



## Brief on County Health Sectoral Plans

### 1. Background

- 1.1 Effective county health Sector Planning is an important element in strengthening the county health systems. It supports the identification, implementation and monitoring of county policies, priorities, and programs. The national health planning framework envisages that county health sectoral planning is undertaken in a manner that provides linkages with the national health long term plan (Kenya Health Policy), its medium-term plans as well as various complementary plans elaborating programs, investment areas and institutional arrangements. Effective delivery of the health functions assigned to counties under Schedule IV of the Constitution of Kenya, 2010 and those under section 20 of the Health Act, 2017 necessitates development of robust long term and medium-term plans for health at county level.
- 1.2 The County Government Act, 2012, requires that counties prepare ten-year County Sectoral Plans. The sectoral plans should be *programme-based*, used as the *basis for budgeting and performance management; updated annually; reviewed every five years* by the county by the County Executive and *approved by the County Assembly*. The sectoral plans form critical components of the County Integrated Development Plans (CIDP). Requirements on prioritization through appropriate medium-term programs with trackable indicators are also provided in the Public Financial Management Act, 2012. Entrenchment of the Medium-Term Expenditure Framework (MTEF) and roll out of Program Based Budgeting have helped county governments in identification of priorities for the medium term. However, alignment with resource allocation is still sub-optimal.
- 1.3 Medium term plans are not intended to be a stand-alone document but rather should be aligned with other important assessment, planning and evaluation processes such as a health assessment, quality improvement frameworks and plans, annual health work plans or even an annual performance report. Development of various medium-term plans to guide the county health sector and departments in implementation of programs should be connected and inform one another. For instance, assessments should be harmonised, and results pooled and always precede the development of the various plans. In any case, the plans inform the performance management system and provide basis for development of annual workplans and program-based budgets.

### 2. Status of development of the County Health Sectoral Plans

#### ***Guidelines Available***

- 2.1 The national government issued guidelines for preparation of the county sectoral plans in late 2020 with the aim of providing guidance to counties in development of their sectoral

visions, goals, and development strategies. Guidelines for development of CIDPs have also been updated. All county governments have developed CIDPs for the last two terms of governments and are currently in the process of developing the CIDPs for the period 2022-2027. The plans lay out strategic priorities and programmes for the medium term as well as the measurable indicators and budgets for implementation. One overarching principle of the plans is that they should be designed to meet the needs of the county and its citizens and be aligned to national plans.

- 2.2 In addition to the guidelines, the health sector (Ministry of Health) has in the past provided templates for development of County Health Sector Strategic and Investment plans, Annual Work plans and Annual Health Sector Performance Reports. The Annual Work plans/ Annual Operations Plan (AOP) tools and frameworks have been in application since they were rolled out in 2005. Planning guide and attendant templates are available per level of health services and even for national ministry state agencies. Bottom-up consolidation of the operational plans and performance reports; definition of resource envelope at the commencement of the planning processes; and convening of annual national annual health planning summits are some of the interventions that were undertaken by the sector to strengthen priority setting, planning, and budgeting. Following devolution of health services, the national consolidation of county work plans and the annual performance reports is not a requirement and has not been consistent.

#### ***Harmonized common mechanism for coordinating health plans***

- 2.3 The Health Act, 2017 under section 86(2) requires the ministry of health in consultation with county governments to provide a framework for establishing a harmonized common mechanism for coordinating planning and financing and monitoring and evaluation within the health sector. This is in addition to providing a framework for examining means of optimizing usage of private health services because of relieving the burden carried by the public health system; and providing framework for collaboration with ministries of finance and others to secure health care for vulnerable groups and indigents.
- 2.4 One of the recurrent issues identified has been misalignment between policy, planning and budgeting that ultimately stifles the achievement of county health strategic goals and targets in service delivery. The medium-term review of the Kenya Health Sector Strategic Plan (KHSSP) for 2018 to 2023 underscored the issue of alignment of the sector planning as a persistent a challenge. The development of the KHSSP 2018- 2023 itself took too long, and thus made programs, implementing partners and counties develop plans which are not aligned to the final KHSSP.
- 2.5 County health sectoral plan (CHSP) and five-year County health Sector Strategic and Investment Plan (CHSSIP) will generally focus on the entire county health sector and county health departments. However, the health department may have program-specific strategic plans that complement and support both the CHSP and the CHSSIP. This review revealed that county health departments have developed a variety of such plans including County Community Health Strategy; County Nutrition Action Plan (CNAP); County HIV/AIDS Strategic Plans; County Health M&E ; Human Resources for Health (HRH) strategic plan; County Reproductive Health Strategy; County Adolescents-and-Youth-Multi-Sectoral-Action Plan ; County Sexual and Reproductive Health Strategy; County Adolescent and Young People Sexual Reproductive Health/ HIV Strategic Plan; and County Family Planning Implementation Plan (FP CIP). The list of county health strategies and counties is in Appendix 1.
- 2.6 Similarly, there are several national plans for health, covering health investment areas and health programs, that include interventions assigned to county governments and which

county governments have not included in their sectoral plans. This is because of the fragmented process of developing such plans, inadequate dissemination to facilitate integration, and inadequate alignment to funding availed for implementation of such activities at county level.

### **3. Challenges with County Health Sectoral Plans**

3.1 A cursory review of the county health sector plans development and implementation experiences reveal that significant progress has been made since adoption of devolution. However, several issues that need to be addressed with respect to sectoral and strategic plans are as follows:

- Lack of elaborate guidelines and where they exist need review
- Inadequate operationalisation of the Health Sector working groups
- Lack of detailed/comprehensive county health needs assessment
- Misalignment of program and investment areas plans with overarching plans
- Misalignment of medium-term plans and the annual plans and the program-based budgets
- Midterm and end term review not undertaken, and some strategies not renewed
- Program plans preparation dominantly supported by external partners and not renewed upon expiry
- Annual performance reviews of the AWP's not undertaken consistently
- County health M&E plans not adequate to support tracking of the implementation of the health sectoral plans and strategic plans
- Inadequacies in dissemination with some of the medium-term plans available on websites of supporting partners and not the counties supported
- Plans developed and finalised without county assembly -green papers as opposed to white papers.

### **4. Addressing the current gaps**

Appreciating that the development of the third series of CIDPs is underway, there is a urgent need for county governments to bridge notable gaps in the county health sectoral planning context. This review proposes the following actions:

#### **4.1 Enhance stewardship and coordination capacity for county health sector planning**

- 4.1.1 County governments need to strengthen the Sector Working Group as the steward for the health sector medium term and annual planning. The sectoral plans and strategic plans should be reviewed annually ahead of the annual MTEF budgeting process.
- 4.1.2 They should also fully align the county health annual work plan development process with the budget making processes, ensuring that the finalised work plan includes priority activities and interventions that are fully funded.
- 4.1.3 In addition, and preceding the CIDP process, counties should develop elaborate 10-year health sector plans approved by the County Assembly. All other health sector plans, including five-year county health strategic plan and medium-term health program plans, should be aligned to the sectoral plan.

#### **4.2 Strengthen capacity in identification of priorities for the County Health Sectoral Plans**

- 4.2.1 Carrying out a systematic examination of health status indicators for a given population to identify key problems and assets in the catchment population is necessary. This will enable development of strategies that address the county population health needs and identified issues. Citizens and stakeholders' engagement and participation in the assessment is important.
- 4.2.2 Elaboration of the county health profile in terms of the health status and the health determinants of the county, identification of health risks, review existing county health plans, policies, programs, and interventions to establish interventions already happening in the county and that are contributing to health outcomes. This will help to know interventions that are consistent with priorities, identify gaps and opportunities for further development. The intention of county health sector plans is to assess and ensure county resources are used in the most appropriate and efficient way to address the health needs of the county, rather than increase the number of services provided.

**4.3 Enhance Capacity for carrying out county Health Needs Assessment**

- 4.3.1 A comprehensive health status and health determinants assessment will facilitate determination of what objectives and policy priorities are applicable to a county. As such, the state of health of the population by sub-groups; identification of major risks factors, causes of morbidity and mortality; will assist in identifying the interventions needed to address the issues and deliver the most effective programs and services, as well as ensure resources are allocated where they can give maximum health benefit.
- 4.3.2 In determining the health needs, counties need to determine information requirements for defining health needs including describing population characteristics, health status of citizens in the county, factors affecting their health and the impact, services that are currently provided, current programs for preventive and curative health services, citizens expectations on their health needs. For the health status, health performance reports and health information statistics detailing trends in various health conditions, prevalence of disease, and wellbeing. Determinants of health (which are defined as the conditions in which people are born, grow -up, live, work and age) can be reviewed through aspects such as living conditions, environmental condition, education level, socioeconomic features, modifiable health behaviours (physical activity, diet and nutrition, risk taking behaviours such as smoking, alcohol consumption and drugs, stress, and mental health). The analysis is more effective if it compares the county status with national and regional averages where possible.
- 4.3.3 Sources of the data include population surveys data; disease conditions incidence and mortality, infectious disease notifications, burden of disease, births, deaths, facility locations, service statistics (outpatient and inpatient attendances, immunizations, emergency etc), sanitation indicators, environmental health data, water quality, food quality, air quality, severe weather events, recreational spaces, land use plans, injuries, and accidents.
- 4.3.4 Relevant data sources include the following:
  - County health annual performance reports, particularly results related to progress on any past initiatives or health sector strategic plans
  - Health status assessment data -
  - Health facility assessment data – Service Readiness Mapping, Harmonised Facility Assessments
  - Reviews completed as component parts of recently developed health program strategies – HIV/AIDS, Nutrition, Reproductive Health
  - Reviews against national standards
  - County health system assessment reports
  - County health financing analysis

- Partners/stakeholders analysis reports
- Policy and legislation analysis /scan
- Quality Improvement Reviews
- Facility client satisfaction surveys
- Health products and technologies quantification reports

4.3.5 For the interventions proposed to be appropriate as possible, the sectoral planning process should consider views of various demographic groups of the county population especially regarding their perception of issues, barriers to addressing issues, resources required and past initiatives to address the issues identified. The engagement can be undertaken through surveys, focus group discussions, public forums, discussions with interest groups or even interviews with representatives.

#### **4.4 Enhance review of health sectoral plans at end of 5 years**

4.4.1 There is need for comprehensive review of the sectoral plans (health sector components of the CIDP) at the end of five years. Even though the objectives and policy priorities may still be applicable, a review of the health status, alignment to national plans and assessment of emerging health risks for the county is critical.

#### **4.5 Enhance ownership and accountability of plans**

4.5.1 The County Health Sectoral Plans including the attendant assessments should be publicly available and communicated widely. Further, county governments should develop an annual review and reporting schedule. Tracking of implementation against the expected results, confirming that context has not changed and making decisions on what needs to be done differently will be enhanced. Embedded in this review mechanism should be reporting on functions under various national and county legislations.

4.5.2 The Council of Governors in collaboration with the Ministry of Health should strengthen the development, consolidation and sharing of county annual health performance reports. County governments should publish the health APRs and disseminate through the annual County Health Stakeholders Forum (CHSF).

#### **4.6 Development of county health sectoral planning specific guidance**

4.6.1 There is need for sectoral guidance on the sectoral plan to define the minimum standards for the plans. Such areas should include – identification of the health needs of the county; examination/analysis of data on health status and determinants of health in the county; areas for which objective and policy priorities should be set say promotive and preventive health, public health, primary health care, curative services; collaboration with other stakeholders in delivery of health services to meet identified priorities; framework for identification, evaluation and management of health risks; addressing matters required under various health legislations and regulations.

4.6.2 Even when county governments opt to minimise the number of long term and medium-term plans developed by having sectoral plans purely as component parts of the CIDP, it is critical to have the sectoral components as elaborate.

#### **4.7 Ensure consistency with national and regional health plans**

4.7.1 County health sectoral plans consistency with the national health plans can be achieved by ensuring that objectives and policy priorities outlined in national government's plans are considered for relevance. In considering relevance of national programmes and projects,

counties could utilise the data generated from the review of health status and health determinants. The different timelines for replacement of plans should be considered too.

- 4.7.2 Though not a requirement, county governments should make consideration for additional regional information (information relevant to planning for the region that the county falls in). Interventions that counties intend to undertake jointly with other counties or agencies should be incorporated in the county health sectoral plans.

## **5. Conclusion**

This review affirms that there has been significant progress in strengthening of capacity for county health sectoral planning in line with national norms and standards. These efforts are notable with respect to the development of CIDPs, ADPs and AWP and the MTEF process. Additionally, most counties have also developed health sector strategic and investment plans and program specific plans. There exist notable gaps in development of the 10-year health sector plans; alignment of plans with budgets remains weak; lack of harmonisation of various health plans including those development with support of partners; inadequacies in assessment of county health needs stifling identification of priorities; and finally suboptimal tracking of implementation of plans has also affected county capacity to adequately prioritise and address health needs of the population.

The review proposes the development of specific health sectoral guidance on the sectoral plan to define the minimum standards for the plans, strengthening of the County Health Sector Working Group as the steward for the health sector medium term and annual planning. The sectoral plans and strategic plans should be reviewed annually ahead of the annual MTEF budgeting process. Additionally, county governments capacity for carrying out county Health Needs Assessment should be enhanced; County Health Sectoral Plans including the attendant assessments should be publicly available and communicated widely. Further, county governments should develop an annual review and reporting schedule. Tracking of implementation against the expected results, confirming that context has not changed and making decisions on what needs to be done differently will be enhanced. Finally, the Council of Governors in collaboration with the Ministry of Health should strengthen the development, consolidation and sharing of county annual health performance reports. At county level, county governments should publish the health APRs and disseminate through the annual County Health Stakeholders Forum (CHSF).

## Resources

1. Constitution of Kenya, 2010
2. County Government Act, 2012
3. Council of Governors Reports. County Integrated Development Plans 2018-2022
4. Health Act, 2017.
5. National Aids Control Council. 2021.The Kenya AIDS Strategic Framework (KASF II) (2020/2021 – 2024/2025)
6. Public Financial Management Act, 2012
7. Republic of Kenya, Ministry of Health. 2021. Kenya Health Sector Strategic Plan 2018-2023 Mid-Term Review Synthesis Report: Monitoring Progress Towards Attainment of Universal Health Coverage.
8. Republic of Kenya, Ministry of Health. 2021. Kenya Mental Health Action Plan 2021 – 2025. <https://mental.health.go.ke/download/kenya-mental-health-action-plan-2021-2025/>
9. Republic of Kenya, The National Treasury and Planning. 2020. Guidelines for Preparation of County Integrated Development Plans (Revised)
10. Republic of Kenya, The National Treasury and Planning. 2020. Guidelines for Preparation of County Sectoral Plans.
11. World Health Organization. (2016). Strategizing national health in the 21st century: a handbook. World Health Organization. <https://apps.who.int/iris/handle/10665/250221>
12. World Health Organisation: Social determinants of health. [http://www.who.int/social\\_determinants/en](http://www.who.int/social_determinants/en)

## Appendix 1: Status of County Health Sector Plans & Other medium term health plans

|    | Strategy Description   | Counties with plan   |
|----|--|--|
|    |  | List   |
| 1  | County Health Sectoral Plan – Ten Year   | 2 Tana River, Makueni  |
| 2  | County Health Sector Strategic Plan -  | 13 Baringo, Busia, Elgeyo Marakwet, Kiambu, Kilifi, Kisumu, Mombasa, Nakuru, Meru, Nandi, Nyeri, Samburu, Turkana<br>For the Period 2013-2017 : Isiolo, Kiambu, Kisumu, Machakos, Nairobi, Nakuru, Narok, Nyamira, Nyeri, Uasin Gishu, Vihiga,     |
| 3  | County Community Health Strategy   | 2 Tharaka Nithi, Laikipia  |
| 4  | County Nutrition Action Plan (CNAP) -  | 27 Baringo, Busia, Bomet, Elgeyo Marakwet, Embu, Homa Bay, Garissa, Kiambu, Kilifi, Kisumu, Makueni, Marsabit, Muranga, Mombasa, Nakuru, Nandi, Nandi, Nyeri, Samburu, Siaya, Taita Taveta, Tana River, Tharaka Nithi, Turkana, Vihiga, West Pokot |
| 5  | County HIV/AIDS Strategic Plans  | 47 All counties  |
| 6  | County AIDS Implementation Plans   | 47 All counties  |
| 7  | County Health M&E Plan   | 5 Baringo, Turkana, Samburu, Kakamega, Busia   |
| 8  | Human Resources for Health (HRH) strategic plan  | 4 Nyamira, Nandi, Nairobi, Mombasa   |
| 9  | County Reproductive Health Strategy  | 1 Busia  |
| 10 | County Adolescents-and-Youth-Multi-Sectoral-Action Plan                                  | 2 Migori, Kisumu   |
| 11 | County Sexual and Reproductive Health Strategy   | 1 Kisumu   |
| 12 | County Adolescent and Young People Sexual Reproductive Health/ HIV Strategic Plan        | 1 Kilifi   |
| 13 | County Family Planning Costed Implementation Plan (FP CIP)                               | 8 Nandi, Muranga, Mombasa, Meru, Machakos, Kitui, Kakamega, Homa Bay   |
| 14 | Family Planning, Reproductive, Maternal And New-Born Child Health Communication Strategy | 1 Turkana  |
| 15 | County strategy for ending Tuberculosis  | 1 Trans Nzoia  |



## Appendix II - Proposed structure of County Health Sectoral Plan

1. Background
  - County overview
  - Population Demographics
  - Socio economic status review
  - Organisation of the County Health System
  - Purpose
  - Process of Development
  - County Performance Management Framework/ County Monitoring and Evaluation Framework
  - Mission, Vision, Values, Theme
2. Situational Analysis
  - Review of county health sector performance for prior period
  - Epidemiology and health sector indicators performance review
  - Review of county health system structure
  - Review of health investment areas – Service Delivery, Human Resources for Health, Health Financing, Health Information, Health Products and Technologies, Health Infrastructure and Equipment, Health Research, Leadership and Governance.
  - Review of national and county policies, legislations, and frameworks on health
3. Sector Direction  
Pillars, Strategic Objectives, Outcomes, Key Performance Indicators
  - Preventive and Promotive
  - Curative and Rehabilitative Services
  - Health Investment and Support Services
  - Proposed Flagship/Transformative Projects
4. Implementation Arrangements
5. Financing/Resource Requirements
  - Including costing, methodology, assumptions, and limitations
    - Components of program included in costing
  - Resource needs
    - Clarity on service package assumed
  - Resource Gap
6. Monitoring and Evaluation

## Appendix III – Steps in Development of Health Sectoral Plans

### 1. Issuance of Circular/Guidance

The National Treasury Guidelines for preparation of county sectoral plans of December 2020 provide for a process led by the County Executive Committee Member responsible for economic planning; and stewarded by a team comprising both county and national government officials and other stakeholders. To initiate the process, a circular outlining county sectors, composition of sector working groups, terms of reference and timelines.

### 2. Constitution of Sector Working Group (Plan Coordination Committee)

The CECM for Health constitutes Sector Working Group (SWG) led by the following: Chief Officer for Health (Chair), Technical Officers of County Department of Health, Technical Officers of other departments related to health sector, representatives of county health facilities, representation from non-state actors; county planning unit representative as the coordinator for technical support.

### 3. Undertake stakeholder mapping for engagement

Stakeholders include relevant county and national MDAs, County Budget, and Economic Forum (CBEF), County Health Stakeholders Forum (CHSF), Development Partners, Private Sector, Civil Society Organisations, Academia, and Citizens.

Sensitization/ familiarisation session with the County Health Sector Working Group

### 4. Conduct situational analysis

Situational analysis, undertaken through desk reviews and stakeholder consultations, to include the following:

- Comprehensive county health needs assessment
- A comprehensive review of relevant policies, laws, and development plans and strategies
- Review of sector performance to determine the level of achievement, programmes implementation, challenges and lessons learnt
- Consolidation and analysis

### 5. Drafting, finalisation, and approval of the sectoral plan

- Draft health sectoral plan including stakeholder consultations – include CHMT, SCHMT, Facility representatives, and other stakeholders (refer to the County Health Stakeholders Forum)
- Refine Draft and Subject it to Peer reviews
- Share draft with stakeholders and obtain feedback
- Conduct stakeholder validation meetings
- Presentation to the County Executive Committee for consideration and adoption
- Submission to the County Assembly for approval
- Approval, Dissemination, and Implementation

### 6. Review of implementation

- Monitoring, evaluation, and reporting.
- Annual updates
- Reviewed at the end of five years