



SP4PHC

Strategic Purchasing for
Primary Health Care

A REVIEW OF THE TRANSFORMING HEALTH SYSTEMS FOR UNIVERSAL CARE PROJECT IN KILIFI COUNTY

THINKWELL

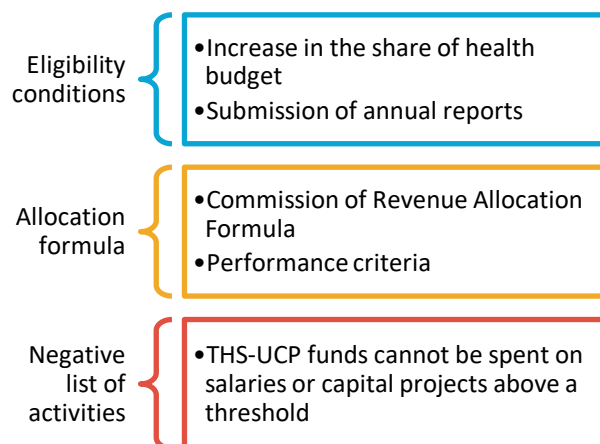
With support from the World Bank, the Global Financing Facility, and the Government of Japan, Kenya is implementing the Transforming Health Systems for Universal Care Project (THS-UCP) to improve reproductive, maternal, newborn, child, and adolescent health (RMNCAH) outcomes in the country. One hundred and thirty million of the US\$191.1 million project is structured as performance-based financing to Kenya's 47 counties, which are responsible for implementing project-funded activities.

Under the Strategic Purchasing for Primary Health Care (SP4PHC) project, ThinkWell supported the Kilifi County Department of Health (CDOH) to review the implementation of THS-UCP in Kilifi, focusing on performance during fiscal year¹ (FY) 2018/19 and FY 2019/20. This brief summarizes the findings from the review and provides recommendations for improvement.

BACKGROUND

THS-UCP is a five-year project that aims to improve the utilization and quality of primary health care services, with a focus on RMNCAH. The US\$191.1 million project is co-financed by the World Bank, the Global Financing Facility, and the Government of Japan, and US\$130 million of those funds are structured as performance-based financing from the national government to county governments (World Bank 2016; Chuma 2019). The criteria for county allocation have different components, as presented in Figure 1. Once disbursed, THS-UCP funds flow into the county revenue fund (CRF)² and, from there, to a special-purpose account (SPA)³ to finance project activities (World Bank 2016). A more detailed description of the performance-based financing component of the program can be found in [a parallel brief developed by ThinkWell](#) (Owino and Vilcu 2020).

Figure 1. Mechanisms to allocate THS-UCP funds to counties



Source: World Bank 2016

¹ The Kenyan FY runs from July 1 to June 30 of the next calendar year.

² According to the 2012 Public Financial Management Act, each county government established a CRF into which all money raised or received by or on behalf of the county government should be paid.

³ SPA is a ring-fenced account for conditional grants from donors.

METHODOLOGY

ThinkWell and Kilifi CDOH conducted a review of the THS-UCP activities during FY 2018/19 and FY 2019/20. The objective of the review was to take stock of achievements and examine the success drivers as well as barriers to inform strategic actions for the remaining period of project implementation. This forms a part of ThinkWell’s ongoing support to Kilifi County under the SP4PHC project. Kilifi is one of three focus counties where ThinkWell is supporting the county government to explore and implement reforms to make purchasing more strategic.

This brief summarizes quantitative and qualitative information from Kilifi CDOH and data extracted from the Kenya Health Information System. The team consulted with the CDOH, specifically the County Health Management Team (CHMT), sub-CHMTs, health facility managers, and THS-UCP’s focal person in Kilifi to fill in data gaps and document the county’s experience implementing THS-UCP.

THS-UCP IN KILIFI COUNTY

Financial information

The THS-UCP allocation for Kilifi County is documented in various government information

sources. The FY 2018/19 allocations reported in the Kilifi CDOH records, the County Allocation of Revenue Act (CARA),⁴ and the THS-UCP accounts maintained by the Council of Governors (COG) and the Ministry of Health (MOH) align with one another (Table 1). However, the data on county allocation from the Controller of Budgets (COB)⁵ do not align with the allocation figures from the other three data sources. Allocations for FY 2019/20 reported by CARA and COG/MOH align with each other, but there are considerable discrepancies compared to data reported by Kilifi CDOH and COB.

Kilifi County received 82% of the THS-UCP allocated funds in FY 2018/19. As per Kilifi CDOH and COG/MOH records, funds were disbursed in three tranches starting with the second quarter, as presented in Table 2. Each tranche was transferred from the National Treasury to the CRF at the end of each quarter, which may explain why only two tranches were recorded by COB quarterly reports. The transfer of funds from the CRF to the SPA took between 10 and 15 days. The total amount disbursed reported by Kilifi CDOH, COB, and COG/MOH align with each other. However, there are discrepancies on expenditure data, as shown in Table 2. As per Kilifi CDOH records, the county was able to spend 91% of the disbursed funds in FY 2018/19 compared to 79% reported by MOH/COG.

Table 1. THS-UCP funds allocation, FY 2018/19 - FY 2019/20 (KSh.)

FY	CDOH	CARA	COB	COG/MOH
2018/19	100,000,000	100,000,000	101,527,335	100,000,000
2019/20	103,517,926	129,114,721	137,494,851	129,114,721

Source: Kilifi County Department of Health 2021; Republic of Kenya 2018, 2019; Office of the Controller of Budget 2019a, 2020c; Council of Governors 2020

⁴ The CARA is annual budget legislation passed by parliament that lists funds allocated to each county from the national government, including conditional grants.

⁵ The COB is an independent constitutional body with the mandate to oversee budget implementation by the national and county governments.

Table 2. THS-UCP disbursements and expenditure, FY 2018/19 (KSh.)

FY 2018/19	CDOH		COG/MOH		COB
	Disbursement	Expenditure	Disbursement	Expenditure	Disbursement
July-September 2018	0	0	0	0	0
October-December 2018	33,046,561	3,385,100	33,046,561	6,330,100	33,046,561
January-March 2019	34,627,487	29,225,297	34,627,487	29,069,381	0
April-June 2019	14,272,505	42,347,703	14,272,505	29,069,381	48,899,992
Total amount disbursed	81,946,553	74,958,100	81,946,553	64,468,862	81,946,553

Note: COB does not report expenditure data.

Source: Kilifi County Department of Health 2021; Republic of Kenya 2018; Council of Governors 2020; Office of the Controller of Budget 2018, 2019a, 2019b, 2019c

Table 3. THS-UCP disbursements and expenditure, FY 2019/20 (KSh.)

FY 2019/20	CDOH		COG/MOH		COB
	Disbursement	Expenditure	Disbursement	Expenditure	Disbursement
July-September 2019	0	0	0	0	0
October-December 2019	0	0	100,228,209	0	8,380,130
January-March 2020	32,363,851	11,909,160	0	11,909,160	80,946,552
April-June 2020	67,864,358	110,148,920	18,337,077	110,178,719	29,238,605
Total amount disbursed	100,228,209	122,058,080	118,565,287	122,087,879	118,565,287

Note: (a) FY 2019/20 data include funds carried over from FY 2018/19. (b) COB does not report expenditure data.

Source: Kilifi County Department of Health 2021; Republic of Kenya 2018; Council of Governors 2020; Office of the Controller of Budget 2020a, 2020b, 2020c

As per Kilifi CDOH records, the county received 97% of the THS-UCP allocated funds in FY 2019/20. However, this is not in line with COG/MOH and COB data. Kilifi County received 92% of funds as per COG/MOH records and 86% of funds as per COB reports. Regardless of the source of data, the funds were transferred in two tranches. Nevertheless, the quarters in which funds were disbursed vary across data sources, as presented in Table 3. According to Kilifi CDOH, the county received THS-UCP funds in the last two quarters of FY 2019/20. The two tranches were transferred from the National Treasury to the CRF in the first half of the first month of each quarter, and then the funds were quickly transferred to the SPA. Kilifi CDOH and COG/MOH expenditure data largely align with each other, as shown in Table 3.

Delays in disbursement reduced the amount of time the county had to absorb funds. According to county records, the National Treasury delayed sending funds by one quarter in FY 2018/19, and by two quarters in FY 2019/20. Given these delays, county officials stated that they were forced to accelerate implementation of activities that may have compromised the quality of program activities (e.g., trainings and sensitization activities were at times organized in a rush).

THS-UCP activities in Kilifi

The THS-UCP activities are integrated in Kilifi County's annual workplan for health. The annual workplan explicitly prioritizes the activities for the FY as per available resources. It specifies the activities that are to be funded by the county on- or off-budget, including donor funds. Kilifi used THS-UCP funds for a range of RMNCAH activities, including skills enhancement for health care providers (e.g., training on infection prevention and control, kangaroo mother care) and community health volunteers (e.g., training on maternal and childcare), outreach activities, or supportive supervision. Annex 1 and Annex 2 present all the THS-UCP planned activities in Kilifi County in FY 2018/19 and FY 2019/20 as well as their implementation status.

Kilifi County spent THS-UCP funds on behalf of health facilities and completed most of the THS-UCP activities planned in both years under review. While all THS-UCP activities listed in the FY 2018/19 workplan were implemented, 95% of the activities planned for FY 2019/20 were completed.

Kilifi County employed a bottom-up approach to determine THS-UCP activities to be included in the workplan. The planning process starts at the facility-level and continues at the sub-county level to make sure that the county considers all RMNCAH-related priorities and that it builds capacity to deliver good-quality RMNCAH services. The RMNCAH priorities are determined during quarterly review meetings and preparations of annual workplans, when performance of RMNCAH indicators is discussed.

Review of THS-UCP performance indicators

THS-UCP uses six indicators to track county performance (Box 1).⁶ The remainder of this subsection presents outcomes across the seven sub-counties of Kilifi and compares county-level outcomes versus national-level outcomes. It also includes data regarding maternal and neonatal deaths as a proxy measure of the THS-UCP outcomes.

Box 1. THS-UCP performance indicators

1. *Percentage of children younger than 1 year who were fully immunized (third dose of pentavalent)*
 2. *Percentage of pregnant women attending at least four antenatal care (ANC) visits*
 3. *Percentage of births attended by skilled health personnel*
 4. *Percentage of women between 15-49 years currently using a modern family planning method*
 5. *Percentage of inspected facilities meeting safety standards*
 6. *Percentage of women attending ANC supplemented with iron and folic acid supplements*
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⁶ The team analyzed data for five of six THS-UCP indicators in Box 1. Counties do not collect data on the percentage of inspected facilities meeting safety

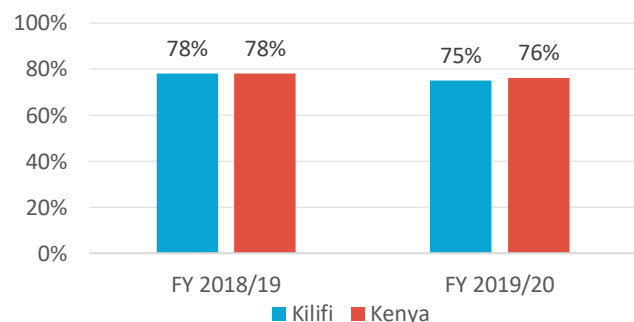
standards as the Ministry of Health did not provide guidance regarding the standards to be followed.

Immunization

The percentage of children younger than 1 year who were fully immunized in Kilifi County is similar to the national average in 2018/19 (Figure 2).

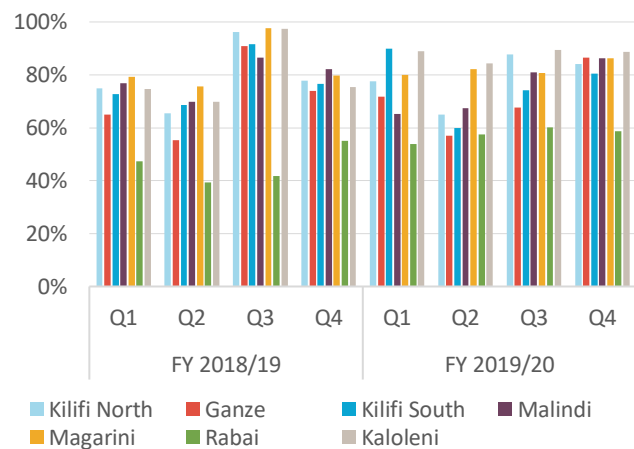
Between FY 2018/19 and FY 2019/20, immunization coverage in Kilifi decreased from 78% to 75%, while the national average dropped from 78% to 76%. Magarini sub-county recorded the highest average immunization rate in FY 2018/19 (83%), and it remained relatively constant in the following year. The average immunization coverage rate increased considerably in both Rabai (46% in FY 2018/19 vs. 58% in FY2019/20) and Kaloleni (79% in FY 2018/19 vs. 88% in FY2019/20) sub-counties. This can be attributed to vaccine apathy, vaccine stockouts, and staffing challenges due to industrial strikes. In all sub-counties (except Rabai), immunization coverage rates were lower in the third quarter of FY 2019/20 compared to the same period in FY 2018/19 (Figure 3). This can be attributed to the COVID-19 pandemic

Figure 2. Children under 1 year of age fully immunized, Kilifi vs. Kenya (FY 2018/19 – FY 2019/20)



Source: Kenya Health Information System 2020

Figure 3. Children under 1 year of age fully immunized in Kilifi County, by sub-county (FY 2018/19 – FY 2019/20)



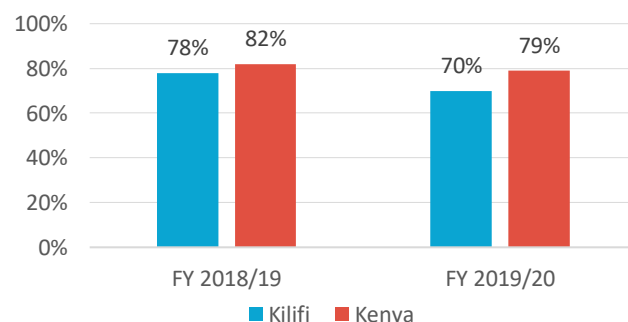
Source: Kenya Health Information System 2020

and the associated measures put in place by the government that limited people's ability to go to health facilities. In addition, some patients avoided going to health facilities for fear of contracting the virus.

The percentage of children in Kilifi County receiving the third dose of diphtheria, tetanus toxoid, and pertussis (DPT3) vaccine was lower than the national average in both years under review (Figure 4).

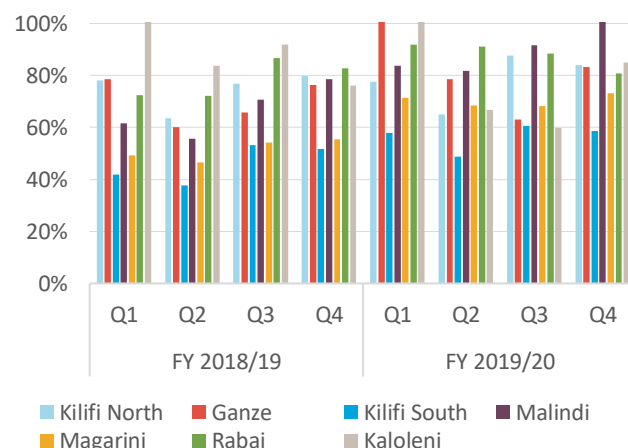
In FY 2018/19, the national average was 82% while that of Kilifi county was 78%. In FY 2019/20 the averages for Kenya and Kilifi County were 79% and 70%, respectively. DPT3 coverage varied across sub-counties (Figure 5). At the end of FY 2018/19, Rabai sub-county had the highest DPT3 coverage (83%), followed by Kilifi North (80%) and Malindi (79%). Of note, by the last quarter of FY 2019/20, the DPT3 coverage improved in all seven sub-counties (except Rabai, where the coverage dropped to 81%).

Figure 4. Trends in DPT3 coverage, Kilifi vs. Kenya (FY 2018/19 – FY 2019/20)



Source: Kenya Health Information System 2020

Figure 5. Trends in DPT3 coverage in Kilifi County, by sub-county (FY 2018/19 – FY 2019/20)



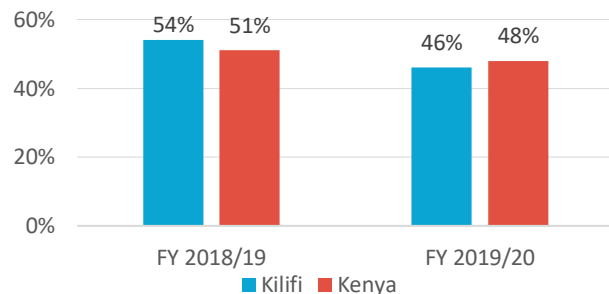
Source: Kenya Health Information System 2020.

Antenatal care

In FY 2018/19, the proportion of women with at least four ANC visits was higher in Kilifi compared to the national average (54% vs. 51%). However, coverage dropped in the following year (Figure 6). This can be attributed to the COVID-19 pandemic.

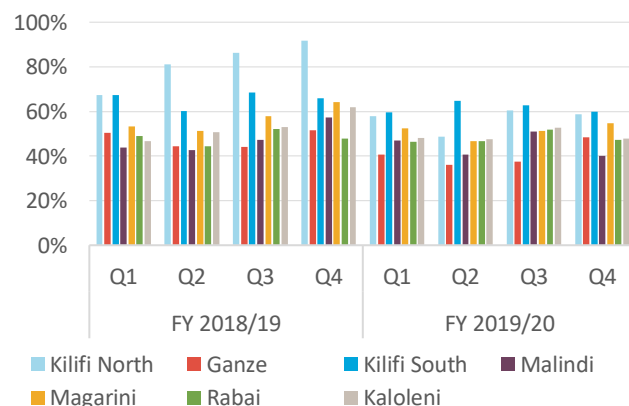
There is considerable variation in ANC coverage across sub-counties between FY 2018/19 and FY 2019/20 (Figure 7). In the last quarter of FY 2018/19, 92% of women in Kilifi North had at least four ANC visits compared to around half of the women in the other six sub-counties. This can be explained by the fact that some women cannot easily go to health facilities as some sub-counties are vast and remote and have poor road infrastructure. In addition, the COVID-19 pandemic affected provision of essential health services as some facilities stopped offering non-COVID-19 services so they could respond to the pandemic. Patients were also afraid to go to health facilities to get the care they needed. Therefore, at the end of FY 2019/20, between 40% and 60% of women in Kilifi's sub-counties had at least four ANC visits.

Figure 6. Trends in coverage of fourth ANC visit, Kilifi vs. Kenya (FY 2018/19 – FY 2019/20)



Source: Kenya Health Information System 2020

Figure 7. Percentage of pregnant women with at least four ANC visits in Kilifi County, by sub-county (FY 2018/19 – FY 2019/20)



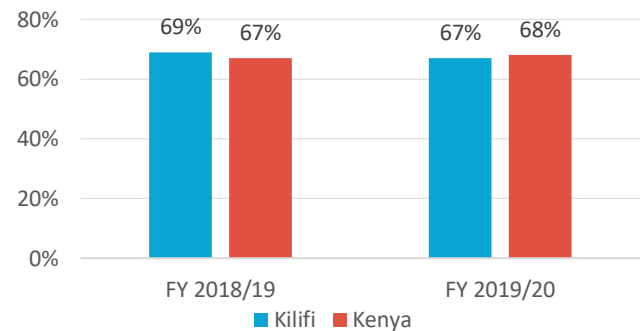
Source: Kenya Health Information System 2020.

Births attended by skilled health personnel

The skilled birth attendance rate in Kilifi was relatively close to the national average in both years (Figure 8). In FY 2018/19, 69% of births in Kilifi were attended by skilled health personnel, slightly higher than the national average. While the national average marginally increased in the following year, the skilled birth attendance rate in Kilifi decreased a little.

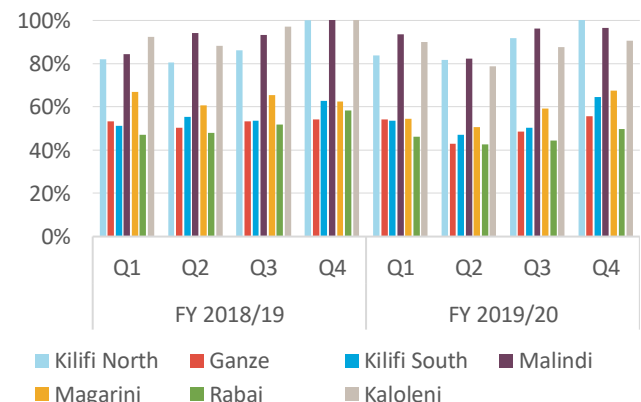
Over 90% of births in Kilifi North, Malindi, and Kaloleni were attended by skilled birth personnel at the end of both FY 2018/19 and FY 2019/20 (Figure 9). In the remaining four sub-counties, the skilled birth attendance rate was between 50% and 67%. This considerable variation across sub-counties may be explained by the fact that the higher volume facilities are situated in Kilifi North, Malindi, and Kaloleni sub-counties.

Figure 8. Trends in skilled birth attendance, Kilifi vs. Kenya (FY 2018/19 - FY 2019/20)



Source: Kenya Health Information System 2020

Figure 9. Percentage of births attended by skilled personnel in Kilifi County, by sub-county per quarter (FY 2018/19 – FY 2019/20)

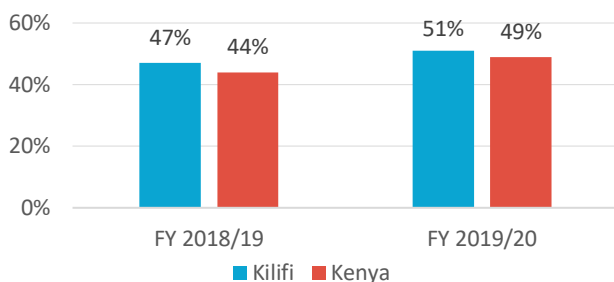


Source: Kenya Health Information System 2020

Family planning

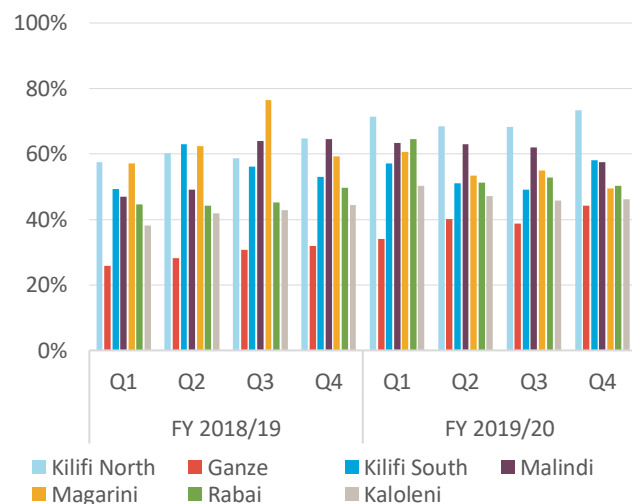
The percentage of women of reproductive age receiving family planning (FP) commodities in Kilifi was above the national average during the two years under review (Figure 10). There is considerable variation across sub-counties, with 44% of women in Ganze receiving FP commodities compared to 73% in Kilifi North in the last quarter of FY 2019/20 (Figure 11).

Figure 10. Percentage of women of reproductive age receiving FP commodities, Kilifi vs. Kenya (FY 2018/19 – FY 2019/20)



Source: Kenya Health Information System 2020

Figure 11. Percentage of women of reproductive age receiving FP commodities in Kilifi County, by sub-county (FY 2018/19 – FY 2019/20)

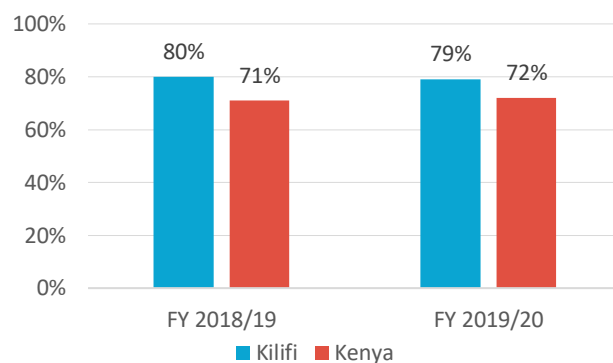


Source: Kenya Health Information System 2020

Women attending ANC supplemented with iron and folic acid

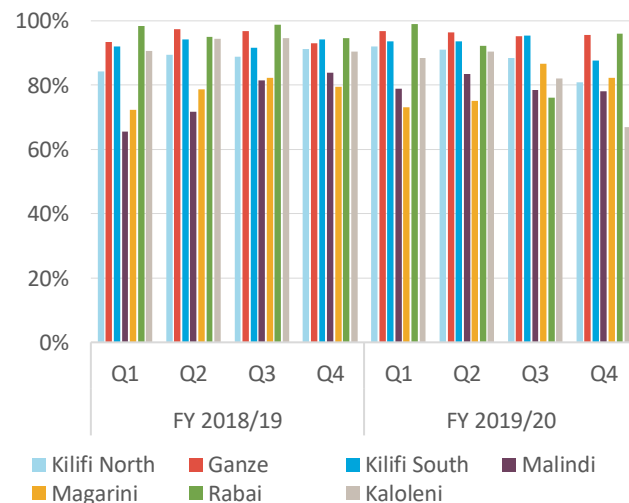
The proportion of women attending ANC who received iron and folic acid supplementation was higher in Kilifi compared to the national average (Figure 12). At least 90% of women in Kilifi North, Ganze, Kilifi South, Rabai, and Kaloleni received iron and folic acid supplementation in FY 2018/19. However, these numbers dropped considerably in Kilifi North (81%) and Kaloleni (67%) by the end of FY 2019/20 (Figure 13).

Figure 12. Percentage of women receiving ANC supplemented with iron and folic acid supplements, Kilifi vs. Kenya (FY 2018/19 – FY 2019/20)



Source: Kenya Health Information System 2020

Figure 13. Percentage of women receiving ANC supplemented with iron and folic supplements in Kilifi County, by sub-county (FY 2018/19 – FY 2019/20)



Source: Kenya Health Information System 2020

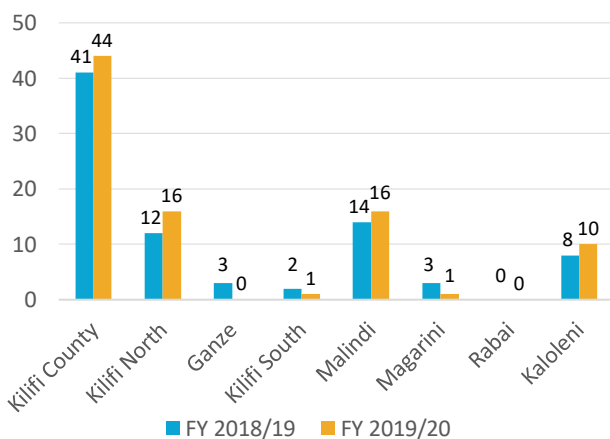
Maternal deaths

The number of maternal deaths reported in health facilities still poses a challenge in Kilifi. There were 41 and 44 maternal deaths registered in FY 2018/19 and FY 2019/20, respectively. Ganze and Rabai did not record any maternal deaths in FY 2019/20. Most deaths were reported in Malindi and Kilifi North sub-counties mainly because the referral facilities are based in those sub-counties (Figure 14).

Neonatal deaths

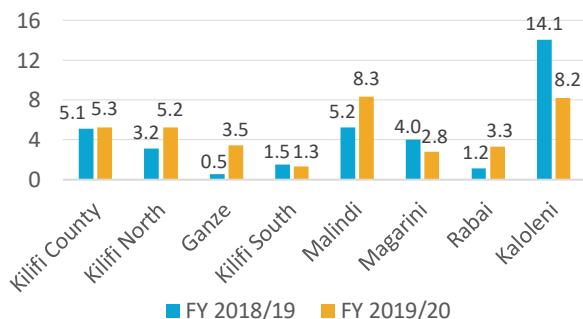
The incidence of neonatal deaths reported at the health facility level varied considerably across Kilifi's sub-counties between FY 2018/19 and FY 2019/20 (Figure 15). In both years, most of the neonatal deaths took place in Kaloleni and Malindi sub-counties.

Figure 14. Number of maternal deaths in health facilities in Kilifi County, by sub-county (FY 2018/19 – FY 2019/20)



Source: Kenya Health Information System 2020

Figure 15. Incidence of neonatal deaths reported at facility level (per 1,000 live births)⁷ in Kilifi County, by sub-county (FY 2018/19 – FY 2019/20)



Source: Authors based on Kenya Health Information System 2020

⁷ This is calculated using the number of neonatal deaths that occurred during the first month of live births

DISCUSSION

This review of THS-UCP indicators shows that the overall performance of Kilifi County is fair compared to the national performance for the period under review. County stakeholders recognize that the THS-UCP contributed considerably to these improved outcomes. With the increased allocation of THS-UCP funds and ring fencing so that these funds are not diverted to other purposes, the RMNCAH services received resources to enhance capacity building for, for instance, basic and comprehensive emergency obstetric and newborn services, supplies of critical drugs, basic facility renovation, and equipment. The activities implemented by CDOH were in line with the workplan and linked to other key documents such as the 2017-2022 County Integrated Development Plan and Health Sector Investment and Strategic Plan, and the FY 2018/19 and FY 2019/20 Annual Development Plans. The identified priorities were budgeted as per the normal county government budgeting procedures and in line with the 2012 Public Finance Management Act.

This review also highlights the factors that impeded Kilifi County from achieving much more.

The delay in disbursement of THS-UCP funds is an important challenge that the county faced. Although THS-UCP were supposed to be disbursed on a quarterly basis (Owino and Vilcu 2020; World Bank 2016), there were no disbursements made in the first quarter of both FYs. Moreover, disbursements were made toward the end of quarters, so Kilifi CDOH had limited time to implement the planned activities. County stakeholders emphasized the need to address the delays in disbursements from the national level to be able to implement activities on time.

RECOMMENDED ACTIONS

Kilifi CDOH recognizes the achievements made through the implementation of the THS-UCP. To continue to improve outcomes, ThinkWell offered the following recommendations to Kilifi CDOH:

- Prioritize RMNCAH services at the facility level (e.g., according to the facility improvement fund

reported by facilities divided by the number of live births, multiplied by 1,000.

guidelines, facilities are supposed to allocate 40% of their own-source revenue for RMNCAH services).

- Allow THS-UCP funds to flow to health facilities and introduce results-based financing at the facility level, which is important to enhance utilization of the available resources. This may be coupled with capacity building of facility managers on planning and budgeting.
- Continue to use data in decision-making as it helps prioritize RMNCAH services, and lobby for increased allocation.
- Prioritize health services, including RMNCAH, during the development of key county plans such as the County Integrated Development Plan, Health Sector Investment and Strategic Plan, and Annual Development Plan.
- Strengthen the monitoring and evaluation system at the county level to create linkages between inputs, processes, outputs, and outcomes, as well as proactive performance review of activities from the lowest to the highest level. This should include data demand and use for decision-making by facilities and by CHMT and sub-CHMT.

Recommended citation:

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For more information, please visit our website at <https://thinkwell.global/projects/sp4phc/>.

For questions, please write to us at sp4phc@thinkwell.global.

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ANNEX 1. KILIFI COUNTY THS-UCP ACTIVITIES, FY 2018/19

Activity number	Kilifi County THS-UCP activities, FY 2018/19	Status
1	Conduct a 5-day training for 60 health workers on infection prevention and control	Completed
2	Procure and distribute 7,246 MAMA kits	Completed
3	Procure 2 hemoque machines and laboratory reagents for ANC profiles in 5 hospitals, 15 health centers, and 20 dispensaries	Completed
4	Conduct joint county and sub-county RMNCAH quarterly 2-day data review meetings with focus on RMNCAH indicator performance	Completed
5	Conduct quarterly integrated support supervision (done by 18 CHMT members to sub-county and facilities, 5 days)	Completed
6	Conduct quarterly integrated support supervision (done by 7 sub-CHMT teams, 5 days)	Completed
7	Conduct quarterly supportive supervision (done by 4 accountants, 1 procurement officer, and 1 auditor to facilities)	Completed
8	Conduct monthly integrated outreach to marginalized communities targeting RMNCAH services	Completed
9	Procure and register 2 double-cabin pick-ups for support supervision	Completed
10	Cover repair and maintenance costs of 30 vehicles (ambulances and utility vehicles)	Completed
11	Procure and insure motorbikes for ANC profile specimen referrals (mobile laboratories for 134 facilities without laboratories)	Completed
12	Provide cash incentives to 20 community health volunteers from 2 community health units per sub-county for client referral for RMNCAH services	Completed
13	Procure bicycles for community health volunteers	Completed
14	Conduct quarterly targeted FP mentorship	Completed

Activity number	Kilifi County THS-UCP activities, FY 2018/19	Status
15	Orient 150 first ANC visits at Kilifi, Malindi, and Mariakani hospitals	Completed
16	Review previous annual workplan and orient 4 sub-county members and 4 hospital officers on annual work planning tools	Completed
17	Review previous annual workplan and orient 139 primary care facility in-charges on annual work planning process and tools	Completed
18	Orient 138 primary facility so that activities of community health volunteers feed into facility annual workplans	Completed
19	Procure 10 laptops	Completed
20	Procure Kenya Expanded Program on Immunization assorted fridge spare parts for all 144 facilities	Completed
21	Conduct 5-day biannual RMNCAH data quality audits for 144 facilities	Completed
22	Conduct 1-day biannual feedback meeting for RMNCAH data quality audit findings	Completed
23	Procure RMNCAH equipment for 5 hospitals and 14 health centers	Completed
24	Procure 7 mobile phones and airtime	Completed
25	Conduct one-day meeting for grievance committee	Completed

Source: Kilifi County Department of Health 2020

ANNEX 2. KILIFI COUNTY THS-UCP ACTIVITIES, FY 2019/20

Activity number	Kilifi county THS-UCP activities, FY 2019/20	Status
1	Procure laboratory reagents for ANC profile for level 2 and 3 health facilities	Completed
2	Train 64 health care workers on emergency obstetric and newborn care in all sub-counties (2 trainings)	Completed
3	Procure and distribute 4,500 MAMA kits for post-delivery clients	Completed
4	Procure and register 2 vehicles	Completed
5	Cover repair and maintenance costs for 31 vehicles	Completed
6	Cover repair and maintenance costs for 70 motorbikes	Completed
7	Conduct monthly facility maternity open days	Not done
8	Train 35 health workers (clinical officers and nurses) on operation of the expanded program for immunization	Completed
9	Conduct monthly integrated outreach in each of the 35 wards	Completed
10	Conduct quarterly supportive supervision to lower-level facilities	Completed
11	Conduct iron and folic acid supplementation training of trainers to 30 officers for 3 days	Completed
12	Conduct a 2-day training with 50 health workers (nurses and clinical officers) on kangaroo mother care	Completed
13	Conduct biannual community dialogue days in the 7 sub-counties	Completed
14	Conduct 5-day training with 30 health workers on infection prevention and control	Completed
15	Conduct 3-day training with 30 health workers on waste management	Completed
16	Cover repair and maintenance costs of incinerators at Malindi hospital	Completed

Activity number	Kilifi county THS-UCP activities, FY 2019/20	Status
17	Conduct 5-day sensitization of 200 community health volunteers on community-focused ANC	Completed
18	Train 200 community health volunteers on maternal, child, and newborn health	Completed
19	Sensitize 260 community health volunteers on maternal and perinatal death surveillance and response (3 days)	Completed
20	Procure 100 bicycles for 10 community health units	Completed
21	Provide cash incentives to community health volunteers for client referrals	Completed
22	Procure 7 motorbikes for the 7 sub-counties	Completed
23	Establish 15 community health units	Completed
24	Develop adolescent and youth sexual and reproductive health policy for Kilifi County	Completed
25	Provide peer education to 30 adolescents from Magarini, Ganze, and Kilifi North sub-counties on adolescent health	Completed
26	Renovate and equip youth-friendly spaces	Completed
27	Conduct quarterly commodity supervision and commodity redistribution to health facilities in the county (5 days per quarter)	Completed
28	Conduct quarterly commodity security technical working group meeting to discuss the status of health commodities in the county	Completed
29	Review annual workplan of previous year and orientation of sub-CHMTs on annual work planning tools for FY 2020/21	Completed
30	Review annual workplan of previous year and orient 144 facility in-charges on FY 2020/21 annual work planning tools (to be done by the 7 sub-county teams)	Completed
31	Conduct FY 2020/21 annual work planning for 144 health facilities	Completed

Activity number	Kilifi county THS-UCP activities, FY 2019/20	Status
32	Procure 1 RISO SE 9480 Digital Duplicator for the county health records and information office	Completed
33	Procure 12 laptops	Completed
34	Conduct monthly technical working group monitoring and evaluation meetings to discuss data collection, reporting, and information use of RMNCAH data in the county	Completed
35	Conduct RMNCAH health management information system quarterly support supervision to selected health facilities in the 7 sub-counties (done by county and sub-county officers)	Completed
36	Conduct targeted monthly sub-county and county meetings to validate RMNCAH data to enhance data quality	Completed
37	Conduct joint health inspection to facilities	Completed
38	Procure monthly airtime/data bundles for 13 health records and information officers to enter data into the District Health Information System 2	Completed
39	Conduct RMNCAH quarterly data review meetings with 5 sub-CHMT and 15 CHMT members	Completed
40	Conduct quarterly supportive supervision (done by 1 accountant and 1 auditor to facilities)	Partially completed
41	Procure 1 projector for CHMT office	Completed

Source: Kilifi County Department of Health 2020