

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF BOMET

DEPARTMENT OF HEALTH SERVICES

BOMET COUNTY HEALTH FACILITY IMPROVEMENT &
PUBLIC HEALTH FINANCING POLICY

2023 - 2028



Handwritten notes:
Having reviewed the Policy, we are of the opinion that the County should commit to the health financing strategy to the County Assembly for approval to the County House.

③ Table Office prepare the documents for tabling 4/09/2023

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⑤ Tabling Committee on Health 29/09/2023

Table of Contents

List of Abbreviations.....	4
Definition of Key Terms	5
Foreword.....	7
Preface	8
Acknowledgements	9
.....	9
Chapter I: Introduction.....	10
1.0 Introduction.....	10
1.1 Situational Analysis.....	11
1.2 Health Financing in Bomet County	12
1.3 The Rationale of the Policy	13
1.4 The Policy Context.....	14
1.4.1 National Policy Context.....	14
1.4.2 International Policy Context	15
Chapter 2: Policy Directions and Guiding Principles	17
2.1 Vision of the Policy	17
2.2 Mission of the Policy	17
2.3 Policy Objectives	17
2.4 Guiding Principles	18
2.5 Policy Development Process	18
Chapter 3: Bomet County Health Facility Improvement and Public Health Financing.....	20
Policy Measures and Strategies	20
Policy Objective 1: To strengthen health infrastructure through upgrading existing health facilities and build new facilities to increase access to quality health care services.	20
Policy Objective 2: To enhance human resource capacity through hiring more health care workers, training, and capacity building existing staff, and improving their working conditions to address the shortage of health care personnel.	21
Policy Objective 3: To strengthen health financing through increasing access to health care services by implementing various financing mechanisms, including health insurance, community health funds, user fees, co-payments, and public-private partnerships.	22
Policy Objective 4: To promote community participation in their health through involvement of communities in the planning, implementation, and monitoring of health care services to improve access and quality of care.....	23
Policy Objective 5: To strengthen disease prevention and control by improving disease prevention and control by enhancing vaccination programs, promoting healthy behaviors through health education programs, and increasing access to clean water and sanitation facilities.	24
Chapter 4: Implementation Framework.....	26
4.1 Management and Coordination of the Policy Framework	27
4.2 Leadership, Governance, Sustainability and Financing.....	28
4.3 Roles and Responsibilities of stakeholders	28
County Government Executive.....	28

Bomet County Assembly	29
Health Care Workers.....	29
Community Members.....	29
Partners	30
Private Sector	30
Chapter 5: Policy Monitoring and Evaluation.....	31
Monitoring and Evaluation Framework	31
Progress Indicators	32
Policy Review.....	33
References	34
Annexes	35

List of Abbreviations

AIA:	Appropriation In Aid
AID:	Acquired immune Deficiency Syndrome
BHFI&PHF:	Bomet County Facility Improvement and public health Financing
CECM:	County Executive Committee Member
CDH:	County Director of Health
CHMT:	County Health Management Team
CIDP:	County Integrated Development Plan
COHS:	Chief Officer for Health Services
CRF:	County Revenue Fund
CSP:	County Sector Plan
HCW:	Health Care Worker
HIV:	Human Immunodeficiency Virus
HMSF:	Health Management Service Fund
HSSF:	Health Sector Service Fund
KEMSA:	Kenya Medical Supplies Authority
KHP:	Kenya Health Policy
KNBS:	Kenya National Bureau of Statistics
NHIF:	National Hospital Insurance Fund
PFM:	Public Finance Management
PPP:	Public Private Partnership
SDGs:	Sustainable development Goals
TB:	Tuberculosis
UHC:	Universal Health Coverage
WHO:	World Health Organization

Definition of Key Terms

CECM Health: County Executive Committee Member for Health services is responsible for the preparation of county policies, plan, and budget for approval for the county assembly; submission to the external regulatory offices.

Chief Officer Health- Authorized and accounting officer for department of health

County Health Management Team: They do plan and monitoring clinical services, preventive and promotive services.

Communicable and Non-Communicable Disease: Communicable are infectious or transmissible diseases while non-Communicable diseases are not infectious or transmissible.

Efficiency: Ability to achieve end goal with little to no waste, effort or energy

Equity: The quality of being fair and impartial.

Essential Services: Includes services such as immunization and access to modern contraceptive methods by women of reproductive age.

Health Care Workers: A provider of health care treatment and advice based on formal training and experience.

Health Workforce: Also known as human resources for health. All people engaged in actions whose primary intent is to enhance positive health outcomes.

Health Products and Technologies: Includes human medicines, vaccines, diagnostics, medical devices, blood products, nutritional formulations developed to solve a health problem and improve quality of life.

Health Sector Service Fund: An innovative scheme that is established by the National Government to disburse funds directly to health facilities.

Indicator: A quantitative metric that provides information to monitor performance and measure achievement.

Inclusivity: The practice of providing access to opportunities and resources for people who might otherwise be excluded or marginalized.

Kenya Vision 2030: Kenya development programme aiming to raise the average standard of living in Kenya to middle income by 2030.

Partner: An individual or entity that is non-profit making and who has the capacity to provide technical and financial support in a given discipline.

Policy: A purposeful statement of intent written or spoken aimed at guiding actions and decisions to achieve rational outcomes or solving specific problems.

PFM Act No. 18 (2012): An act of parliament to provide for the effective management of public finance by the national and county government; the oversight responsibility of parliament and county assemblies; the different responsibilities of government entities and other bodies, and for connected purposes.

Quality: Totality of features and characteristics of a product or service.

Stakeholder: An individual or group of organization with a vested interest, or stake in decision making.

Sustainability: Ability to maintain a process continuously over time.

Universal Health Coverage: means all people have access to the full range of quality services they need, when and where they need them without financial hardship.

Vaccines: A substance used to stimulate immunity to a particular infectious disease or pathogen.

Vector: An organism that transmits pathogen, disease, parasite for one individual/animal to another.

World Health Organisation: A specialized agency of the United Nation responsible for international public health.

Foreword



The Bomet County Department of Health Services is committed to providing sustainable, equitable and highest attainable standards of healthcare to all residents, in line with the Kenya Constitution 2010 and Vision 2030. The Bomet County Health Facility Improvement & Public Health Financing Policy provides a comprehensive framework for addressing the challenges impeding progress towards attainment of universal health coverage (UHC). The Policy provides a road map that is geared towards strengthening health systems and attaining the highest possible standards of health, as enshrined in article 43A of the Constitution of Kenya.

Kenya's Vision 2030 aspires to transform the country into a globally competitive and prosperous industrialized middle-income country by the year 2030. This policy will mirror this through increasing investment and public spending in health, rationalizing health expenditure to address inefficiencies, improving aid effectiveness, and ensuring the provision of adequate safety-net mechanisms for the poor and vulnerable as the country works towards achieving UHC.

Implementation of this policy will require active collaborative engagement by both multisectoral and health sector stakeholders towards building consensus on the goals, so as to ensure that there is a strong commitment to the roles and responsibility in achieving the targets. The citizens will play an important role in assessing whether the delivered health services are acceptable and respond to their needs. In this respect, continuous public engagement will form a central component in the implementation of this policy.

The goal of this Policy is to provide a structured process by which healthcare services are delivered in a safe, effective, efficient, client-centered, timely and equitable manner to the residents of Bomet County and beyond through provision of a sustainable, predictable and equitable financing.

It is my sincere hope that all the actors in the health sector in Bomet will rally around this policy direction. This will ensure that the county progressively moves towards the realization of the right to the highest attainable quality of healthcare services and steers the County towards the desired health goals.

A handwritten signature in blue ink, appearing to read 'Joseph Sitonik'.

Hon. Dr. Joseph Sitonik

County Executive Committee Member of Health Services (CECM)

Preface



Bomet County Health Facility Improvement & Public Health Financing (BHFI&PHF) Policy sets out a comprehensive framework for improving access to quality healthcare services and promoting public health across Bomet County. The policy aims to address the main challenges facing the health sector, including inadequate infrastructure, limited funding, workforce shortages among others.

The policy focuses on five main objectives:

Policy Objective 1: To strengthen health infrastructure through upgrading existing health facilities and build new facilities to increase access to quality health care services.

Policy Objective 2: To enhance human resource capacity through hiring more health care workers, training, and retraining existing staff, and improving their working conditions to address the shortage of health care personnel.

Policy Objective 3: To strengthen health financing through increasing access to health care services by implementing various financing mechanisms, including health insurance, community health funds, user fees, co-payments and public-private partnerships (PPP)

Policy Objective 4: To promote community participation through involvement of communities in the planning, implementation, and monitoring of health care services to improve access and quality of care.

Policy Objective 5: To strengthen disease prevention and control by enhancing vaccination programs, promoting healthy behaviors through health education programs, and increasing access to clean water and sanitation facilities.

The successful implementation of this policy will require sustained political will, adequate resources, and strong partnerships across all sectors. However, the potential benefits are enormous, including improved health outcomes, reduced health inequities, and increased economic productivity.

A handwritten signature in dark ink, appearing to be 'Milcah C. Ronoh'.

Milcah C. Ronoh

Ag. Chief Officer Health Services (COHS)

Acknowledgements



This policy was developed through a consultative and participatory process involving a broad range of stakeholders in the health sector. Their expertise, knowledge, and commitment were essential to creating a policy that is informed, effective, and responsive to the needs of our community. It is based on the best available evidence and draws on global best practices in health policy and management.

We are particularly grateful to His Excellency, the Governor Prof. Hillary Barchok for his lead role, direction, and guidance in developing this document. Special thanks go to the County assembly, County Executive Committee Member and Chief Officer for the invaluable contributions towards the policy development process.

Gratitude to the directors of health and the county health management team (CHMT) for the invaluable contributions and technical facilitation in the policy development process.

A handwritten signature in blue ink, appearing to read 'R. Kibet T.', written over a circular stamp or seal.

Dr. Ronald Kibet T. (MMeD, FM (MU), MBChB)

County Director of Health Services (CDH)

Chapter I: Introduction

1.0 Introduction

Kenya's Constitution enshrines the right to quality healthcare by providing that **"every person has the right to the highest attainable standard of health"**. Since 2014, the country's health sector agenda has been guided by the Kenya Health Policy (KHP 2014 – 2030) which states its goal as 'attaining the highest possible standard of health in a manner responsive to the needs of the population'. This goal would be achieved through supporting provision of equitable, affordable, and quality health and related services at the highest attainable standards to all Kenyans.

The Constitution devolved a significant portion of health service delivery and management functions from the national government to the county governments, with the aim of improving the quality, accessibility, and affordability of healthcare services in the country. Under the devolved system, county governments are responsible for the provision of primary healthcare services, the construction and maintenance of health facilities, the management and supervision of health workers, and the procurement and supply of health products and technologies. To effectively deliver on these functions, the county governments need to have adequate resources and financing mechanisms to support the health sector.

Prior to devolution, public health facilities were allowed by law to raise, retain and use revenues collected (from cash and NHIF reimbursements). This was recognized in the budget as appropriation in Aid (AIA). The legal notices (401 of 2009 that created the HSSF for primary health facilities and 155 of 2009 created the HMSF for hospitals) provided the legal framework for bypassing the Consolidated Fund. During this process, there was an acknowledgment that revenue collected by health facilities was not adequate to meet all the needs of the facilities and hence the Government supplemented this revenue through grants that were transferred directly to health facilities.

Post devolution, health facilities remit their monies to the County Revenue Funds (CRF) account. The basis of health facilities remitting their collections to the County Treasury has been the PFM Act (2012) which centralized the county financial management. However, the PFM Act also states instances in which county entities are allowed to retain user fees for purposes of defraying their expenses in line with PFM Act, Part III Section 109 (2) (a, b & c).

Without much say in how revenues collected by them are used, health facilities continue to experience delays in the procurement of essential health products and technologies and reduced staff motivation due to the inability of health facility management teams to provide a favorable working environment. This reduced autonomy has also resulted in a decline in donor

support for many facilities due to their limitations in dealing directly with donors.

In this context, the BHFI & PHF Policy was developed to provide a framework for financing and improving health services at the county level. The policy recognizes the importance of investing in health infrastructure, improving health workforce development, strengthening supply chain management systems, and promoting public health and disease prevention activities.

The policy was developed through a consultative process involving various stakeholders, including national and county government officials, development partners, health service providers, civil society organizations, and members of the public. It was designed to provide a strategic direction for health financing and public health activities, and to guide the allocation of resources to the health sector in the county.

Overall, the BHI&PHF is an important policy document in the devolved government system, as it provides a roadmap for improving access to quality healthcare services and promoting public health in the county.

1.1 Situational Analysis

Bomet County has an estimated population of 984,555 people (KNBS Projected population 2023). The maternal mortality ratio in Bomet County was 554 deaths per 100,000 live births in 2017, which was higher than the national average of 355 deaths per 100,000 live births. The infant mortality rate in Bomet County was 33.2 deaths per 1,000 live births, which was lower than the national average of 35.5 deaths per 1,000 live births. The under-five mortality rate in Bomet County was 50.5 deaths per 1,000 live births, which was lower than the national average of 52 deaths per 1,000 live births.

The HIV prevalence rate among adults (aged 15-64 years) in Bomet County was 4.0% in 2022 (HIV Estimates 2022), which was lower than the national average of 4.3%. The incidence rate of tuberculosis (TB) in Bomet County was 179 cases per 100,000 people in 2022, which was lower than the national average of 225 cases per 100,000 people. The proportion of children aged 12-23 months in Bomet County who had received all the recommended vaccinations was 84% in 2023, which is higher than the national average of 80%.

Bomet County is served by a network of 161 public health facilities, comprising 1 referral hospital, 5 sub-county hospitals, 22 health centers, and 133 dispensaries. However, the physical infrastructure of these health facilities is generally inadequate, with many lacking essential health products and technologies, furniture, or space, and a few requiring major renovations or repairs.

Bomet also faces a shortage of qualified health workers, especially in the lower level health facilities, where there is often a high demand for health services. According to the Kenya Health Workforce Report (2018), the health worker population ratio in Bomet County was 1:836 as of 2017. This means that there was one health worker for every 836 people in the county.

The same report also indicated that the health worker density in Bomet County was 1.2 per 1,000 population, which is lower than the national average of 1.6 per 1,000 population. This suggests that Bomet County may face challenges in recruiting and retaining an adequate number of health workers to meet the health needs of its population.

The current health financing mechanisms are mainly partner -funded projects, which are often short-term and not sustainable in the long run. The county health budget is also limited, and there is a significant gap in the funding required to meet the health needs of the population.

The health outcomes of Bomet County are still not very encouraging, with high rates of maternal mortality, infant mortality, and communicable diseases such as malaria, tuberculosis and HIV/AIDS. Non-communicable diseases such as cancer, diabetes and hypertension are also emerging as significant health challenges.

Based on the foregoing situational analysis, Policy for Bomet County aims to address the challenges of inadequate health infrastructure, insufficient health workforce, inadequate health financing and poor health outcomes by implementing strategies that focus on improving health facility infrastructure, increasing the number and quality of health workers, optimal supply of health products and technologies, strengthening health financing mechanisms and enhancing public health activities

1.2 Health Financing in Bomet County

Bomet County is responsible for financing the delivery of health services within its jurisdiction as stipulated in the constitution of Kenya 2010 Fourth Schedule. The County Government is expected to allocate a portion of its budget to the health sector, which is then used to fund health facilities, pay health workers, purchase health products and technologies, and provide other health services.

The annual budget is based on a circular from the County Executive Member for Finance that provides budget formulation guidance and the budget formulation calendar; the County Annual Development Plan; and historical expenditures. The budget is approved by the County Assembly. Budget overruns are corrected by supplementary budgets passed by the County Assembly. The County has a constitutional mandate to provide health services

at the county level under MOH policy direction. Currently all county health facilities do not have financial autonomy.

In recent years, the government of Kenya has also launched various initiatives to support health financing in the country, including the introduction of far-reaching reforms at the National Health Insurance Scheme (NHIF) and the devolution of health services to the county level. NHIF and KEMSA have recently undergone a comprehensive review aimed at improving their performance and repositioning NHIF as a strategic purchaser of health services at gazetted health facilities identified as entities.

However, there have been challenges in ensuring adequate and sustainable health financing in many parts of Kenya, including Bomet County. Some of the challenges that have been reported include delayed disbursements from the National Treasury.

1.3 The Rationale of the Policy

The rationale for the Policy in Bomet County is to improve the health status of the county's population by ensuring that there is adequate financing and investment in the health sector.

The policy recognizes that access to quality health services is a fundamental right for all citizens, and that a well-functioning health system is crucial for promoting health and well-being, reducing morbidity and mortality, and achieving sustainable socio-economic development.

The policy also recognizes the importance of improving health infrastructure and facilities and strengthening the capacity and skills of health workers. Furthermore, the policy is intended to support the county government's efforts to achieve universal health coverage (UHC), which aims to ensure that all individuals and communities have access to the health services they need without suffering financial hardship. This involves increasing the pool of funding for health services, improving the efficiency and effectiveness of health spending, and reducing out-of-pocket expenses for individuals seeking care.

The policy will also guide the partners in mapping of key priority areas of focus that will avoid duplication of roles and ensure delivery of health services in an equitable manner to all persons in the county.

In summary, the rationale for the BHFI&PHF Policy in Bomet County is to provide a framework for improving the financing and delivery of health services in the county, with the goal of improving health outcomes for all residents.

1.4 The Policy Context

1.4.1 National Policy Context

The policy context for the BHFI&PHF Policy in Bomet County includes several factors that have influenced the development of the policy including national policies, the devolved governance system, the available health resources, and the unique health needs of the county. Some of the key policy contexts are:

The Constitution of Kenya, 2010

The Constitution of Kenya, 2010 devolved the responsibility of providing healthcare services to the County Governments. This means that the County Government of Bomet has the primary role in the provision of health services in the county. Some of the specific roles and responsibilities of the County Government of Bomet in health services as per the constitution include:

- (a) **Planning and Budgeting:** The County Government of Bomet is responsible for the planning and budgeting for health services in the county. This includes the development of a comprehensive health plan, setting priorities, and allocating resources to ensure the provision of quality health services to the residents of Bomet County.
- (b) **Provision of Health Services:** The County Government of Bomet is responsible for the provision of health services in the county, including the construction and maintenance of health facilities, the recruitment and deployment of health workers, and the provision of health products and technologies.
- (c) **Health Promotion and Disease Prevention:** The County Government of Bomet is responsible for promoting and protecting the health of its residents. This includes health promotion campaigns, disease prevention activities and the provision of health education to the community.
- (d) **Health Regulation and Quality Assurance:** The County Government of Bomet is responsible for regulating health services in the county to ensure that they meet the required standards. This includes the licensing and inspection of health facilities and the enforcement of health regulations.
- (e) **Research and Innovation:** The County Government of Bomet is responsible for promoting research and innovation in the health sector. This includes conducting research to identify health needs and developing innovative solutions to address them.

National Health Policy

The policy is guided by the national health policy framework which aims to provide direction for the development of health policies, plans and programmes at the national and county level.

Devolved Governance System

The policy is developed under the devolved governance system in Kenya, which gives county governments the mandate to provide health services to their residents. The policy takes into account the unique health needs and challenges of Bomet County.

Health Sector Financing

The policy takes into account the current health financing situation in the county, including the available resources for health and the need for additional funding to improve the health system. The policy aims to improve health financing and investment, including mobilizing resources for health, improving financial management, and ensuring that health resources are used efficiently and effectively.

Health Workforce:

The policy acknowledges the importance of a well-trained, motivated, and supported health workforce in improving the health system. It seeks to strengthen human resources for health, including training and capacity building for health workers, as well as improving their working conditions and remuneration.

Community Health

The policy recognizes the importance of community participation in improving the health system. It aims to improve community health education, promote health promotion and disease prevention activities and strengthen community health systems, including the recruitment, training, and supervision of community health workers.

Health Sector Reforms

The policy takes into account the ongoing health sector reforms in the country, including the implementation of universal health coverage (UHC) and the Health Sector Services Fund (HSSF) which aims to improve access to health services at the county level.

1.4.2 International Policy Context

The Policy is guided by several international policy frameworks and guidelines that are aimed at improving health outcomes globally. Some of the key international policy contexts that guide the policy in Bomet County include:

Sustainable Development Goals (SDGs)

The SDGs, adopted by the United Nations in 2015, are a set of 17 global goals aimed at improving the well-being of people and the planet by 2030. The SDGs provide a framework for improving health outcomes through universal health coverage, which is a central pillar of the policy in Bomet County.

World Health Organization (WHO) Health Financing Strategy

The WHO's Health Financing Strategy is aimed at strengthening health systems by improving the efficiency, equity, and effectiveness of health financing. BHFI&PHF policy aligns with the WHO's Health Financing Strategy by promoting the use of innovative financing mechanisms to improve health outcomes in the county.

Abuja Declaration

The Abuja Declaration, adopted by African Union member states in 2001, committed governments to allocate at least 15% of their national budgets to health. The Health Facility Improvement and Public Health Financing Policy in Bomet County aligns with the Abuja Declaration by promoting increased investment in health services and facilities in the county.

Addis Ababa Action Agenda

The Addis Ababa Action Agenda, adopted by the United Nations in 2015, is a global framework for financing sustainable development. The BHFI&PHF Policy in Bomet County aligns with the Addis Ababa Action Agenda by promoting domestic resource mobilization and innovative financing mechanisms to fund health services in the county.

Chapter 2: Policy Directions and Guiding Principles

2.1 Vision of the Policy

To have a county where all residents have access to affordable and quality health services, with improved health outcomes, and where all facilities are well-equipped and staffed with motivated and skilled health workers.

This vision is in line with the overall vision of the County Government of ***"a prosperous and competitive County in economic, social and political development offering high quality services to its people"***. The policy aims to achieve this vision by improving health financing, strengthening health systems, and improving the quality and availability of health services in the County.

2.2 Mission of the Policy

To achieve universal health coverage (UHC) and improve the health status of all residents in the county. This will be accomplished through the provision of quality and affordable health services, with a focus on primary health care, preventive health services, and the provision of health product and technologies.

The policy aims to achieve this mission by strengthening health financing, improving the delivery of health services, and enhancing the capacity and skills of the health workforce. The ultimate goal is to ensure that all residents have access to affordable and quality health care services that meet their health needs.

2.3 Policy Objectives

- i. To increase the proportion of the county budget allocated to health to match the needs that would result in improved availability and quality of health services.
- ii. To improve the utilization of health services, particularly among vulnerable and marginalized populations, through the provision of affordable, accessible and culturally appropriate health services.
- iii. To strengthen the health system in the county, particularly the primary health care system, by improving infrastructure, health workforce development, and the availability of essential medicines and health technologies.
- iv. To increase the capacity and motivation of the health workforce in the county, through training, supportive supervision, and performance-based incentives.

- v. To improve the quality and availability of health data in the county, particularly on health service utilization, health outcomes, and health system performance, in order to inform evidence-based decision-making and resource allocation.
- vi. To promote partnerships and collaboration among stakeholders in the health sector, including government, civil society, the private sector, and development partners, to mobilize resources and support for health system strengthening.

2.4 Guiding Principles

Bomet County Health Facility Improvement and Public Health Financing Policy shall be guided by the following overarching principles:

1. **Equity:** The policy is guided by the principle of equity to ensure that health services and facilities are accessible and affordable to all, especially the vulnerable and marginalized populations.
2. **Inclusivity:** The policy is guided by the principle of inclusivity to ensure that all stakeholders are involved in the planning, implementation, and monitoring of the health programs and services.
3. **Efficiency:** The policy is guided by the principle of efficiency to ensure that resources are utilized in the most effective and efficient way possible to achieve the desired health outcomes.
4. **Quality:** The policy is guided by the principle of quality to ensure that health services and facilities are of high standards and meet the needs of the population.
5. **Sustainability:** The policy is guided by the principle of sustainability to ensure that the health programs and services are viable and can be sustained over time.
6. **Partnership:** The policy is guided by the principle of partnership to ensure that all stakeholders, including the private sector, civil society, and development partners, work together to achieve the desired health outcomes.

2.5 Policy Development Process

The Policy was developed under the stewardship of the County Government of Bomet, department of Health Services in consultation with stakeholders.

The policy goal and objectives were informed by a situational analysis. The comprehensive situational analysis included extensive consultations at different levels and stages culminating in a multi-stakeholder engagement

with Bomet County Assembly Health Services and Budget & Appropriations Committees which contributed to and informed this policy.

Chapter 3: Bomet County Health Facility Improvement and Public Health Financing

Policy Measures and Strategies

The Policy proposes several policy measures and strategies to improve health care infrastructure and financing in the county. Here are the five major policy measures and strategies:

Policy Objective 1: To strengthen health infrastructure through upgrading existing health facilities and build new facilities to increase access to quality health care services.

Policy Objective 2: To enhance human resource capacity through hiring more health care workers, training, and retraining existing staff, and improving their working conditions to address the shortage of health care personnel.

Policy Objective 3: To strengthen health financing through increasing access to health care services by implementing various financing mechanisms, including health insurance, community health funds, user fees, co-payments and public-private partnerships.

Policy Objective 4: To promote community participation through involvement of communities in the planning, implementation, and monitoring of health care services to improve access and quality of care.

Policy Objective 5: To strengthen disease prevention and control by improving disease prevention and control by enhancing vaccination programs, promoting healthy behaviors through health education programs, and increasing access to clean water and sanitation facilities.

Policy Objective 1: To strengthen health infrastructure through upgrading existing health facilities and build new facilities to increase access to quality health care services.

The policy proposes to upgrade existing health facilities and build new facilities to increase access to quality health care services. Here are some of the key priority actions proposed by the policy:

1. Conducting a needs assessment: The policy proposes to conduct a needs assessment to identify gaps and weaknesses in the existing health care infrastructure in Bomet County. This will help to prioritize areas for improvement and guide resource allocation.
2. Upgrading existing health facilities: The policy proposes to prioritize the upgrading and equipping of existing health facilities with health products and technologies. This will help to improve the quality of health care services provided to the residents of Bomet County.

3. Building new health facilities: The policy proposes to build new health facilities, to increase access to quality health care services. The location of these health centers will be determined based on the results of the needs assessment.
4. Establishing referral systems: The policy proposes to establish referral systems to facilitate easy access to specialized health care services. This will help to ensure that patients receive the appropriate level of care and reduce the need for costly medical travel.
5. Developing centers of excellence: The policy proposes to establish centers of excellence to provide specialized care and to serve as training centers for health care workers. These centers will be equipped with health products and technologies and staffed by highly skilled health care personnel.
6. Strengthening the supply chain management system: The policy proposes to strengthen the supply chain management system for health products and technologies. This will help to ensure that health facilities have access to the necessary health products and technologies to provide quality health care services.

Policy Objective 2: To enhance human resource capacity through hiring more health care workers, training, and capacity building existing staff, and improving their working conditions to address the shortage of health care personnel.

The Policy proposes several priority actions for enhancing human resource capacity in the county. Here are some of the key priority actions proposed by the policy:

1. Conducting a workforce assessment: The policy proposes to conduct a workforce assessment to determine the current and future needs for health care personnel in Bomet County. This will help to identify areas of shortage and guide recruitment efforts.
2. Recruitment of health care personnel: The policy proposes hiring more health care workers to address the shortage of health care personnel as well as succession management. This will be based on the results of the workforce assessment.
3. Training and capacity building of health care workers: The policy proposes to provide training and retraining to existing health care workers to improve their skills and knowledge. This will include continuing professional development and certification programs.
4. Providing incentives for health care workers: The policy proposes to provide incentives, including better working conditions, career

development opportunities, and competitive remuneration, to retain health care staff. This will help to reduce the high turnover rate among health care workers.

5. Establishing partnerships with academic institutions: The policy proposes to establish partnerships with academic institutions to provide continuous training and education to health care workers. This will help to keep health care workers up to date with the latest health products and technologies.
6. Strengthening the regulatory framework: The policy proposes to strengthen the regulatory framework for health care personnel to ensure that they meet the required standards of practice. This will help to improve the quality of health care services provided to the residents of Bomet County.

Policy Objective 3: To strengthen health financing through increasing access to health care services by implementing various financing mechanisms, including health insurance, community health funds, user fees, co-payments, and public-private partnerships.

The Policy proposes several priority actions for strengthening health financing in the county. Here are some of the key priority actions proposed by the policy:

1. Promote adoption of health insurance: The policy aims at increasing access to health care services for the residents of Bomet County. This will include developing affordable and sustainable health insurance schemes for the informal sector and vulnerable groups.
2. Establishing community health financing: The policy proposes to establish community health financing to mobilize resources and fund health care services at the local level. This will involve County Government partnering with communities, local organizations, and stakeholders to raise funds and ensure that resources are used effectively.
3. Public-private partnerships: The policy proposes to establish public-private partnerships to finance health care services in the county. This will involve partnering with private health care providers to increase access to health care services and improve the quality of care provided.
4. Improving health care financing systems: The policy proposes to improve the health care financing systems in Bomet County to increase efficiency and accountability. This will involve streamlining financial management systems, developing cost-effective health care packages, and ensuring that resources are allocated to priority areas.

5. Establishing healthcare investment financing: The policy proposes to establish a health care investment financing to attract investment in the health care sector in Bomet County. This will involve partnering with private investors, development partners, and other stakeholders to raise funds for health care infrastructure and equipment.

Policy Objective 4: To promote community participation in their health through involvement of communities in the planning, implementation, and monitoring of health care services to improve access and quality of care.

The policy proposes several priority actions for promoting community participation in the planning, implementation, and monitoring of health care services. Here are some of the key priority actions proposed by the policy:

1. Community mobilization and education: The policy proposes to mobilize and educate communities on the importance of health care services and the role they can play in improving the quality of care. This will involve engaging community leaders, local organizations, and stakeholders to raise awareness about health care issues and encourage participation.
2. Community involvement in health planning: The policy proposes to involve communities in the planning and development of health care services. This will involve conducting needs assessments, identifying priority health issues, and developing health plans that reflect the needs and preferences of the community.
3. Community health committees: The policy proposes to establish community health committees to provide a platform for communities to participate in the management of health care services. This will involve engaging community members in decision-making processes and ensuring that their views are taken into account.
4. Community-based health services: The policy proposes to establish community-based health services to improve access to health care services. This will involve training community health promoters, providing them with the necessary tools and facilitation, and integrating them into the health care system.
5. Health promotion and disease prevention: The policy proposes to promote health and prevent disease by involving communities in health education and promotion activities. This will involve educating communities on healthy lifestyles, disease prevention, and the importance of regular health checkups.
6. Feedback mechanisms: The policy proposes to establish feedback mechanisms to enable communities to provide feedback on the quality

of health care services. This will involve establishing hotlines, suggestion boxes, and other mechanisms that enable communities to provide feedback on health care services.

7. Facilitate data driven monitoring and evaluation through prompt, accurate, health records and information systems.

Policy Objective 5: To strengthen disease prevention and control by improving disease prevention and control by enhancing vaccination programs, promoting healthy behaviors through health education programs, and increasing access to clean water and sanitation facilities.

The policy proposes several priority actions for strengthening disease prevention and control in the county. Here are some of the key priority actions proposed by the policy:

1. Enhancing vaccination programs: The policy proposes to enhance vaccination programs to prevent the spread of communicable diseases. This will involve strengthening the cold chain system, improving vaccine storage, and expanding the coverage of vaccination programs to reach more people.
2. Scale up access to the highest level of sexual and reproductive health.
3. Promote positive nutrition practices through research and evidence-based programming.
4. Promoting healthy behaviors: The policy proposes to promote healthy behaviors through health education programs. This will involve educating communities on healthy lifestyles, disease prevention, and the importance of regular health checkups.
5. Improving water sanitation and hygiene: The policy proposes to improve access to clean water and sanitation facilities to prevent the spread of waterborne diseases. This will involve expanding access to safe water sources, promoting proper sanitation practices, and increasing the availability of hygiene products.
6. Disease surveillance and response: The policy proposes to strengthen disease surveillance and response systems to detect and respond to disease outbreaks. This will involve improving laboratory capacity, establishing disease surveillance systems, and training health care workers on disease surveillance and response.
7. Vector control: The policy proposes to implement vector control measures to prevent the spread of vector-borne diseases such as

malaria and other vector borne diseases. This will involve implementing integrated vector management strategies, promoting the use of insecticide-treated bed nets, and improving environmental sanitation.

8. Health research: The policy proposes to promote health research to generate evidence-based interventions and inform health policies and programs. This will involve strengthening the research capacity of health institutions, promoting collaboration between research institutions, and supporting the translation of research findings into policy and practice.

These priority actions are intended to strengthen disease prevention and control in Bomet County and improve the overall health status of the population. By improving disease surveillance and response, promoting healthy behaviors, and enhancing vaccination programs, the policy aims to prevent the spread of communicable diseases and promote public health.

Chapter 4: Implementation Framework

The Policy shall be implemented in line with the Constitution of Kenya 2010, Kenya Vision 2030, Kenya Health Policy 2014 - 2030, Universal Health Coverage, County Integrated Development Plan (CIDP) and the County Sector Plans (CSPs) through a five-year rolling multi-sectoral approach. County health implementation plans shall be developed, and these will be accompanied by cost investment plans and resource mobilization strategies. The framework includes a set of priority actions, responsible stakeholders and timelines that the county government of Bomet will follow to achieve the policy's objectives.

The Implementation Framework has several components, which include the following:

- i. Institutional framework: The framework outlines the establishment of a health policy steering committee drawn from the county health management team to provide oversight and guidance for the policy implementation. The committee will be responsible for coordinating stakeholders, monitoring progress, and ensuring resources are allocated appropriately.
- ii. Resource mobilization: The framework identifies the need for funding and resources to support the policy's implementation. This includes identifying sources of funding and developing a financial plan to sustain the policy over the long-term.
- iii. Health infrastructure improvement: The framework outlines a phased approach to improve health facilities and infrastructure across the county. This involves a needs assessment, prioritization of facilities to be improved, and the development of plans to construct or renovate the identified health facilities.
- iv. Human resource development: The framework proposes a human resource plan to address the shortage of healthcare workers in the county. This includes recruitment, training, and retention of healthcare workers, as well as improving their working conditions.
- v. Health financing: The framework proposes the implementation of various health financing mechanisms to increase access to health care services. This includes developing a health insurance scheme, community health financing mechanisms, and public-private partnerships amongst others.

The policy proposes criteria for utilization of the financing by health facilities as follows:

- 75% retained by the facilities for operations & maintenance, procurement of additional health commodities & products, offset costs on wages of temporary staff, security and sanitation and all connected purposes.
 - 20% retained for community-based health services to improve access to health care services. This will cater for training community health promoters, providing them with the necessary tools and facilitation.
 - 3% of the collections shall be remitted to the respective Sub County medical officers of health accounts to support Primary healthcare.
 - 2% shall be retained for administrative costs at the County level.
- vi. Community participation: The framework identifies the need for community participation in the planning, implementation, and monitoring of health care services. This includes establishing community health committees, developing community health action plans, and engaging communities in the monitoring and evaluation of health care services.
- vii. Disease prevention and control: The framework proposes the development of a comprehensive disease prevention and control strategy. This includes strengthening disease surveillance and response systems, expanding vaccination programs, promoting healthy behaviors, and improving water and sanitation facilities.

4.1 Management and Coordination of the Policy Framework

The policy ensures that there is effective management, monitoring, and evaluation of the policy implementation process, and all stakeholders are engaged and accountable for achieving the policy objectives.

The framework includes the following components:

- 1) Policy implementation structures: The framework outlines the establishment of structures for the implementation of the policy. This includes a Health Policy Steering Committee i.e CHMT that will provide overall policy guidance, a Technical Working Group drawn from the CHMT that will be responsible for technical aspects of policy implementation, and various subcommittees to address specific areas of focus.
- 2) Monitoring and evaluation: The framework establish a comprehensive monitoring and evaluation system to track progress and measure the impact of the policy. This includes developing performance indicators, collecting and analyzing data, and reporting progress to stakeholders.

- 3) Stakeholder engagement: The framework identifies the importance of engaging all stakeholders in the policy implementation process. This includes engaging the private sector, civil society organizations, community groups, and development partners.
- 4) Resource mobilization: The framework identifies the need for adequate financial and human resources to implement the policy. This includes identifying potential sources of funding and developing mechanisms for mobilizing resources.
- 5) Communication and advocacy: The framework identify the importance of effective communication and advocacy to create awareness and mobilize support for the policy. This includes developing communication strategies and engaging the media and other communication channels.

4.2 Leadership, Governance, Sustainability and Financing

The department of Health Services shall provide overall strategic support for the implementation of this policy. The Policy recognizes that without proper leadership and governance, allocation of requisite resources and sustainability mechanisms, implementation of the policy and its sustainability would be doubtful. There is a need to mobilize and allocate adequate resources for effective and efficient implementation and continued provisions for Bomet County Health Facility Improvement and Public Health Financing.

4.3 Roles and Responsibilities of stakeholders

The successful implementation of this policy will depend on a range of stakeholders taking on different roles and responsibilities. These roles and responsibilities cannot be executed in isolation, but rather in collaboration by all stakeholders under the auspices of the County department of Health Services. Each stakeholder has a critical role to play in ensuring the effective delivery of quality health care services to the people of Bomet County. The specific roles and responsibilities of the different stakeholders are stipulated in the section below.

County Government Executive

The county government Executive will be responsible for the overall policy implementation and ensuring the allocation of adequate resources to support health care service delivery. The county government is also responsible for developing and implementing policies and regulations that support the effective delivery of health care services.

Bomet County Assembly

Legislative Oversight: The County Assembly is responsible for ensuring that the policies and regulations developed by the county government are in line with the needs and aspirations of the people of Bomet County. The Assembly has the mandate to scrutinize and approve policies and regulations related to health care services and funding. The County Assembly will consider enactment of the proposed Bomet County Health Facility Improvement and Public Health Financing Bill, 2023 that seeks to ring-fence health funds as key prerequisites for the attainment of Universal Health Coverage.

Resource Mobilization: The County Assembly shall play a critical role in the allocation of resources for the implementation of the policy. They are responsible for approving the county's budget, including the allocation of funds for health care services. They are also responsible for ensuring that the funds allocated are utilized effectively and efficiently.

Public Participation: The County Assembly is responsible for promoting public participation in the implementation of the policy. They organize public hearings and consultations to gather feedback from the community on the implementation of the policy.

Oversight: The County Assembly has the responsibility of monitoring the implementation of the policy to ensure that it is being implemented effectively and efficiently. They are responsible for conducting oversight activities to ensure that the policy is being implemented in accordance with the law and that the resources allocated are being used appropriately.

National Government.

The National Government entrenches a good public policy environment, provides guidance on effective policy development and helps mobilize partners' support.

Health Care Workers

Health care workers are responsible for providing quality health care services to the people of Bomet County. They are responsible for implementing the policies and guidelines that support the delivery of health care services and ensuring the effective and efficient use of resources.

Community Members

Community members have a critical role to play in the successful implementation of the policy. They are responsible for actively participating in the planning, implementation, and monitoring of health care services. They

are also responsible for promoting positive health seeking behaviors and supporting the effective delivery of health care services.

Partners

Partners play an important role in supporting the implementation of the policy. They provide financial and technical assistance towards delivery of health care services in Bomet County. Partners are responsible for ensuring the effective use of resources and the sustainability of health care services.

Private Sector

The private sector has a critical role to play in supporting the implementation of the policy. They are responsible for investing in health care services and supporting the development of sustainable financing mechanisms. The private sector is also responsible for promoting the use of cost-effective interventions and technologies to support health care service delivery.

Chapter 5: Policy Monitoring and Evaluation

BHFI&PHF Policy implementation will be monitored and followed up using a set of financial and non-financial targets and indicators. The targets will be in line with the constitutional requirements, national goals and targets, and health sector priorities elaborated in Vision 2030 and County-specific targets and goals that will be elaborated in the National and County annual Plans. These plans will be implemented and monitored through annual work plans and medium-term plans. The targets will be benchmarked against best practices Nationally and from across the globe.

Monitoring and Evaluation Framework

Regular monitoring of the implementation of the policy is necessary to ensure that it is on track. This involves gathering data on the performance indicators and assessing whether the policy is being implemented as planned.

Regular reviews of the progress made in the implementation of the policy are necessary to determine whether it is achieving its intended objectives. The reviews should be conducted by an independent body to ensure objectivity.

The monitoring and evaluation process will identify any challenges or barriers that are hindering the implementation of the policy. These challenges should be addressed through appropriate interventions.

The monitoring and evaluation process will make recommendations for improving the implementation of the policy. The recommendations should be based on the findings of the monitoring and evaluation process.

Progress Indicators

The County department of Health Services shall take the lead in putting in place a sound monitoring and evaluation framework for this policy. The monitoring and evaluation framework shall encompass the Policy vision, goals, objectives, and targets set out in this policy by indicating required policy outcomes and impact in order to maximize accountability among different stakeholders. The strategies and interventions envisaged under this policy will therefore be continually monitored and regularly evaluated.

BHFI&PHF Policy establishes clear and measurable indicators that will be used to track progress.

The following are progress indicators that will be used to monitor the implementation of the policy:

1. Number of health facilities renovated or constructed in the county.
2. Percentage of health facilities equipped with health products and technologies.
3. Prevalence of stunting.
4. Number of health facilities meeting the recommended standards.
5. Percentage of health facilities with functional water sanitation and hygiene
6. Percentage of population with access to level 2 essential health services within a specified distance
7. Percentage of population covered by health insurance or community health funds.
8. Number of health workforce hired and trained in the county.
9. Number of community members involved in health care planning and decision-making.
10. Percentage of target population vaccinated against vaccine-preventable diseases.
11. Prevalence of communicable diseases
12. Maternal and child mortality rates.
13. Prevalence of non-communicable diseases.
14. Number of HCWs/key relevant stakeholders trained on Public Finance Management Act.

Policy Review

This Policy shall be reviewed after a period of five (5) years from the effective date. The review process shall involve medium and end term review of the strategy by stakeholders.

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Annexes

Annex 1- List of Bomet County Health Facilities

Code	Facility Name	KEPH Level	Facility type	Owner	Sub county	Ward	Operation Status
24873	Chesoan Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Chesoan	Operational
18525	Kipileji Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Chesoan	Operational
14932	Kiptenden Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Chesoan	Operational
14952	Kitaima Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Chesoan	Operational
15585	Sibayan Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Chesoan	Operational
15583	Segutiet Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet Central	Chesoan	Operational
16318	Kapkoros Sub County Hospital	Level 4	Primary Care Hospital	Ministry of Health	Bomet Central	Chesoan	Operational
21242	Kanusin Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Mutarakwa	Operational
14757	Kapsangaru Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Mutarakwa	Operational
15322	Muiywek Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Mutarakwa	Operational
17093	Solyot Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Mutarakwa	Operational
15710	Tarakwa Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet Central	Mutarakwa	Operational
23003	Kwenik-Ab-Ilet Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Ndaraweta	Operational
17583	Mogindo Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Ndaraweta	Operational
20441	Nyongores Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet Central	Ndaraweta	Operational
23689	Sonokwek Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Ndaraweta	Operational
24692	Teganda Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Ndaraweta	Operational
	Tagaruto Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Ndaraweta	To Operationalize
	Mogoiwet Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Ndaraweta	To Operationalize
18523	Ndarawetta Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet Central	Ndaraweta	Operational
14760	Kapsimotwa Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Silibwet Township	Operational
15391	Njerian Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Silibwet Township	Operational
14261	Bomet Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet Central	Silibwet Township	Operational
15608	Silibwet Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet Central	Silibwet Township	Operational

Code	Facility Name	KEPH Level	Facility type	Owner	Sub county	Ward	Operation Status
21298	Kabungut Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Singorwet	Operational
14747	Kapngetuny Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Singorwet	Operational
15321	Mugango Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Singorwet	Operational
15619	Singorwet Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Singorwet	Operational
26895	Tirgaga Dispensary	Level 2	Dispensary	Ministry of Health	Bomet Central	Singorwet	Operational
14970	Kitoben Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet Central	Singorwet	Operational
27354	Kakimirai Dispensary	Level 2	Dispensary	Ministry of Health	Bomet East	Chemamer	Operational
17999	Kimuchul Dispensary	Level 2	Dispensary	Ministry of Health	Bomet East	Chemamer	Operational
15178	Mangoita Dispensary	Level 2	Dispensary	Ministry of Health	Bomet East	Chemamer	Operational
14311	Chemamer Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet East	Chemamer	Operational
21299	Chemengwa Dispensary	Level 2	Dispensary	Ministry of Health	Bomet East	Kembu	Operational
14938	Kipyosit Dispensary	Level 2	Dispensary	Ministry of Health	Bomet East	Kembu	Operational
18072	Menet Dispensary	Level 2	Dispensary	Ministry of Health	Bomet East	Kembu	Operational
14828	Kembu Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet East	Kembu	Operational
15714	Tegat Sub County Hospital	Level 4	Primary Care Hospital	Ministry of Health	Bomet East	Kembu	Operational
21300	Cheboror Dispensary	Level 2	Dispensary	Ministry of Health	Bomet East	Kiprerres	Operational
14918	Kiplobotwa Dispensary	Level 2	Dispensary	Ministry of Health	Bomet East	Kiprerres	Operational
15323	Mulot Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet East	Kiprerres	Operational
15533	Olokyin Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet East	Kiprerres	Operational
21171	Bomet County Beyond Zero Mobile Clinic	Level 2	Dispensary	Ministry of Health	Bomet East	Longisa	Operational
21297	Cheboin Dispensary	Level 2	Dispensary	Ministry of Health	Bomet East	Longisa	Operational
15532	Ongoswet Dispensary	Level 2	Dispensary	Ministry of Health	Bomet East	Longisa	Operational
14728	Kapkimolwa Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet East	Longisa	Operational
23687	Longisa County Referral Hospital	Level 4	Primary Care Hospital	Ministry of Health	Bomet East	Longisa	Operational
17085	Belgut Dispensary	Level 2	Dispensary	Ministry of Health	Bomet East	Merigi	Operational

Code	Facility Name	KEPH Level	Facility type	Owner	Sub county	Ward	Operation Status
14759	Kapsimbiri Dispensary	Level 2	Dispensary	Ministry of Health	Bomet East	Merigi	Operational
24872	Kiromwok Dispensary	Level 2	Dispensary	Ministry of Health	Bomet East	Merigi	Operational
14584	Irwaaga Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet East	Merigi	Operational
22874	Merigi Health Centre	Level 3	Basic Health Centre	Ministry of Health	Bomet East	Merigi	Operational
14302	Cheboyo Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Chebunyo	Operational
21240	Kamaget Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Chebunyo	Operational
20525	Kamongil Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Chebunyo	Operational
14688	Kamusanga Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Chebunyo	Operational
17083	Kataret Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Chebunyo	Operational
28897	Nogirwet Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Chebunyo	Operational
15540	Roborwo Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Chebunyo	Operational
20438	Tilangok Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Chebunyo	Operational
14304	Chebunyo Health Centre	Level 3	Basic Health Centre	Ministry of Health	Chepal ungu	Chebunyo	Operational
16671	Kiboson Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Kong'asis	Operational
14875	Kimaya Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Kong'asis	Operational
14939	Kiriba Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Kong'asis	Operational
24819	Koimiret Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Kong'asis	Operational
20534	Ndamichonik Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Kong'asis	Operational
15171	Makimery Health Centre	Level 3	Basic Health Centre	Ministry of Health	Chepal ungu	Kong'asis	Operational
15497	Olbutyo Health Centre	Level 3	Basic Health Centre	Ministry of Health	Chepal ungu	Kong'asis	Operational
14366	Cheptagum Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Nyangores	Operational
23026	Itembe Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Nyangores	Operational
15421	Nyambugo Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Nyangores	Operational
15565	Sachora Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Nyangores	Operational
14717	Kapkesosio Health Centre	Level 3	Basic Health Centre	Ministry of Health	Chepal ungu	Nyangores	Operational
20518	Chepkosa Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Sigor	Operational

Code	Facility Name	KEPH Level	Facility type	Owner	Sub county	Ward	Operation Status
18665	Kosia Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Sigor	Operational
15077	Lelaitich Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Sigor	Operational
20438	Sugumerga Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Sigor	Operational
15751	Tumoi Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Sigor	Operational
15116	Lugumek Health Centre	Level 3	Basic Health Centre	Ministry of Health	Chepal ungu	Sigor	Operational
15587	Sigor Sub County Hospital	Level 4	Primary Care Hospital	Ministry of Health	Chepal ungu	Sigor	Operational
18666	Bingwa Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Siongiroi	Operational
14308	Chelelach Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Siongiroi	Operational
14384	Chepwostuiyet Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Siongiroi	Operational
26352	Kamundugi Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Siongiroi	Operational
17293	Kapisimba Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Siongiroi	Operational
17294	Kapoleseroi Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Siongiroi	Operational
14927	Kipsuter Dispensary	Level 2	Dispensary	Ministry of Health	Chepal ungu	Siongiroi	Operational
	Umoja Dispensar	Level 2	Dispensary	Ministry of Health	Chepal ungu	Siongiroi	To Operationalize
15624	Siongiroi Health Centre	Level 3	Basic Health Centre	Ministry of Health	Chepal ungu	Siongiroi	Operational
18280	Boito Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Boito	Operational
23027	Chemelet Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Boito	Operational
14585	Itare Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Boito	Operational
22022	Kabiangek Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Boito	Operational
14783	Kaptembwo Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Boito	Operational
14815	Kaptien Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Boito	Operational
15195	Michira Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Boito	Operational
20440	Kenyagoro Health Centre	Level 3	Basic Health Centre	Ministry of Health	Konoin	Boito	Operational
14331	Chepchabas Health Centre	Level 3	Basic Health Centre	Ministry of Health	Konoin	Chepchabas	Operational
18074	Bosto Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Embomos	Operational
14505	Embomos Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Embomos	Operational
18526	Kiptenden	Level 2	Dispensary	Ministry	Konoin	Embomos	Operational

Code	Facility Name	KEPH Level	Facility type	Owner	Sub county	Ward	Operation Status
	Dispensary (Konoin)			of Health			
18664	Kitala Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Embomos	Operational
15575	Satiet Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Embomos	Operational
24692	Sotit Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Embomos	Operational
15620	Siomo Health Centre	Level 3	Basic Health Centre	Ministry of Health	Konoin	Embomos	Operational
17334	Cheptalal Sub County Hospital	Level 4	Primary Care Hospital	Ministry of Health	Konoin	Embomos	Operational
14285	Chamalal Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Kimulot	Operational
21498	Kapset Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Kimulot	Operational
14777	Kapsinendet Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Kimulot	Operational
21241	Kimulot Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Kimulot	Operational
14289	Chebangang Health Centre	Level 3	Basic Health Centre	Ministry of Health	Konoin	Kimulot	Operational
18073	Chongenwo Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Mogogosiek	Operational
15244	Mogonjet Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Mogogosiek	Operational
19848	Mosonik Dispensary	Level 2	Dispensary	Ministry of Health	Konoin	Mogogosiek	Operational
15233	Mogogosiek Health Centre	Level 3	Basic Health Centre	Ministry of Health	Konoin	Mogogosiek	Operational
18521	Koiwa Health Centre	Level 4	Primary Care Hospital	Ministry of Health	Konoin	Mogogosiek	Operational
14276	Butiik Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Chemagel	Operational
24792	Chebongi Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Chemagel	Operational
14676	Kamirai Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Chemagel	Operational
14903	Kipajit Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Chemagel	Operational
15710	Sotik Health Centre	Level 3	Basic Health Centre	Ministry of Health	Sotik	Chemagel	Operational
28591	Chebilat-Togomin Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kapletundo	Operational
14297	Chebirbelek Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kapletundo	Operational
14376	Cheptangulgei Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kapletundo	Operational
14714	Kapkesembe Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kapletundo	Operational
26899	Kapletundo Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kapletundo	Operational
20439	Kimawit-Uswet Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kapletundo	Operational

Code	Facility Name	KEPH Level	Facility type	Owner	Sub county	Ward	Operation Status
18524	Kimolwet Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kapletundo	Operational
15100	Lelechwet Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kapletundo	Operational
15714	Soymet Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kapletundo	Operational
20535	Kipsonoi Health Centre	Level 3	Basic Health Centre	Ministry of Health	Sotik	Kapletundo	Operational
14290	Chebango Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kipsonoi	Operational
19849	Cheboet Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kipsonoi	Operational
27122	Chebole Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kipsonoi	Operational
17808	Kapkelei Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kipsonoi	Operational
23688	Kapkures Dispensary (Sotik)	Level 2	Dispensary	Ministry of Health	Sotik	Kipsonoi	Operational
18519	Motiret Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kipsonoi	Operational
26895	Sugurusiek Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Kipsonoi	Operational
20517	Kiptulwa Health Centre	Level 3	Basic Health Centre	Ministry of Health	Sotik	Kipsonoi	Operational
18522	Kiricha Health Centre	Level 3	Basic Health Centre	Ministry of Health	Sotik	Kipsonoi	Operational
20735	Cheplelwo Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Ndanai/Abo si	To Operationalize
14580	Gorgor Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Ndanai/Abo si	Operational
17722	Kapchemibei Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Ndanai/Abo si	Operational
18506	Kapchumbe Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Ndanai/Abo si	Operational
16317	Kaplelach Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Ndanai/Abo si	Operational
14920	Kipsimboi Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Ndanai/Abo si	Operational
14921	Kipsingei Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Ndanai/Abo si	Operational
17092	Oldepesi Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Ndanai/Abo si	Operational
15751	Tabarit Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Ndanai/Abo si	Operational
14531	Gelegele Health Centre	Level 3	Basic Health Centre	Ministry of Health	Sotik	Ndanai/Abo si	Operational
23337	Ndanai Sub County Hospital	Level 4	Primary Care Hospital	Ministry of Health	Sotik	Ndanai/Abo si	Operational
14273	Burgei Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Rongena/M anaret	Operational
14295	Chebilat Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Rongena/M anaret	Operational
25227	Mabwaita	Level 2	Dispensary	Ministry	Sotik	Rongena/M	Operational

Code	Facility Name	KEPH Level	Facility type	Owner	Sub county	Ward	Operation Status
	Dispensary			of Health		anaret	
15388	Ngariet Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Rongena/M anaret	To Operationalize
18520	Rongena Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Rongena/M anaret	Operational
15570	Saruchat Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Rongena/M anaret	Operational
24615	Simbi Dispensary	Level 2	Dispensary	Ministry of Health	Sotik	Rongena/M anaret	Operational
14780	Kaptebengwo Health Centre	Level 3	Basic Health Centre	Ministry of Health	Sotik	Rongena/M anaret	Operational