
	<b>SUBTOTAL</b>	<b>210,874,790</b>
<b>CURATIVE HEALTH SERVICES</b>	Curative and Rehabilitative health services	216,817,151
	<b>TOTAL</b>	<b>1,490,353,518</b>

## ISIOLO COUNTY FY 2023/2024

<b>PROGRAM AREA</b>	<b>SUB-PROGRAM</b>	<b>BUDGET</b>
<b>ADMINISTRATIVE SUPPORT SERVICES</b>	1. Human resource management	119,228,341
	2. Monitoring & Evaluation	4,071,674
	3. Quality assurance and standards	4,402,000
	<b>SUBTOTAL</b>	<b>127,702,015</b>
<b>PREVENTIVE AND PROMOTIVE SERVICES</b>	1. Primary health care	123,027,754
	2. Nutrition	2,502,646
	3. Community health services	31,000,000
	4. Communicable disease control	5,437,640
	5. Public health emergency coordination	22,027,900
<b>SUBTOTAL</b>	<b>183,995,940</b>	
<b>CURATIVE HEALTH SERVICES</b>	1. Curative and Rehabilitative health services	95,926,078
	2. Pharmaceuticals and Pharmaceutical commodities	144,672,260
	<b>TOTAL</b>	<b>1,509,197,581</b>

## NAIROBI COUNTY

Nairobi city is the third smallest county and host to the capital city of Kenya, it's the most populous city with an estimated population of 5,454,000. Its health department mandate is to provide quality healthcare services that are accessible, equitable and sustainable to the population of Nairobi City and beyond. It has five main programs, administration, planning and support services, health facilities, public health, medical services, wellness, nutrition and school health. The tables below illustrate these budget lines over the financial year 2023/2024.

### NAIROBI COUNTY FY 2023/2024

PROGRAM AREA	SUB-PROGRAM	BUDGET
<b>HEALTH FACILITIES</b>	1. County referral hospitals	57,235,800
	2. Health centres and dispensaries	20,624,000
	3. Pumwani school of nursing	4,635,200
	<b>SUBTOTAL</b>	<b>82,495,000</b>
<b>PUBLIC HEALTH</b>	1. Preventive and Promotive health services	47,800,000
	2. Environmental Health	10,000,000
	3. Mortuary and Coroner services	15,000,000
	4. Health policy, planning and financing.	10,000,000
	<b>SUBTOTAL</b>	<b>82,800,000</b>
<b>MEDICAL SERVICES</b>	1. Family Health and RMNCAH	15,000,000
	2. Clinical services	12,000,000
	3. PHC	0.00
	4. Research and Training	6,000,000
	5. Health commodities	400,000,000
	<b>SUBTOTAL</b>	<b>433,000,000</b>
<b>ADMINISTRATION</b>	Health Administration	<b>6,506,013,819</b>
	<b>TOTAL</b>	<b>7,104,308,819</b>

# CHAPTER FOUR: FINDINGS

---

This section will expound on the analysis of the public health funding and budget lines from the national government and selected counties' perspectives.

## **National Government**

At the national government during the financial year 2022/2023 the health sector had five program areas, preventive and promotive services, national referral and specialized services, health research and development, general administration and health policy and standards. PHC did not have a direct budget line, but maternal and child health were covered under the sub-program of RMNCAH. This sub-program was allocated 7,892,506,800 which was 6.4% of the total health sector budget.

During the FY 2023/2024 the ministry of health was split into two state departments as mentioned earlier. For the State Department of Medical Services maternal and child health was allocated 2,841,031,747 and 974,947,600 from the State Department of Public Health and Professional Standards totalling 3,815,979,347 a 50% reduction in allocation. However, PHC was introduced as a sub-program under the State Department of Public Health and Professional Standards and allocated 69,873,240 which is a mere 0.3% of the State Department's budget and 0.05% of the ministry's budget.

These findings demonstrate that PHC, MCH and FP are not high on the ministry's priorities in terms of funding with more funds being allocated to curative and hospital-based services.



# COUNTY GOVERNMENTS

---

## **KAKAMEGA COUNTY**

In Kakamega County the main program areas were identified; preventive and promotive, curative services and general administration. In the FY 2022/2023, the program area preventive and promotive services had several sub programs which could be identified as PHC services, these were, community health strategy, nutrition services, and TB, HIV and malaria control. These services were allocated KSHS 113,807,333 with Maternal and Child Health allocated KSHS 111,027,387 and an additional KSHS 190,287 for promotion of family planning services. In total PHC, MCH and FP services were allocated 10.6% of the total health department's budget during the FY 2022/2023. In the next FY 23/24, more sub-programs were introduced leading to significant changes in the allocations. Under the program preventive and promotive new sub-programs such as beyond zero, neglected tropical diseases and non-communicable diseases were introduced with allocations totalling KSHS 284,201,967 representing 6.1% of the health department's budget. However, this year primary medical health services were introduced under the program curative services with an allocation of KSHS 610,195,338. Thus, in totality, PHC, MCH and FP were allocated 895,397,305 which was 19.2% of the total budget—a 9% increment from the previous financial year.

On Primary Care Networks (PCNs) the county currently has the highest number of fully established PCNs at 12/12.

## **KISUMU COUNTY**

The county is seen to have similar program areas to Kakamega County which were noted to be, preventive and promotive health services, curative health services and thirdly, leadership and general administration. During the FY 2022/2023 PHC and MCH were clearly defined under the sub-programs PHC and RMNCAH. PHC was allocated KSHS 268,020,251 and RMNCAH allocated 21,328,613. This equalled a total of 481,706,245 representing 12% of the total department's budget. In FY 23/24 additional sub-programs were introduced with nutrition services being the one most aligned to PHC. As with the previous FY PHC was present and allocated KSHS 39,050,398, RMNCAH KSHS 1,760,000 and nutrition services KSHS 2,000,000 totalling KSHS 42,810,398. Under curative services, PHC facilities were allocated KSHS 11,132,698.

In total, this equated to KSHS 53,943,096 representing 1.4% of the total health department's budget. In comparison with the previous FY, Kisumu County had a drastic reduction of allocation to PHC and MCH from 12% to 1.4%.

On PCNs, the county is one of the leading examples in the country with 5 out of 7 PCNs established. The establishment of the remaining 2 is also in progress.

## **KITUI COUNTY**

In Kitui County, the program areas were four in the FY 2022/2023, these were curative, preventive and promotive health services, general administration, planning and support services and maternal and child health services. For PHC services were allocated Kshs 15,528,987 under the preventive and promotive program and Kshs 184,257,660 under the maternal and child health program. Peculiar to Kitui was the allocation of Kshs 139,695,120 for family planning services. These allocations equal Kshs 199,786,47 which is 5.6% of which 3.9% is for family planning services. In the FY 2023/2024 the county had three program areas; curative health services, preventive and promotive services and general administration. PHC services were allocated under the sub-program primary health which equalled Kshs 42,555,000 and Kshs 3,722,093 from the preventive and promotive program totalling Kshs 46,277,093 which is 1.8% of the total budget. This FY the county excluded the maternal and child health program and a huge reduction of PHC allocations from 5.6% to 1.8%.

On PCNs, the county currently has 2 fully established networks out of 8 with the establishment of the remaining 6 not yet started.

## **KILIFI COUNTY**

In Kilifi, the program areas were noted to be four, preventive and promotive, curative, rehabilitative, reproductive health and general administration. In FY 22/23, PHC services under the preventive and promotive services were allocated KSHS 111,020,876 with reproductive health being allocated 41,050,000. In total for PHC, MCH and FP the county allocated KSHS 152,070,876 which represented 3% of the total health budget. However, the county is seen to have prioritized reproductive health as it is a standalone program indicating an opportunity to allocate more resources to maternal and child health.

On PCNs, the county has 4 fully established PCNs out of 7 with the establishment of the other 3 in progress.

---

## **BARINGO COUNTY**

The county's health department also has four programs, general administration, RMNCAH, curative and rehabilitative and preventive and promotive health services. In FY 22/23 PHC services under the preventive and promotive services were allocated KSHS 363,455,304. RMNCAH services through a program with several sub-programs as shown earlier had an allocation of nil. However, the preventive and promotive services allocated represented 42% of the total health budget. In the FY23/24 RMNCAH as a program was removed altogether with preventive and promotive services being allocated KSHS 408,566,962 which was 41% of the total health budget.

On PCNs, the county needs to establish 7 networks of which 3 have been fully established, 3 not yet started and 1 in progress.

## **LAIKIPIA COUNTY**

The county has three main program areas; general administration, curative and rehabilitative services and preventive health services. The preventive and promotive services showcase more of PHC with an allocation of KSHS 47,236,000. This includes allocations for family planning and maternal and child health. The allocated budget represents 10% of the total health department's budget in FY 2022/2023.

In FY 2023/2024 the programs changed to headquarters, medical services, public health and sanitation and sub-county health management. The PHC services were now under the public health and sanitation program with an allocation of KSHS 29,350,000 equalling 2.75% of the total health budget. This highlights a significant reduction in PHC-allocated resources that might have contributed to the introduction of the new program areas and new leadership at the county helm.

On PCNs, the county is required to have 3 networks of which only 1 is fully established and the remaining 2 in progress.

## **ISIOLO COUNTY**

In the FY 2022/2023 the county did not have specific budget lines for PHC. The closest could be the preventive and promotive health services sub-program which was allocated KSHS 199,273,740 representing 13% of the total health budget. In the FY 2023/2024 this changed with PHC being one of the sub-programs under the preventive and promotive services program.

---

PHC was allocated KSHS 123,027,754 with additional allocations for nutrition at KSHS 2,502,646 and community health services at KSHS 31,000,000. This equalled KSHS 156,530,400 and 10% of the total health department's budget.

On PCNs, the county has 1 fully established PCN out of the required 3 with 2 in the progress of establishment.

## **NAIROBI COUNTY**

The Nairobi city county's health department for the financial year 2023/2024 was noted to have five program areas; health facilities, public health, wellness and nutrition, medical services and general administration. Under the health facilities program, PHC facilities were allocated KSHS 20,624,000, and under the public health program KSHS 47,800,00 via the preventive and promotive health services sub-program. Under the medical services program, RMNCAH was allocated 15,000,000 and PHC though highlighted as a sub-program was allocated nil resources. In total, for PHC-related services, the allocation was KSHS 83,424,000 representing 1.1% of the total health department's budget.

On PCNs the county is required to have 17 fully established PCNs of which 2 are fully established, 14 not yet started and 1 in progress.

---



## SUMMARY

---

At the national level, the health sector budget for the fiscal year 2022/2023 included five program areas, with PHC not having a direct budget line. Maternal and child health fell under the sub-program of Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), which received 6.4% of the total health sector budget. However, in the following fiscal year 2023/2024, a 50% reduction in allocation was observed for maternal and child health. PHC was introduced as a sub-program under the State Department of Public Health and Professional Standards but received only a fraction of the department's budget, indicating a lack of priority for these essential health services.

Similarly, at the county government level, disparities in budget allocations for PHC, MCH, and FP services were evident across various counties. While some counties allocated a significant portion of their health budgets to these services, others allocated minimal resources. For example, in Kakamega County, the allocation for PHC, MCH, and FP services increased from 10.6% to 19.2% of the total health budget in the fiscal year 2023/2024, representing a positive shift in prioritization. However, in Kisumu County, there was a drastic reduction in allocation for these services, dropping from 12% to 1.4% of the total health budget.

These findings underscore the insufficient prioritization of PHC, MCH, and FP services in the overall health sector budgets. Despite the critical role of these services in promoting population health and achieving universal healthcare coverage, they continue to receive inadequate funding compared to curative and hospital-based services.

Addressing these disparities is crucial for ensuring equitable access to quality healthcare services for all citizens. It requires concerted efforts from both national and county governments to prioritize PHC, MCH, and FP services in budget allocations and policy decisions. Investing in these essential health services not only improves health outcomes but also contributes to sustainable development and economic growth.

# SUMMARY OF PHC SERVICES ALLOCATIONS

---

FY 22/23	National	Nairobi	Kisumu	Kakamega	Kitui	Isiolo	Kilifi	Baringo	Laikipia
PHC SERVICES	0	X	268,020,251	113,807,333	15,528,987	199,273,740	111,020,876	363,455,304	47,236,000
MCH SERVICES	7,872,506,800	x	21,328,613	111,027,387	139,695,120	0	41,050,000	0	0
<b>TOTAL</b>	<b>7,872,506,800</b>	<b>0.00</b>	<b>289,348,864</b>	<b>224,834,720</b>	<b>155,224,107</b>	<b>199,273,740</b>	<b>152,070,876</b>	<b>363,455,304</b>	<b>47,236,000</b>

FY 23/24	National	Nairobi	Kisumu	Kakamega	Kitui	Isiolo	Kilifi	Baringo	Laikipia
PHC SERVICES	69,873,240	68,424,000	50,183,096	284,201,967	46,277,093	123,027,754	X	408,566,962	29,350,000
MCH SERVICES	3,815,979,347	15,000,000	1,760,000	895,397,305	0	0	x	0	0
<b>TOTAL</b>	<b>3,885,852,587</b>	<b>83,424,000</b>	<b>51,943,096</b>	<b>1,179,599,272</b>	<b>46,277,093</b>	<b>123,027,754</b>	<b>x</b>	<b>408,566,962</b>	<b>29,350,000</b>

# CHAPTER FIVE: ACCOUNTABILITY STRUCTURES

---

Effective management and accountability of resources within the health system is paramount for the delivery of quality healthcare services. This section will identify the existing structures aimed at ensuring accountability at the PHC level.

At the PHC level, the structure encompasses several key steps aimed at identifying, prioritizing, and managing needs, as well as maintaining fiscal responsibility and accountability.

Firstly, the process begins with the identification and prioritization of needs through costed annual work plans. These plans are then submitted to the Chief Officer of Health through the sub-county health officer for review and approval. This ensures that all proposed activities align with the overall goals and objectives of the health department.

Once the work plans are approved, they are disseminated to the public through public participation activities to promote transparency and accountability. After which, the health facility committees meet and approve the plans.

Furthermore, expenditure is carefully managed, with procurement plans implemented to ensure that resources are used efficiently and effectively. Internal audits are also conducted regularly to monitor spending and identify any potential areas of improvement.

To facilitate access to funds, Authority to Incur Expenditure(AIEs) are requested from the accounting officer, if approved they allow for timely execution of planned activities. Throughout this process, adherence to fiscal responsibilities outlined in relevant legislation, such as the County Government Act 2012 and the Public Finance Management Act 2012, is paramount.

Government accounting policies and procedures are utilized for financial recording and reporting, ensuring consistency and accuracy in financial management. Monthly bank reconciliations are conducted to reconcile accounts and prepare reports on collections and expenditures.

In conclusion, the accountability structures outlined above form the foundation for transparent and efficient management of healthcare resources at the PHC level. By adhering to these principles and practices, the health sector can ensure that resources are used effectively to meet the needs of the community while maintaining fiscal responsibility and accountability.



# CHALLENGES:

---

## **Limited Budget:**

Healthcare facilities often operate with limited budgets, leading to constraints in procuring essential supplies, maintaining infrastructure, and hiring skilled personnel.

## **Inadequate Infrastructure:**

Many healthcare facilities face challenges related to inadequate infrastructure, including insufficient medical equipment, outdated facilities, and limited space.

## **Human Resource Shortages:**

Shortages of healthcare professionals, including doctors, nurses, and support staff, pose significant challenges in delivering quality healthcare services.

## **Supply Chain Management:**

Poor supply chain management can result in stockouts of essential medications and medical supplies, impacting patient care and treatment outcomes.

## **Data Management:**

Inefficient data management systems hinder accurate record-keeping, monitoring, and evaluation of healthcare services, affecting decision-making and resource allocation.

## **Patient Flow and Wait Times:**

Healthcare facilities often struggle with patient congestion and long wait times, leading to dissatisfaction among patients and delays in receiving care.

# MEASURES TO MITIGATE CHALLENGES:

---

## **Resource Allocation Prioritization:**

Healthcare facilities prioritize resource allocation based on needs assessments, focusing on essential services and medications to optimize budget utilization.

## **Infrastructure Improvement Projects:**

Facilities engage in infrastructure improvement projects, including renovations, expansions, and equipment upgrades, to enhance service delivery capacity and efficiency.

## **Recruitment and Training Programs:**

Facilities implement recruitment and training programs to address human resource shortages, including hiring new staff, offering training opportunities, and incentivizing retention.

## **Enhanced Supply Chain Management:**

Facilities implement robust supply chain management systems, including forecasting, procurement planning, and inventory management, to ensure consistent availability of essential supplies.

## **Digital Health Solutions:**

The adoption of digital health solutions, such as electronic health records (EHRs) and health information systems (HIS), improves data management efficiency, facilitating accurate record-keeping and data analysis.

## **Patient Flow Optimization:**

Facilities implement strategies to optimize patient flow and reduce wait times, such as appointment scheduling systems, triage protocols, and process optimization initiatives.

By documenting these challenges and implementing corresponding mitigation measures, healthcare facilities can enhance their capacity to deliver quality healthcare services efficiently and effectively, ultimately improving health outcomes for patients and communities.

# CHAPTER SIX: POLICY ANALYSIS

The analysis will be guided by Shiffman and Smith, which consists of four components; The framework was originally developed to try and understand why some global health initiatives are more successful in generating resources and political priority than others. However, for this report, the framework will be used as an instrument to map out champions and analyse PHC in the Kenyan context.

	<b>Category</b>	<b>Description</b>	<b>Factors</b>
<b>1</b>	Actor power	Strength of the individuals and organizations concerned with the problem	Policy community cohesion Leadership Guiding institutions Civil society
<b>2.</b>	Ideas	Ways in which the problem is understood and represented.	Internal frame External frame
<b>3.</b>	Issue characteristics	Features of the problem	Credible Indicators Effective interventions
<b>4</b>	Political Contexts	The environment in which actors seek influence for their cause	Policy windows Global governance structures

## Actor Power

The key actors involved in shaping PHC policy in Kenya include government officials from the office of the president( H.E President William Ruto, Dr Daniel Mwai), from the Ministry of Health( these are PS Mary Muthoni, Dr Joe Lenai, Dr Salim Hussein and Dr Maureen Kimani, Council of Governors (Robert Rapando, Jemimah Kuta, Peris Njibu), County governments (Dr Greg Ganda, Dr Betty Langat). Partners are also very much involved in the PHC discussions from the World Health Organization (WHO)( Evelyne Chagine) and UNICEF(Rose Njiraini), NGOs such as Amref Health Africa (Dr Githinji Gitahi, Dr Mercy Mwangangi), PATH (Carolyn Njuguna and Melissa Wanda) and HENNET (Margaret Lubaale), and healthcare professional associations (Kenya Medical Association - Dr Joy Mugambi).

We also have entities like the Joint Learning Network (JLN) which brings together individuals from different organizations.

The Ministry of Health, supported by international donors, holds significant power in driving PHC policy decisions. Additionally, NGOs and civil society groups play a crucial role in advocating for the expansion of PHC services and ensuring community participation.

Strong alliances exist between government agencies, international organizations, and NGOs, especially those focused on health. However, challenges may arise due to conflicting interests or resource constraints among different actors.

## **Ideas**

The dominant ideas surrounding PHC in Kenya emphasize the importance of community-based healthcare delivery, equity in access to essential services, and the integration of PHC with other sectors such as education and sanitation.

Policy proposals include initiatives to strengthen the primary healthcare system, improve maternal and child health services, enhance preventive care, and expand access to essential medicines and vaccines.

Ideas about PHC are communicated through government policy documents, advocacy campaigns by NGOs, academic research, and media coverage highlighting healthcare challenges and successes.

However, PHC is not well understood with confusion around primary health care and primary care definitions and approaches.

## **Political Context**

Kenya's political context is characterized by a multi-party system, periodic elections, and a devolved system of governance since the enactment of the 2010 Constitution.

Recent political developments, such as the implementation of devolution, have decentralized healthcare decision-making to county governments, which have varying levels of capacity and resources to implement PHC initiatives.

Political parties may prioritize healthcare in their election manifestos, but the allocation of resources and implementation of policies may vary depending on political will and competing priorities.

International donors and agreements, such as commitments to UHC and SDGs, influence Kenya's PHC agenda by providing funding, technical support, and accountability mechanisms.

---

## **Issue Characteristics**

PHC issues in Kenya are salient due to persistent challenges such as inadequate healthcare infrastructure, shortages of healthcare workers, disparities in access to services between urban and rural areas, and high maternal and child mortality rates.

Recent events, such as the COVID-19 pandemic, have highlighted the importance of PHC in responding to public health emergencies and strengthening health systems.

Proposed PHC policy solutions aim to address these challenges by improving healthcare financing, enhancing service delivery at the community level, investing in health workforce training, and promoting multisectoral collaboration.

Also, as noted under actor power policy entrepreneurship plays a crucial role in advancing PHC initiatives, with champions within government, civil society, and the private sector driving advocacy efforts and mobilizing resources to support PHC reform.

Overall, the analysis highlights the complex interplay of actors, ideas, political dynamics, and issue characteristics that shape PHC policy in Kenya and underscores the importance of collaborative approaches to address the country's healthcare challenges.

---

# CHAPTER SEVEN: CONCLUSION

---

## RECOMMENDATIONS

1. Key informant interviews with the respective entities to give clarity and get more insights on the allocations for PHC, MCH and FP including budget allocation criteria.
2. Continuous advocacy on PHC funding to increase budgetary allocations to PHC, MCH AND FP services, especially through the program-based budgets.
3. Standardization and prioritization of the program-based budgeting across the national and county governments for ease of transparency.
4. Establishment of a PHC financing dashboard for the country.

## CONCLUSION

This report has identified the public health spending landscape over the two financial years 2022/2023 and 2023/2024 where the requisite documents have been available for both the national government and selected county governments where HENNET has a footing. It has highlighted PHC, RMNCAH (MCH & FP) services in the budget lines or how they appear. Additionally, the legal frameworks guiding PHC have also been identified and the source of revenue flows from the national treasury.

Furthermore, the report has mapped out PHC champions both state and non-state actors as well as the accountability structures at the PHC level.

# REFERENCES

---

1. Alma - ata conference report 1978
2. The Public Finance Management Act 2012
3. The County Government Act No. 17 of 2012
4. Astana Global Conference on Primary Health Care, 2018
5. The Kenya Primary Health Care Strategic Framework 2019 – 2024
6. The Kenya Primary Healthcare Network guidelines, 2021
7. Guidelines for strengthening the mobilization and utilization of funds in public health facilities 2022.
8. Executive order no.1 of 2023
9. The Facility Improvement Financing Act 2023.
10. Implementing the primary health care approach, 2024





**BY: HEALTH NGOS' NETWORK (HENNET)**

---

**[WWW.HENNET.OR.KE](http://WWW.HENNET.OR.KE) | [TWITTER: @HENNETKENYA](https://twitter.com/HENNETKENYA)**