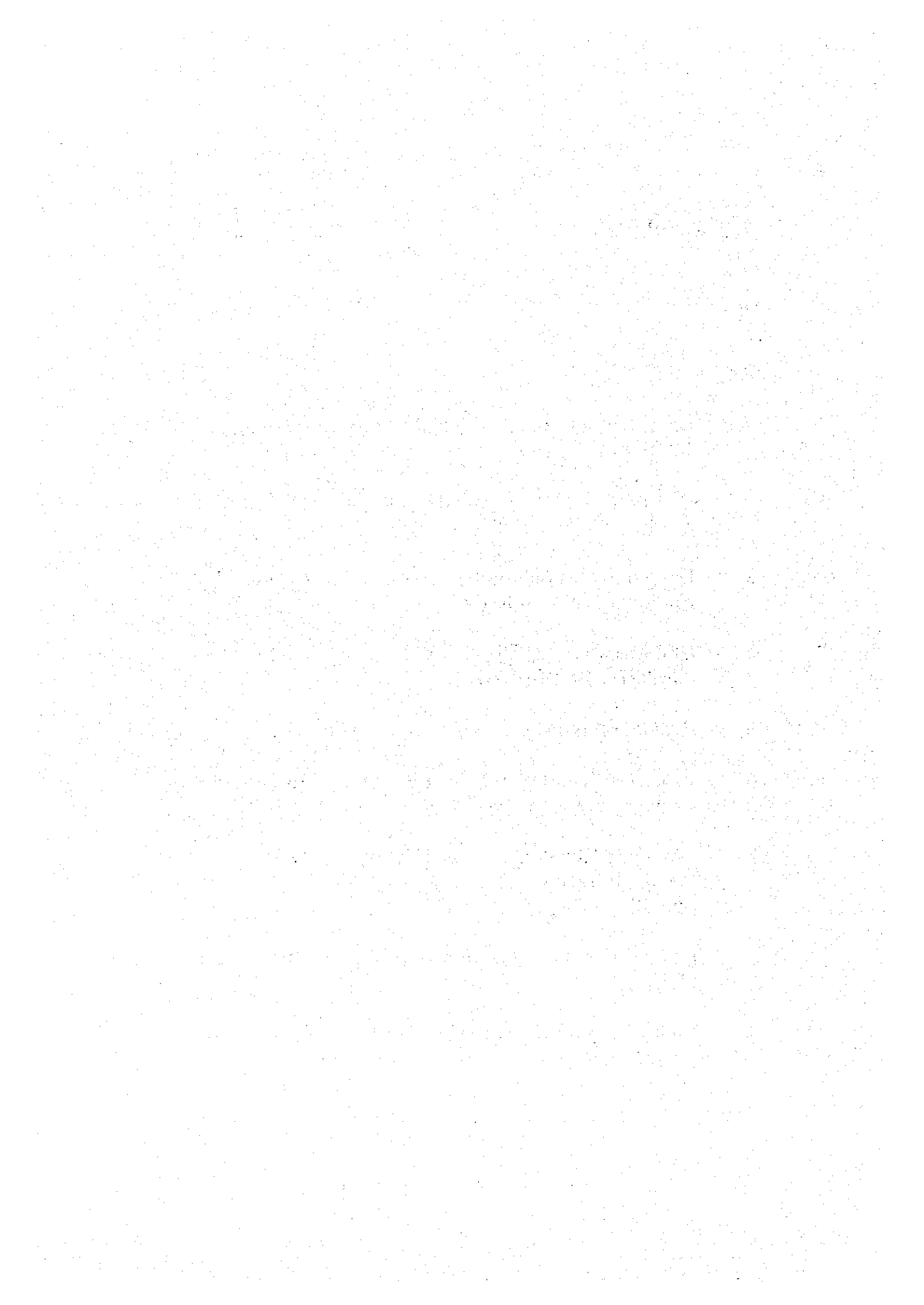


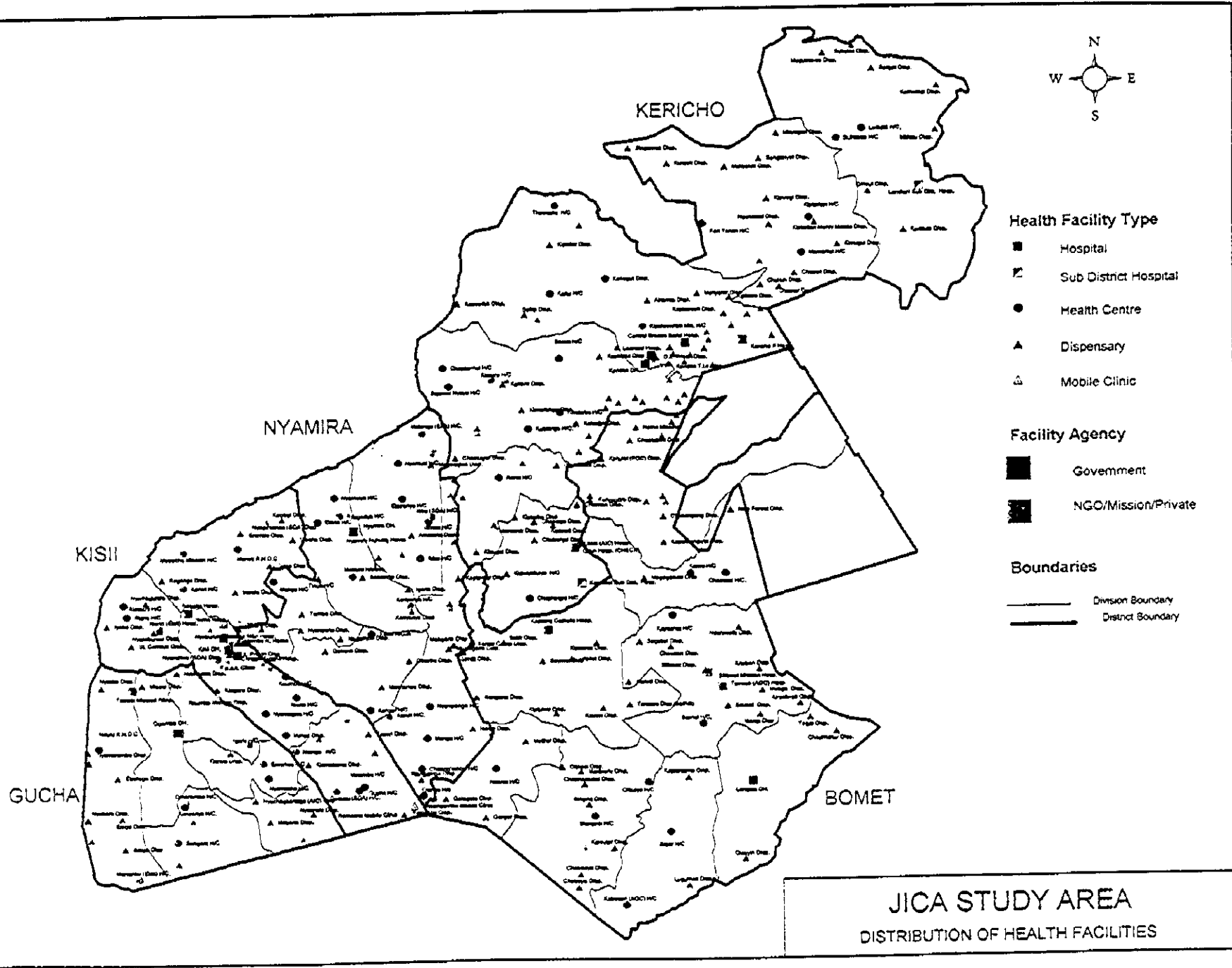
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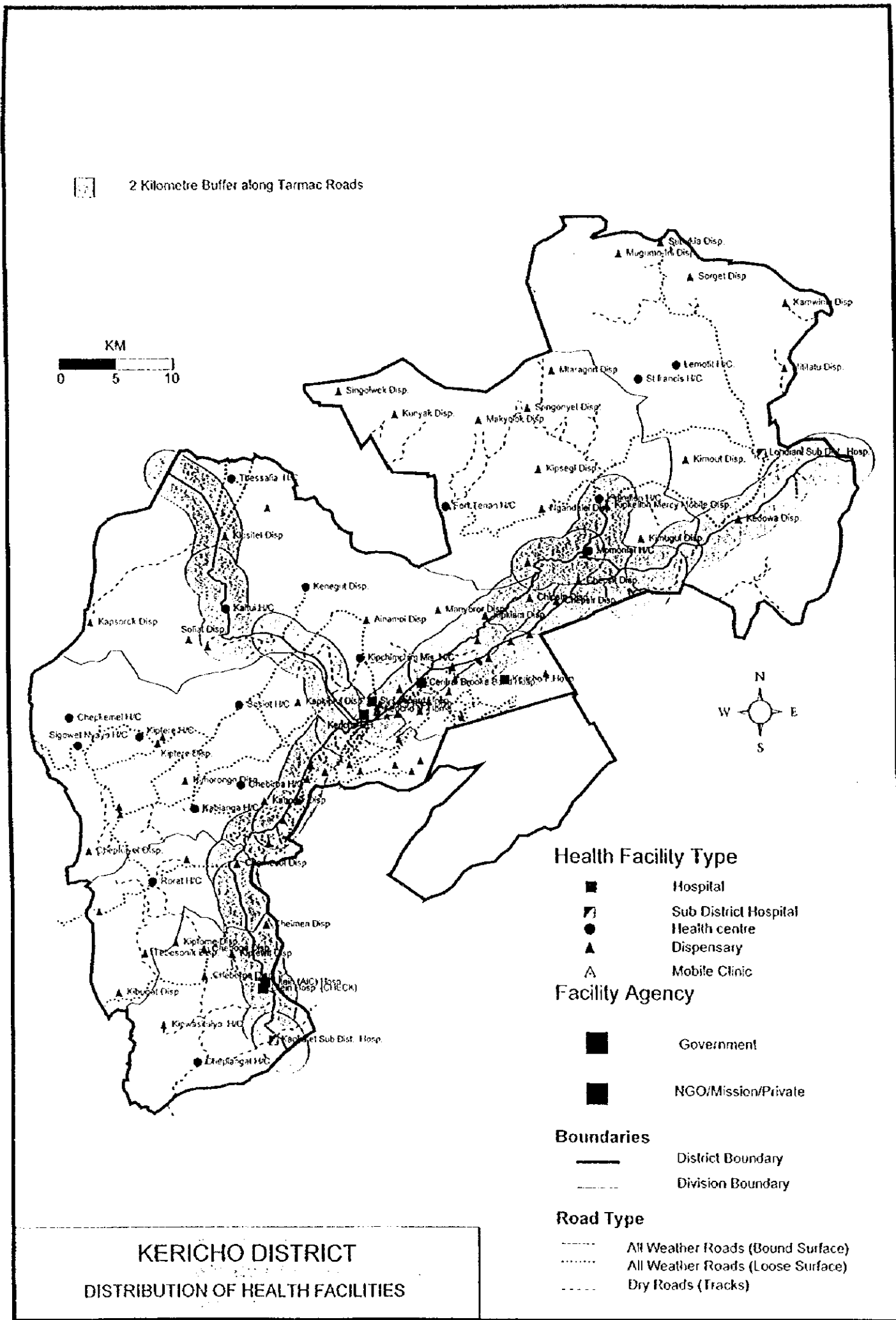
## **Appendix**

<b>No.</b>	<b>Title</b>	<b>Pages</b>
1	<b>Distribution of Health Facilities in the Study Area</b>	<b>A1-1</b>
2	<b>Distribution of Health Facilities in the Study Area (5district)</b>	<b>A2-1 to A2-5</b>
3	<b>Definition and Categorisation of Health Facilities in Kenya</b>	<b>A3-1 to A3-2</b>
4	<b>EXEMPTION CRITERIA FOR MINISTRY OF HEALTH</b>	<b>A4-1</b>
5	<b>Evaluation of Priority Health Centres</b>	<b>A5-1</b>
6	<b>Proposed Health Services at Various Levels: Curative Services</b>	<b>A6-1 to A6-3</b>
7	<b>Proposed Health Services at Various Levels: Preventive and Promotive Services</b>	<b>A7-1</b>
8	<b>Proposed Project/Programme (Long List)</b>	<b>A8-1 to A8-15</b>
9	<b>References Used – Chapter 6 Health Financing</b>	<b>A9-1 to A9-4</b>

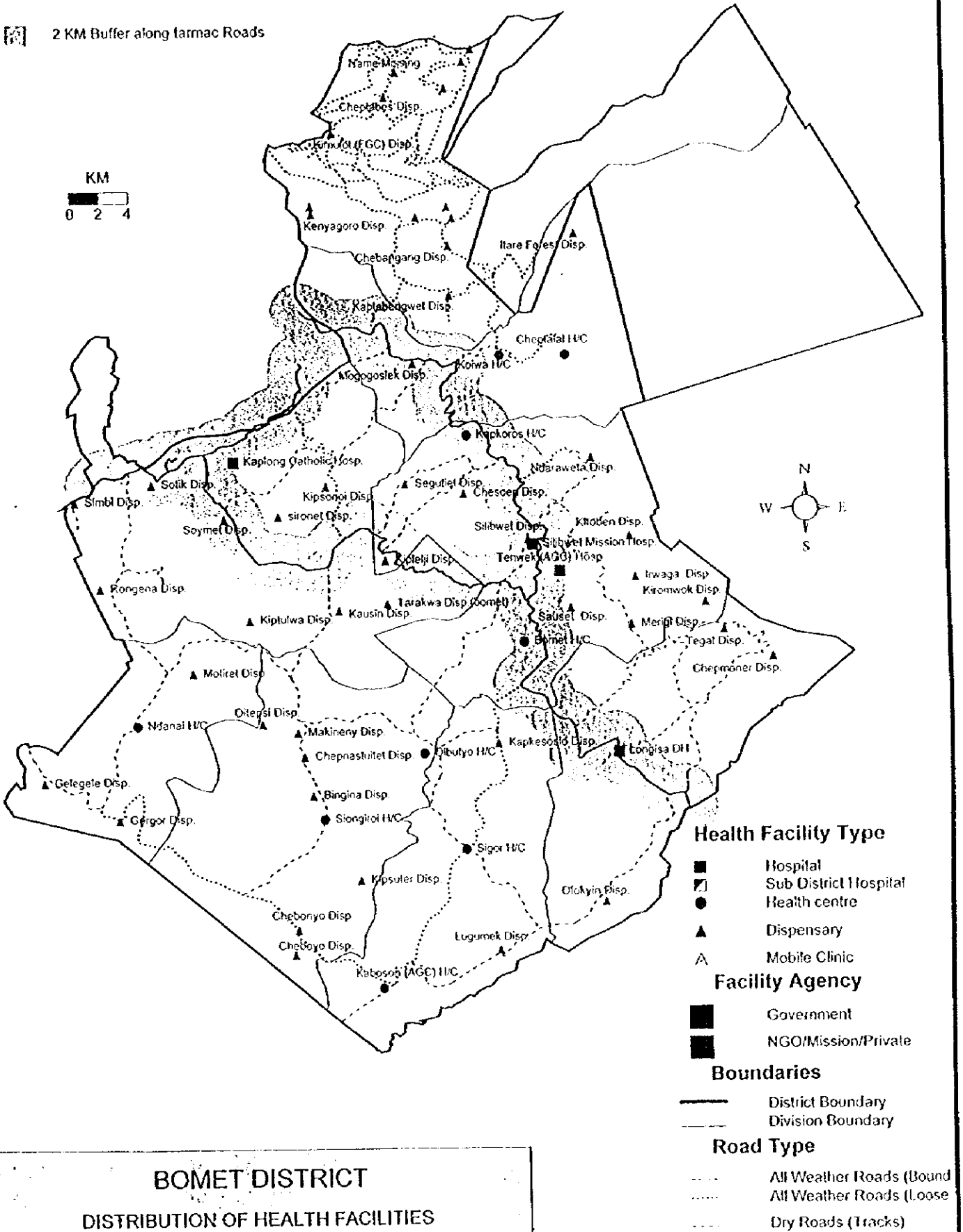
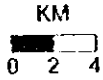
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2 KM Buffer along farmac Roads

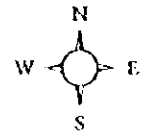


## Health Facility Type

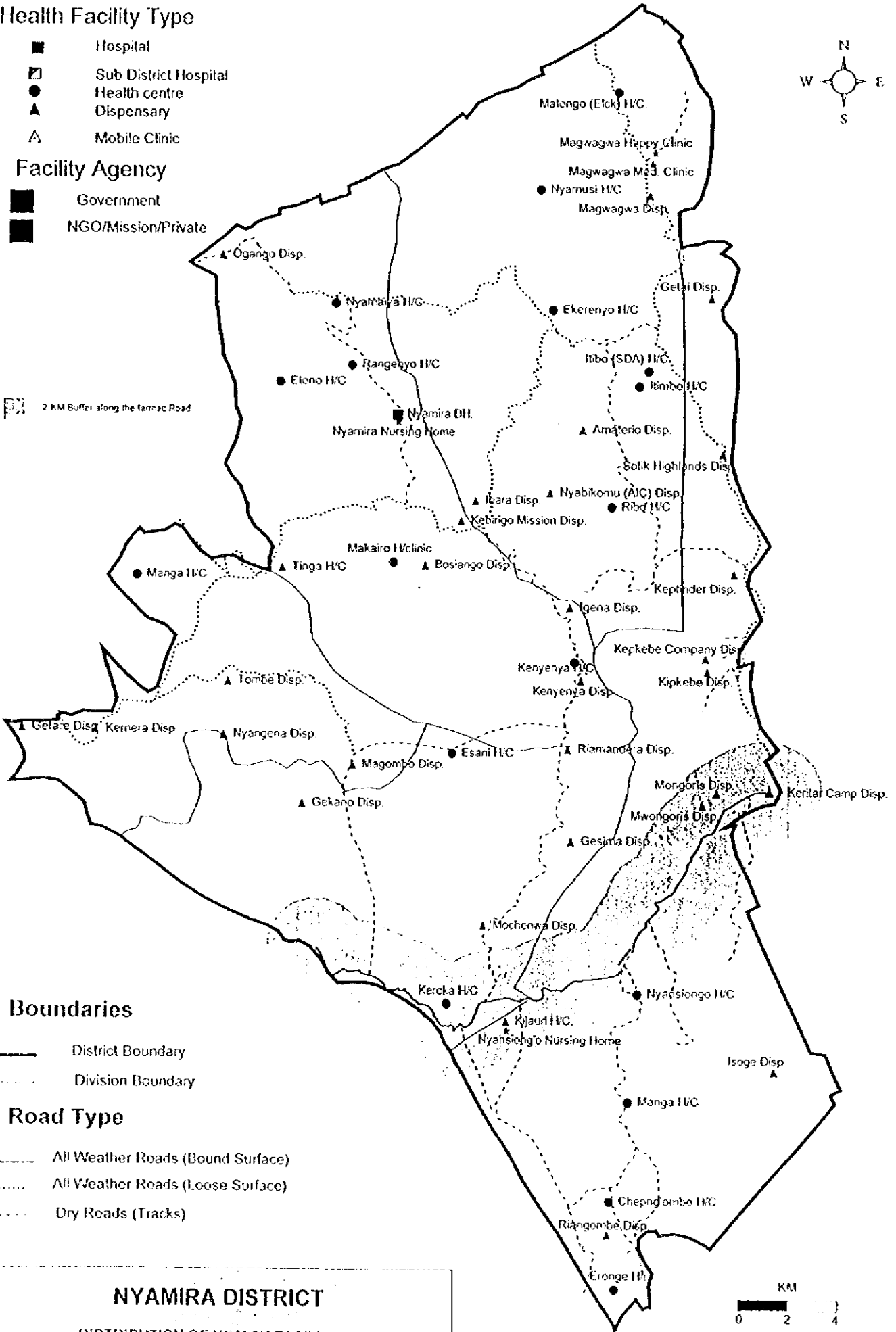
- Hospital
- ▣ Sub District Hospital
- Health centre
- ▲ Dispensary
- △ Mobile Clinic

## Facility Agency

- Government
- NGO/Mission/Private



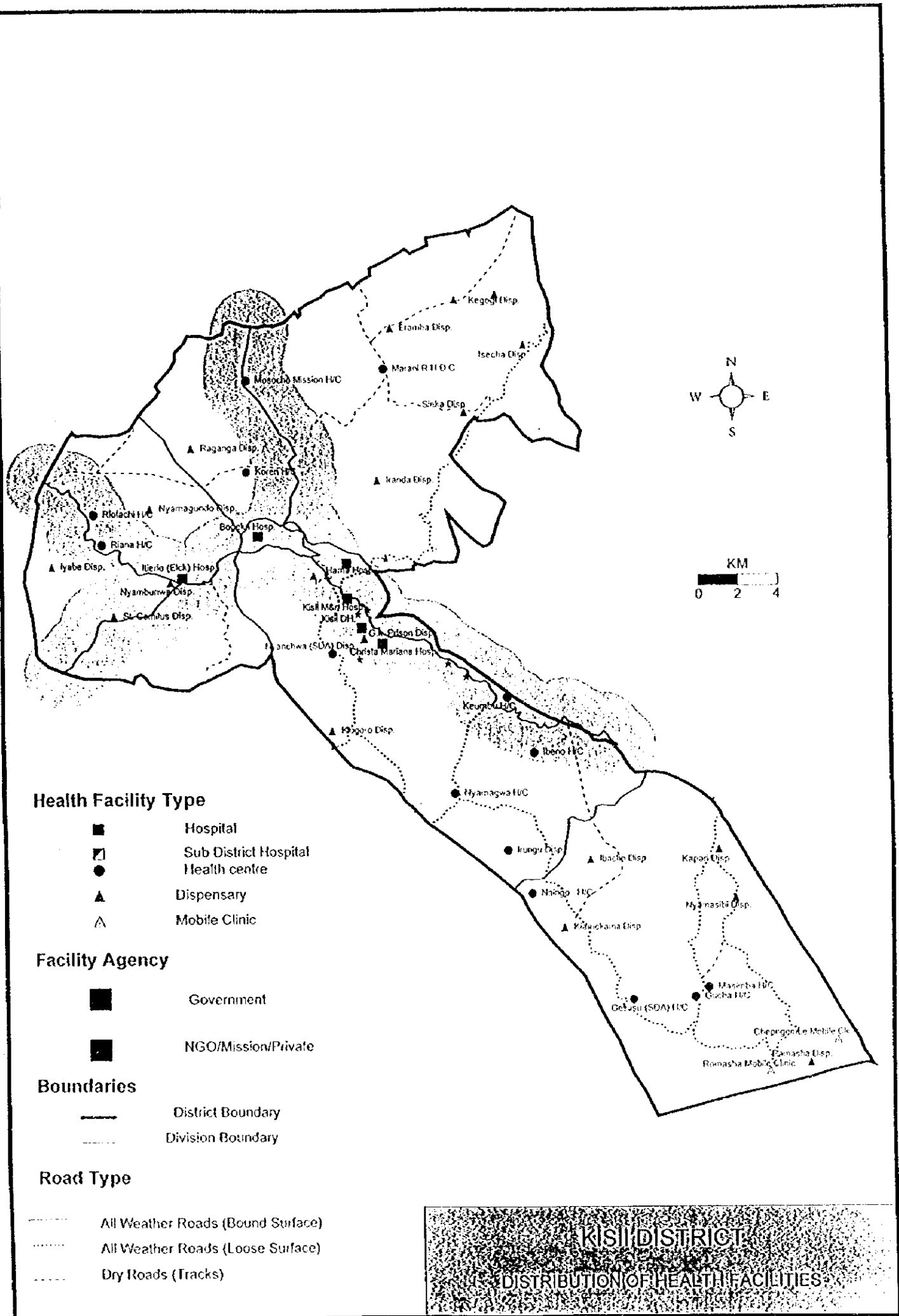
2 KM Buffer along the farmac Road

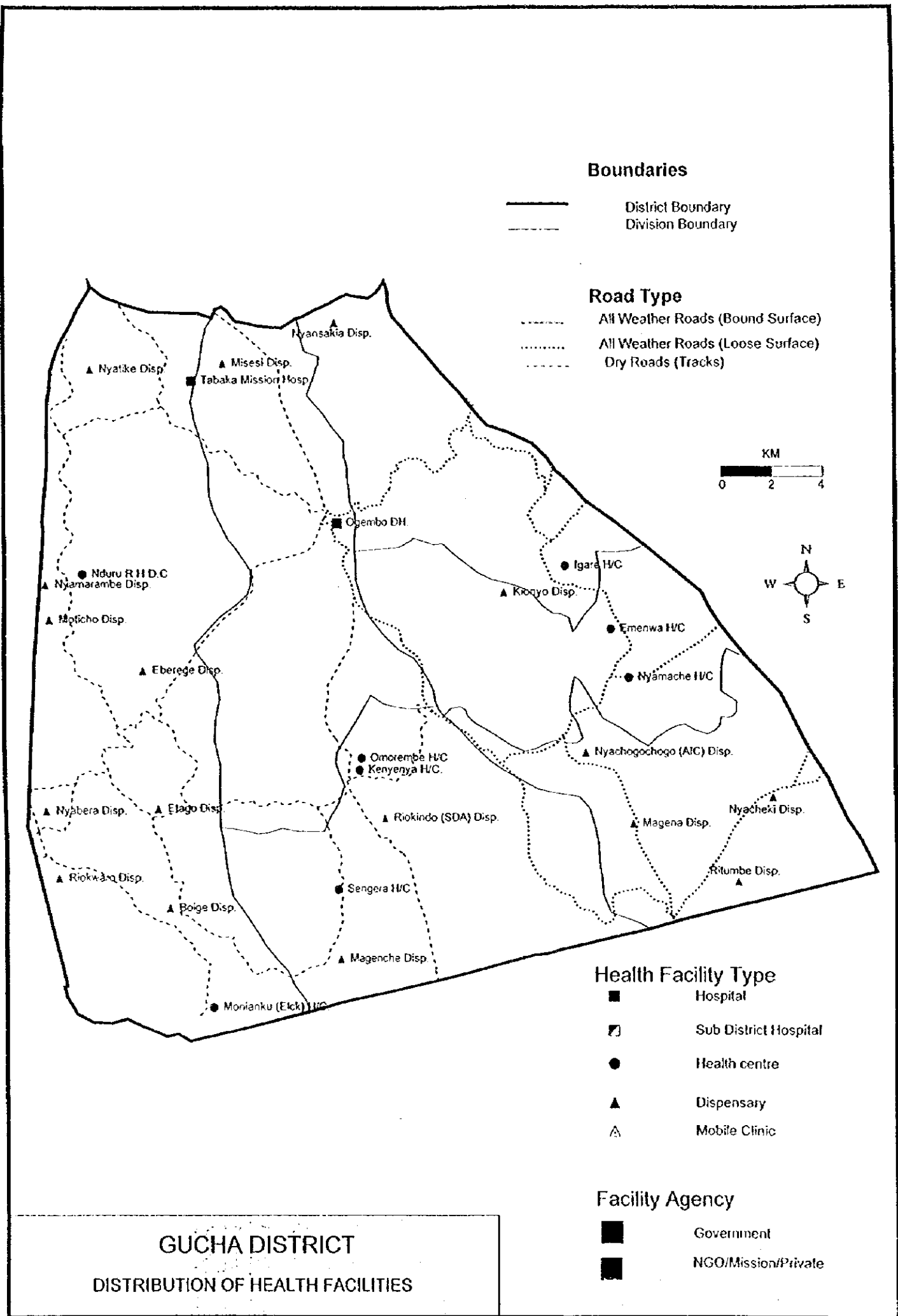


## NYAMIRA DISTRICT

DISTRIBUTION OF HEALTH FACILITIES









### Definition and Categorization of Health Facilities in Kenya

	Dispensary		Health	
	Type 1	Type 2	Type 1	Type 2
Service Provided	Basic Curative OPD Basic Environmental Health	Basic curative OPD Environmental Health, MCH/FP, Immunization services	Basic curative OPD Environmental Health, MCH/FP, Immunization services Nutrition Maternity services Limited Oral Health Services (Mobile Services) Minor Surgery IPD on observation basis (12 hours maximum length of stay before referral)	Curative OPD, Environmental Health, MCH/FP(Integrated), Immunization Services, Nutrition, Maternity Oral Health Services Minor Surgery IPD on observation basis (12 hours Maximum Length of stay before referral) CBR(Community Based Rehabilitation) includes Physio/Occupational therapy.
Physical Facilities	3 rooms for basic treatment.	4-6 Rooms with a waiting area ( for basic treatment, MCH/ FP services) Staff houses	Consultation and treatment rooms and equipment. Small laboratory Minor surgery facilities Staff houses.	Consultation and treatment rooms & equipment. Small laboratory Minor surgery. Mortuary Pharmacy Sterilization Delivery Kitchen and Laundry Staff Houses
Catchment Population	Up to 10,000	Up to 15,000	Up to 50,000 - 70,000	50,000 - 100,000
Number of Beds	No beds	No beds (2-4 observation beds)	8 Maternity beds 4 Observation beds	13-24 beds

Training Health Centers Rural Health Training Centers Rural Health Demonstration Centers	Hospital			
	Sub-District Hospital	District Hospital	Provincial Hospital	National Hospital
Curative OPD Environmental Health MCH/FP(Integrated) Immunization Services, Nutrition, Maternity Services Physical Medicine Oral Health Services Minor Surgery IPD on observation basis CBR Inservices training for health workers	Provides mostly primary and secondary care Limited specialized care Internal medicine General Surgery (Limited) Dental services including dental laboratory services Obstetrics/Gynaecology Paediatrics	Primary, secondary and limited tertiary care as well as training. Service as the first referral level hospital for the SDH: Internal Medicine Obstetrics/Gynecology Full Surgical Services Dental Services Psychiatry Ophthalmology Ear, Nose, Throat (ENT) Forensic medicine	Secondary and tertiary care. Specialized (consultancy) services in various disciplines. Accepts referrals from district hospitals and must have a well established referral system. Training center for all health staff.	a. Spinal Injuries Hospital b. Mental Health Hospitals c. Infections Diseases hospital which includes the Tb/Leprosy Hospitals d. Maternity Hospitals
Consultation and treatment rooms and equipment. Small laboratory Minor surgery facilities. Mortuary Pharmacy Sterilization Delivery Kitchen & Dining Hall Laundry Central Stores Students hostels Lecture rooms Administration Block and Staff Houses.	A modest OPD, IPD; Diagnostic and Treatment Department, Central Supplies Dept. Adm. Block. for OP/IP primary and secondary care. Amenities, Consultation Clinics, Casualty, Admission and Medical Records. Pharmacy, Laboratory, X-Ray, Operating Theater, Intensive Care Sterilization, Delivery, Administration Physiotherapy/Occupational Therapy Kitchen, Laundry, Central Stores, Boiler room & generator house Maintenance Workshop, Mortuary, Incinerator Staff Changing room and Staff Houses.	Fairly large OPD, IPD, Diagnostic and treatment departments, Central Supplies Dept. Adm. Block for OP/IP primary, secondary and limited tertiary care. Amenities, Consultation Clinics, Casualty, Admission and Medical Records. Pharmacy, Laboratory, X-Ray, Operating Theater, Intensive Care Sterilization, Delivery, Administration Physiotherapy/Occupational Therapy Kitchen, Laundry, Central Stores, Boiler room & generator house Maintenance Workshop, Mortuary, Incinerator Staff Changing room, Staff houses	Large and fairly sophisticated OPD, Diagnostic and Treatment Dept., IPD, Central Supplies Dept. and Adm. Blocks, for OP/IP secondary and tertiary care. Amenities, Consultation Clinics, Casualty, Admission and Medical Records. Pharmacy, Laboratory, X-Ray, Operating Theater, Intensive Care Sterilization, Delivery, Administration Physiotherapy/Occupational Therapy, Burns Unit, Psychiatric Unit, Orthopaedics; E.N.T. Kitchen, Laundry, Central Stores, Boiler room & Generator House, Maintenance Workshop, Mortuary, Incinerator Staff Changing room Staff Houses.	This will vary according to the specialization of the hospital.
50,000 to 100,000	100,000 - 250,000	250,000 - 1,000,000	1,000,000 - 2,000,000	National, Regional
13 - 24 beds	80 - 150 beds	150 - 300 beds	250 - 800 beds	Varies

## **APPENDIX - 4 : EXEMPTION CRITERIA FOR MINISTRY OF HEALTH**

**October 1994**

### **1. Exempt Patients**

The following groups of patients are exempt from paying Facility Improvement Fund fees of all types:

- Children under 5 years of age
- Medical Training College Students
- Inpatients readmitted for the same episode of illness within 14 days of discharge;
- Patients from charitable and destitute homes and from homes for the mentally handicapped.
- Prisoners and all other persons in police custody
- unemployed persons who present written certification by their District Officer (valid for six months, after which certificate must be renewed).

### **2. Exempt Outpatient Services**

Outpatients seen at an of the following outpatient clinics are exempt from outpatient treatment, laboratory and x-ray fees:

- family planning
- antenatal and postnatal clinic
- child welfare clinic - also exempt by virtue of age
- STD clinic

### **3. Exempt Illnesses**

Patients with any of the following illnesses are exempt from any Facility Improvement Fund fee related to treatment and follow-up of their primary illness. This exemption includes outpatient services, inpatient services, and necessary investigations for the following illnesses:

- antenatal complications of pregnancy
- tuberculosis and leprosy
- AIDS

### **4. Exempt Inpatient Services**

- After 14 days inpatients are exempt from daily inpatient charges, but not from x-ray or laboratory fees. There is no limit on the number of chargeable inpatient days at KNH.

- “Downward” referrals of inpatients from KNH, provincial hospitals, and district hospitals for recuperation (with supporting documentation from the referring facility)
- For “upward” referrals of inpatients to provincial, district and sub-district hospitals (but not KNH), the maximum number of inpatient days charged includes the inpatient days at referring hospital and at the receiving hospital).

Note: Criteria are from October 1994.

## Evaluation of Priority Health Centres

	Name of HC	Accessibility	Service	Facility/Equipment	Infrastructure
Kericho	Fort Ternan HC	△Secondary Road - 60 Km from Kericho.	OPD : 50p/d No IPD service 7 staff :CO1, ECN7	- Only 1 Main Bldg. - No laboratory - No Delivery Rm.	- Water : ○ - Elec: × (10 km) - Tel : ×
	Kipkelion HC	△Secondary Road - 5km from a tarmac rd.	OPD : 20p/d No IPD and Maternity service, No Pharmacy 10 staff :CO1, KRNI, ECN4	- Only 1 Main Bldg.. - Staff house for 3 families - No laboratory - No Delivery Rm.	- Water : △(River & Rain water) - Elec: × - Tel : △(disconnected)
	Soslot HC	○ Primary Road - 5 km from Sigovet HC	OPD : 80p/d Chloroquin for Prophylaxls 15 staff :CO1, KRNI, ECN4, LT1	- 2 Bldgs.:OPD & MCH - OPD Bldg. has been expanded by themselves.	- Water : ○ - Elec:○ - Tel:○
Bomet	Kapkoros HC	○Primary Road (P) - Silibwet-Litein Rd.	OPD : 60p/d Lack of drugs and reagents 11 staff :CO1, KRNI, ECN3, LT2	- 1 Main Bldg. - 5 Staff houses - Well maintained	- Water : △(Spring ) - Elec: × - Tel: ×
	Ndanal HC	△Primary Road - 21 Km from Kisii - Kericho Rd.	OPD : 30-40p/d Chloroquin for Prophylaxls 17 staff :KRN2, ECN3, LT2	- 1 Main Bldg. - 5 Staff Houses - Very few medical equipment.	- Water : × (Rain water only) - Elec: × - Tel : △(Disconnected)
	Sigor HC	○Primary Road - 15 km from the tarmac road	OPD : 50 p/d (MCH 15p/d) Lack of drugs 21 staff :CO1, KRN2, ECN5, LT2	- 5 Bldgs.(36 beds) - 11 staff houses - 1 vehicle (no fuel)	- Water : ○ - Elec: △ (Generator, no fuel) - Tel : ×
	Ekerenyo HC	○Primary Road - 20 Km from Nyamira Town	OPD : 30p/d No IPD service No Maternity service 9 staff :CO1, ECN4, LT1	- Main Bldg. and small Kitchen Bldg. - Delivery Rm., Maternity ward and Kitchen Bldg. have not been used.	- Water : ○ - Elec: △(no maney) - Tel : ×
Nyamira	Keroka HC	◎National Trunk Rd (P) - 25 km from Kisii DH - Over 40 km from Nyamira	OPD : 60-70p/d No Labo service 16 staff :CO3, ECN3, LT2	- 1 Main Bldg.(5beds) - New Pediatric Ward(5beds) - 10 staff houses - No functioning microscope	- Water : ○ - Elec:○ (Generator/ no fuel) - Tel : △(disconnected)
	Manga HC	○Secondary Road - 46Km from Kisii Town	OPD : 20p/d No Labo service 16 staff :KRN1, ECN3, LT2	- 3 Bldgs.: OPD, IPD and Kitchen Bldg. has not been used. - Microscope was stolen - Delivery :Emergency only	- Water : △(River & Rain water) - Elec: × (Generator/ no fuel) - Tel : ×
	Keumbu HC	◎National Trunk Rd (P) - 14 km from Kisii DH	OPD : 150p/d 30 staff :CO1, KRNI, ECN9, LT1	- OPD/MCH/Mat-W, Kitchen, Laundry, and Staff flats. - There is a enough space. - 1 vehicle (no fuel)	- Water : ○ - Elec. ○ - Tel : △(disconnected)
Kisii	Masimba HC	△Primary Road - 20 km from a tarmac rd - 35 km from Kisii DH	OPD : 80-100p/d Delivery : 2-3dly/w Lack of reagents 15 staff :CO1, ECN8, LT1	- OPD/IPD/MCH/Kitchen, Laundry + Staff House - IPD (16 beds) is under utilized.	- Water : △(River) - Elec: × (Generator / out of ord) - Tel : ×
	Marani HC	△Secondary Road - Marani-Nyakoe Rd , 8.6km from the tarmac road - 30km from Kisii DH	OPD : 50-100p/d Lack of drugs and Reagents. Rural Health Training Center 25 staff :CO1, KRN9, ECN4, LT1	- 3 Bldg.:OPD, IPD (10beds), and MCH - Microscope is not suitable for Malaria screening.	- Water : △(Spring & Well) - Elec ○. - Tel : ×
	Kenyenya HC	△Secondary Road - 5 km from a tarmac road	OPD : 40p/d No IPD and Maternity. Service, No Pharmacy No Labo service 11 staff : ECN11	- Only 2 Bldgs. : OPD & MCH - Only 1 staff house. - Renovated by PMIU. - No laboratory	- Water : △(River & Rain water) - Elec: × - Tel : ×
Gucha	Nduru HC	△Secondary Road - 15 km from a tarmac road - 35 km from Kisii DH	OPD : 50p/d No pharmacy, Lack of drucs Rural Health Training Center 18 staff :CO1, KRNI, ECN5, LT2	- 3 Bldgs.: OPD, IPD(20 beds), Adm. & MCH - No functioning microscope.	- Water : △ (Spring & Well) - Elec × (5km, Generator: no fuel) - Tel : △(disconnected)
	Nyamache HC	△Secondary Road - 7 km from a tarmac road - 20 km from Ogembo - 40 km from Kisii	OPD : 100p/d Delivery : 14 dlv/m 28 staff :CO1, ECN8, LT1	- Only 1 Main Bldg. of OPD/ MCH - Kitchen has not been used yet because of lack of kitchen equipment.	- Water : ○ - Elec ○. - Tel : ○
	Ogembo DH	○Primary Road (P) - Kisii-Kilgoris Rd.	OPD : 200p/d Delivery : 60dly/m Lack of reagents 32 staff :MD1, CO3, KRN4, ECN8, LT2	- 5 Main Bldg. - Shortage of Beds	- Water : △ (River & Rainwater) - Elec ○.(Generator) - Tel : ○

Appendix-6. Proposed Health Services at Various Levels: Curative Services (1/3)

Hierarchy	Malaria	Anaemia	ARI	STDs	HIV/AIDS	Tuberculosis
Communities Health education including when to seek health services Organisation of CBHC e.g. TBA, CHW Home based care	C. Health education including prevention and when to seek health services	Health education including when to seek health services Oral iron tablet	Health education including when to seek health services	Health education on safer sex Promotion of condom use	Health education on HIV/AIDS Home based care	Health education on tuberculosis Home-based care
Dispensaries Primary health care Diagnosis & treatment of uncomplicated cases Detection & referral of complicated cases	Uncomplicated malaria A. Clinical diagnosis B. Oral administration of first line drug	Acute anaemia A. Suspect malaria/bleeding Referral if needed Chronic anaemia B. Clinical diagnosis B. Oral administration of iron/folate A. Anti-helminthics for intestinal parasite	ARI without dyspnoea B. Clinical diagnosis B. Oral antibiotics  ARI with dyspnoea B. Referral to health centre or hospital	B. Referral to hospital	A. Clinical diagnosis & referral C. Follow-up and support home-based care	Suspected TB A. Referral for microscopic examination of sputum  Follow-up of confirmed TB C. DOT C. Home visit
Health Centres Primary & secondary health care Diagnosis supported by basic laboratory tests Short time "holding" beds Delivery care	Complicated malaria B. Diagnosis supported by microscopic examination B. Administration of second line drug (inc. intravenous injection of anti-malaria drug) A. Referral of patients with renal failure/severe anaemia to hospital	Acute anaemia C. Blood count, Haematocrit B. Exclusion of malaria Referral if needed Chronic anaemia Same as dispensaries, with laboratory support	ARI with dyspnoea B. Exclusion of malaria & other differential diagnosis B. Administration of antibiotics B. Intravenous therapy B. Hydration through nasogastric tube C. Oxygenation and referral to hospital of severe cases	B. Referral to hospital	A. Clinical diagnosis & referral C. Follow-up and support home-based care	TB B. Diagnosis by microscopic examination of sputum A. Referral to TB programme  Follow-up of confirmed TB C. DOT C. Home visit
Hospitals Primary, secondary & tertiary health care Increased range of laboratory tests, inc. biopsy, X-ray, U-S Inpatient care Surgical operation	Severe malaria Same as above A. Intravenous injection of anti-malaria drug A. Anticonvulsant B. Blood transfusion A. Oxygenation	B. Diagnosis of underlying diseases supported by laboratory test B. Appropriate treatment including blood transfusion B. Blood count, haemoglobin C. Screening of G6PD deficiency and sickle cell disease	ARI with dyspnoea Same as above B. screening of HIV A. oxygenation A. X-ray B. sputum smear, culture, sensitivity test	Diagnosis with laboratory support Antibiotic therapy  A. Screening of HIV A. VDRL B. Culture	Screening of blood of donors, pregnant women and other surgical patients  A. Diagnosis supported by HIV testing B. Treatment of complication A. Counselling	Diagnosis by microscopic examination of sputum, and X-ray if required A. Screening of HIV A. Inpatient service A. Patients registration to the TB programme  Full treatment until healing confirmed bacteriologically

Note: A, B and C before each activity means actual level of services, i.e., A: good, B: fair, C: not conducted.

Appendix-6 Proposed Health Services at Various Levels: Curative Services (2/3)

Hierarchy	Malnutrition	Diarrhoea	Worms/Amoebiasis	Skin/Ear/Eye	Wounds/Fractures	Mental Disorders
Communities Home based care Organisation for health, including revolving fund Health education including when to seek health services	C. Health education on feeding C. Home based care C. Collaboration with other sectors e.g. agriculture, social development	Health education on sanitary A. ORT	Health education on water & latrines, etc.	Health education on water & latrines, etc.	Health education	Community diagnosis Referral to health facilities Community-based programme for psychiatric patients
Dispensaries Primary health care Diagnosis & treatment of uncomplicated cases Detection & referral of complicated cases	B. Growth monitoring A. Food education C. Home visits	A. Clinical diagnosis A. ORT Referral of severe dehydration	B. Clinical diagnosis A. Anti-helminthics B. Anti-protozoa	A. Clinical diagnosis A. Ointment B. Oral antibiotics	A. Treatment of simple wounds & burns A. Referral of suspected fracture & severe injury	A. Clinical diagnosis A. Administration of oral tranquilliser A. Referral of suspected psychosis
Health Centres Primary & secondary health care Diagnosis supported by basic laboratory tests Short time "holding" beds Delivery care	B. Growth monitoring A. Food education C. Home visits	Same as above B. Intravenous fluid therapy B. Exclusion of malaria B. Microscopic test of stool	B. Clinical diagnosis B. Microscopic test of stool A. Anti-helminthics B. Anti-protozoa	A. Clinical diagnosis A. Ointment B. Oral antibiotics B. Drainage of abscess	Same as above A. Minor surgery	A. Clinical diagnosis A. Administration of oral tranquilliser A. Referral of suspected psychosis
Hospitals Primary, secondary & tertiary health care Range of tests, inc. biopsy, X- ray, U-S Inpatient care Surgical operation	B. Growth monitoring B. Investigation of under- lying diseases Adequate treatment Referral to provincial hospital if necessary	Same as above A. Treatment of severe dehydration B. Stool culture B. Blood chemistry A. Report of notifiable disease Investigation of under-lying diseases Adequate treatment Isolation services Referral to provincial hospital if necessary	A. Microscopic test of stool & urine A. Inpatient care for complicated cases A. Surgical procedure If necessary, collection of histological specimen for examination.	B. Secondary care	A. Care of severe injuries & fracture A. X-ray (24-hour service) A. Surgical procedure (also for other elective & emergency procedures such as appendectomy) A. Blood transfusion B. Rehabilitation	A. Clinical diagnosis B. Inpatient care for severe psychosis C. Back referral to RHF C. Supervision of RHF

Note: A, B and C before each activity means actual level of services, i.e., A: good, B: fair, C: not conducted.

## Appendix-6 Proposed Health Services at Various Levels: Curative Services (3/3)

Hierarchy	Chronic Disorders	Maternal care
Communities Home based care Organisation for health, including revolving fund Health education including when to seek health services	Health education on the disorders, life style, diet etc.	Home visit by TBA/CHW Health education Detection & referral of any abnormality regarding maternal health
Dispensaries Primary health care Diagnosis & treatment of uncomplicated cases Detection & referral of complicated cases	Detection & referral of chronic diseases Follow-up of the back referral	Referral of high risk pregnancy & obstetric emergency Detection & referral of abnormal genital bleeding
Health Centres Primary & secondary health care Diagnosis supported by basic laboratory tests Short time "holding" beds Delivery care	Same as above	Normal Referral of high risk pregnancy & obstetric emergency Detection & referral of abnormal genital bleeding
Hospitals Primary, secondary & tertiary health care Range of tests, inc. biopsy, X-ray, U-S Inpatient care Surgical operation	Diabetes, Hypertension, Liver Diseases, etc. Regular check up by Medical Doctor Evaluation of current status of the diseases In-patient care (including emergency and intensive care) Patient education Back referral & instruction to R.H.Fs	Care of high risk pregnancy Caesarean section & other procedures Obstetric emergency Gynaecologic examination & treatment



Appendix-7 Proposed Health Services at Various Levels: Preventive and Promotive Services

Hierarchy	MCH			Preventive		Monitoring
	Maternity Health	Family Planning	Child Health	Environmental Control	Health Education	
Communities Health education Organisation of CBHC, e.g. TBAs, CHWs Community based prevention Sanitation	B. Ante & postnatal care, delivery care by TBAs B. Referral of high risk pregnancy & complicated delivery B. Prevention of FGM	Health education Oral contraceptives Condoms	Health education Day-care centres	Participation in: water protection latrine construction waste disposal food hygiene vector control home improvement	B. Home based health education Prevention of diseases Behaviour change - smoking, diet, alcohol & drugs	C. Notification of priority diseases
Dispensaries Promotion of community based prevention Health education and enlightenment Technical advice for community Diet guidance Monitoring of morbidity / mortality Staff training	B. Antenatal care B. Postnatal care B. Referral of high risk pregnancy & obstetric emergency	B. Family planning Counselling Oral contraceptive pills Condoms Repeat injection of Depo-provera	B. Growth monitoring C. Home visits B. Immunisation	Liaison with PHC and supervision of community education	B. Patients education individual & group B. Community health education supervision and participation B. School health education	B. Epidemic of malaria B. Notifiable diseases C. Nutritional status C. Morbidity / mortality
Health Centre Health education and enlightenment Technical advice for community Diet guidance Monitoring of morbidity / mortality Staff training	Same as above Normal delivery	Same as above IUDs	B. Growth monitoring C. Home visits B. Immunisation	Technical advice & support on environmental activities	Same as above	B. Epidemic of malaria B. Notifiable diseases C. Nutritional status C. Morbidity / mortality B. Birth
Hospitals/DHMT/PH Office Educational programme provision Staff training Monitoring of morbidity / mortality	Same as above Vacuum extraction Caesarean section Care of high risk pregnancy Pregnancy test	Same as above Tubal ligation Vasectomy Therapy for infertility	B. Growth monitoring B. Home visits A. Immunisation Care for sickle cell anaemia	Technical advice & support for all District environmental activities Continuing education for all environmental staff	Patients education individual & group Community education planning & participation in IEC programme	Same as above C. Health service activities of Health Centres and dispensaries

Note: A, B and C before each activity means actual level of services, i.e., A: good, B: fair, C: not conducted.

## Appendix 8 Proposed Project / Programme (Long List )

A-1 Promotion of Health Service for Prioritized Disease.....	A8-1
A-2 Establish a Functional District Health Delivery Service .....	A8-4
A-3 Foster Linkage Between Private and Public Health Service Providers for Target Group.....	A8-6
A-4 Development and Implementation of Programmes for Continuing Education for Health Personnel.....	A8-7
A-5 Improve and Rehabilitate Existing Health Facilities and Equipment.....	A8-8
A-6 Strengthening the Base for Financing and Management Capacity.....	A8-10
A-7 Establish of Quality Assurance, Supervision and Monitoring .....	A8-11
B-1 Promotion of Community –based Health Activities Programme .....	A8-13
B-2 Co-ordination of Inter-sectoral Projects and Programmes for Improvement of Access Roads, Water and Sanitation .....	A8-14
B-3 Facilitation of Health Activities through Support to the existing NGOs and Community Groups.....	A8-15

A. Project No.	B. Project Objectives	C. Project Components	D. Major Inputs	E. Term (1999-2005)							F. Level	G. Priority	H. Project Linkage	
				1999	2000	2001	2002	2003	2004	2005				Minimum
A-1 Promotion of Health Services for Prioritized Diseases														
1*	<b>1.1 Strengthening Strategic Malaria Programme for Highland Malaria</b>	1) Introduction of a new first line drug to chloroquine resistant malaria patients at RHF's and continuous survey on drug resistance malaria.	TA, F, TE, R	.	.	.						○	H	7
		2) Improvement of the capability to diagnose malaria at laboratories of health centers and extension of the protocol for curative services to health personals	TA, TE		.	.						○	H	7, 19
		3) Upgrade of laboratory function and implementation of visual educational programmes to prevent malaria for all of those who come to district hospitals	Eq, TA		.	.	.					○	H	
		4) Implementation of the educational programmes to prevent malaria targeted to pregnant women and those mother who come with children for immunization	TE			.	.	.				○	H	
		5) Conduct of survey on the effectiveness of pyrethrum coils and bed nets in the outbreak and their extension	TA, TE, F, R	.	.	.	.	.	.			○	H	31
		6) Conduct of a survey on vectors	F, TA, R	.	.	.	.	.	.			○		
		7) Strengthening of blood examination section at district hospital laboratory	Eq, TE	.	.	.	.	.	.			○		
2*	<b>1.2 Improving Measures for Pneumonia into District Health Delivery System</b>	1) Conduct of a comprehensive survey at selected health facilities on pneumonia, focusing on late referral, drug resistance to the causal agents, relation to HIV infection, etc.	TA, F, TE, R, Eq	.	.	.						○	M	3, 7, 8, 9
		2) Education to medical doctors and clinical officers on rational use of antibiotics	TA, TE		.	.	.					○	H	12
		3) Production of manuals for all the health personnel on identifying serious patients and taking emergent measures	TA, F, TE		.	.						○	H	
3*	<b>1.3 Strengthening Child Survival Programme of District Health System</b>	1) Strengthening of growth monitoring programmes at all health facilities	TA, F, TE	.	.	.						○	H	26

		2) Improvement of weaning foods and diversification of food intake through activities of existing women groups	TA, F, TE	.	.	.	.	.										○	M	36, 37
		3) Conduct of mass campaign for vaccination	TA, F, TE	.	.	.	.	.										○	M	29
		4) Improvement of the quality of data regarding vaccination (e.g. vaccination coverage, dropout rate)	TA, F, TE	.	.													○	H	26
		5) Expansion of the number of health facilities providing vaccination services in accordance with the growth of target population	F,Eq	.														○	H	
		6) Supplement of Vitamin A	F	.	.	.	.	.										○	M	2
4*	<b>1.4 Strengthening of institutional capacity for HIV/AIDS programs and extending of preventive measures</b>	1) Training of AIDS programme expert within DHMT	TA, F,	.														○	H	24
		2) Strengthening of DHMT's capability to formulate AIDS programmes and clarification of its role		.														○	H	24
		3) Co-ordination with DDC & DHMB of DHMT and re-establishment of co-operation with them		.														○	H	24
		4) Strengthening of counseling services for HIV/AIDS patients and families at district hospitals and selected health centres	TA, TE	.	.													○	M	
		5) Conduct of AIDS education programmes for all the health personnel	TA, TE, F	.	.	.												○	M	12
		6) Conduct of mass campaign for AIDS	TA, F, TE	.	.	.	.	.										○	M	29, 30
		7) Implementation of AIDS education at all	TA, F, TE	.	.	.	.	.										○	M	
		8) Introduction of sentinel survey targeted to pregnant women at selected facilities as well as screening of blood donors	TA, F, TE	.	.	.	.	.										○	M	7
		9) Production of guideline for diagnosis and care of AIDS	TA, F, TE	.	.													○	M	7
		10) Improvement of the capability to diagnose STDs at district hospitals	TA, Eq	.	.													○	M	8



A. Project No.	B. Project Objectives	C. Project Components	D. Major Inputs	E. Term (1999-2005)							F. Level			G. Priority	H. Project Linkage	
				1999	2000	2001	2002	2003	2004	2005	Minimum	Basic	Strategic			
A-2 Establish a Functional District Health Service Delivery System																
7	<b>2.1 Strategic Strengthening of Functional Basic Health Care Delivery System</b>	1) Selection of Core Health Centres in terms of geographical location, scale of facility, human resource, willingness	TA, R	.										H		
		2) Establishment of co-operation with village health committees of Core Health Centres			.										H	24, 25
		3) Regular exchange of information between DHMT and Core Health Centres	TA		.										H	24, 25
		4) Improvement of human resource, equipment, education and facility at Core Health Centres to strengthen functions	TA, F, Eq, TE, F		.	.	.								H	1, 2, 3, 4, 5, 6, 12, 19
		5) Provision of standardised health service at Core Health Centres and improvement of the quality of the service provided	TA, TE, Eq			.	.	.	.	.					H	4, 6, 35
		6) Development of infrastructure such as telecommunication, transport at district hospitals and Core Health Centres	TA, Eq				.	.	.	.					H	
		7) Implementation of training and education programme for technical skill and team management, targeted to the staff of dispensaries and health centres	TA, TE		.			.	.	.					M	12
8	<b>2.2 Promotion of Appropriate Distribution of the Resource for Health Care Service by vitalisation of referral system</b>	1) Strengthening of examination capability at district hospitals and health centres	F, Eq, TE	.	.									H	4, 6, 12, 19, 20	
		2) Development of sustainable exchange of information, transport, and telecommunication at all health facilities	F, Eq, TA		.	.								H	26, 33, 35	
		3) Introduction of incentives to the patients who need appropriate referral (e.g. provision of public transport tickets)	F		.									H	35	
		4) Introduction of mobile clinic and outreach services to inaccessible area as a tentative measure	F, Eq		.	.	.	.						H	10	



A. Project No.	B. Project Objectives	C. Project Components	D. Major Inputs	E. Term (1999-2005)							F. Level			G. Priority	H. Project Linkage	
				1999	2000	2001	2002	2003	2004	2005	Minimum	Basic	Strategic			
A-3 Foster Linkages Between Private and Public Health Service Providers for Target Groups																
10	<b>3.1 Provision of Essential Health Service to Inaccessible Areas</b>	1) Assessment of needs in inaccessible areas and the capability of NGOs and Missions	F, R	.									○	H	8, 11	
		2) Encouragement of the operation of NGOs and Missions in inaccessible areas	F,	.	.	.	.	.	.					○	H	8
11	<b>3.2 Extension of Co-operation with Private Health Facilities and Individuals</b>	1) Conduct of a survey on the services provided by private practitioners and mission hospitals	F, R	.										○	M	
		2) Re-education and training to health personnel through the cooperation of governmental and non-governmental health providers	F		.	.	.							○	L	12
		3) Provision of re-training at district hospitals targeted to private practitioners (pay or for free on the condition of providing health information)	TA, TE				.	.	.	.					○	L



A. Project No.	B. Project Objectives	C. Project Components	D. Major Inputs	E. Term (1999-2005)							F. Level			G. Priority	H. Project Linkage	
				1999	2000	2001	2002	2003	2004	2005	Minimal	Basic	Strategic			
A-4 Development and Implementation of Programmes for Continuing Education for Health Personnel																
12*	<b>4.1 Improvement of Service Quality through Establishment of Continuing Education Programme for All the Health Personnel at District Level</b>	1) Establishment of clear job description and lines of authority for those members of the DHMT carrying out supervision and guidance	F, TA	.										H	24	
		2) Provision of further training for DHMT	TA, TE, F	.											H	5, 24
		3) Assistance to DHMT in developing on operational plan for suppression and guidance	F, TE, Eq	.											H	4, 5
		4) Ensuring adequate transport available for pre-planned visits	F, Eq	.											H	7
		5) Conduct of continuing education based on positions and teams	F, TE, F, TA	.	.	.	.	.	.						H	2, 4, 5, 8, 20
		6) Arranging workshops where shortcomings could be tackled and new technique could be introduced	F, TE, F	.			.	.	.						M	
		7) Ensuring availability of funds, staff, appropriate venue, transport, learning materials etc.	F, TE, F, TA	.			.	.	.						H	7, 24
13*	<b>4.2 Increase Community Health Activities through Training of Community Health Workers</b>	1) Promotion of health personnel's understanding on community based health activities	TA, F, TE	.										M	30	
		2) Development of the system to support the community activities by village health committees or other groups	TA, F, TE	.											M	37
		3) Development of components of training programmes	TA, F, TE	.	.										M	
		4) Implementation of training programmes and development and evaluation by participants	TA, F, TE	.	.	.	.	.	.						M	
		5) Evaluation of training programmes	TA, F, TE	.	.	.	.	.	.						M	

A. Project No.	B. Project Objectives	C. Project Components	D. Major Inputs	E. Term (1999-2005)							F. Level			G. Priority	H. Project Linkage
				1999	2000	2001	2002	2003	2004	2005	Minimum	Basic	Strategic		
A-5 Improve and Rehabilitate Existing Health Facilities and Equipment															
14*	<b>5.1 Establishment of "New Maintenance System" for District Hospitals</b>	1) Establishment of clear job description and role of proper functional department for maintenance, preparation of equipment inventory, simplifying of spare part procurement and securing of budget for maintenance.	F	.	.									M	15, 16, 17, 18, 20, P1721
		3) Involvement of users of medical equipment (doctors, technologists, and nurses) into daily maintenance as a part of preventive maintenance system.	TA	.	.									M	
15*	<b>5.2 Rehabilitation of facility and equipment of Kericho district hospital</b>	1) Comprehensive rehabilitation of buildings, relevant facilities and laboratories	Con., F	.	.									H	14
		2) Replacement of medical equipment (at least, stethoscope, blood pressure machine, operation theatre lamp, suction unit, trolley, X-ray machine, generators, computers and measuring instrument)	F,Eq,TA	.	.									H	
16*	<b>5.3 Rehabilitation of Longisa district hospital (Bomet)</b>	1) immediate installation of water supply system	Con., F	.										H	14
		2) Replenishment of medical equipment after full operation	F,Eq,TA	.	.									M	
17*	<b>5.4 Rehabilitation of facility and equipment of Nyamira district hospital</b>	1) Minor rehabilitation of buildings and facilities	Con., F	.										L	14
		2) Replacement of medical equipment (X-ray machine, pH meter, 4WD ambulance, computers and measuring instrument for maintenance)	F,Eq,TA	.	.									M	
18*	<b>5.5 Rehabilitation of Kisii district hospital</b>	3) Rehabilitation of superannuated buildings and facilities	Con., F	.	.									H	14
		4) replacement of medical equipment necessary for provision of essential health care service	F,Eq,TA	.	.									H	



A. Project No.	B. Project Objectives	C. Project Components	D. Major Inputs	E. Term (1999-2005)							F. Level			G. Priority	H. Project Linkage	
				1999	2000	2001	2002	2003	2004	2005	Minimum	Basic	Strategic			
A-6 Strengthening the base for financing and management capability																
21*	<b>6.1 Improvement of the function of cost sharing system</b>	1) Design and implement a decentralized management system that will facilitate increased fee collections, including training of revenue staff.	TA,TE	.	.	.	.	.	.	.	.	○			H	12, 14
		2) More transparent accounting and banking functions, an improved system of granting waivers, coordination with NGOs, and ensuring periodic fee level adjustments to keep up with inflation and achieve revenue targets.	TA, TE	.	.	.	.	.	.	.	.	○			H	14, 24
		3) Facility Improvement Fund expenditures will be monitored closely at provincial level to facilitate reallocation of resources. NHIF strategic and management reform will be monitored and supported.		.	.	.	.	.	.	.	.	○			H	
22*	<b>6.3 Improvement of effectiveness through better functioning of health resource allocation</b>	1) Improve resource allocation and cost control by developing a "bottom-up" district-level budgeting and financial monitoring system to establish priority expenditure areas and ensure that resources are available for them.	TA,TE	.	.	.	.	.	.	.	.	○			M	24
23*	<b>6.2 Promotion of community activities to support health financing</b>	1) Establish capacity to effectively coordinate and support community financing activities in the project area, possibly through relationships with existing schemes such as Bamako Initiative, Tenwek Hospital and other NGO activities.	TA	.	.	.							○		M	37

A. Project No.	B. Project Objectives	C. Project Components	D. Major Inputs	E. Term (1999-2005)							F. Level			G. Priority	H. Project Linkage
				1999	2000	2001	2002	2003	2004	2005	Minimum	Basic	Strategic		
A-7 Establishment of Quality Assurance, Supervision and Monitoring															
24*	<b>7.1 Strengthening of DHMT's Planning and Management Capability</b>	1) Implementation of workshop to clarify the role, information line and supervision based on types of position	F, TA	.	.	.	.	.					O		
		2) Strengthening of DHMT to analyse, plan and manage resource allocation and programme formation (e.g. assessment of needs and issues regarding health care service based on type of facility and health related issues based on regions)	F, TE, TA	.	.	.	.	.					O		
		3) Improvement of the capability for financial management and human resource development and Development of information system	F, TE, Eq, TA	.	.	.	.	.					O		
		4) Strengthening of monitoring and supervision to health facilities by DHMT	F, TE, Eq, TA										O		
		5) Development of manuals for district annual health planning											O		
25	<b>7.2 Development of appropriate local planning and management system at hospitals and health facilities</b>	1) Implementation of workshop to clarify the role, information line and supervision based on types of position	F, TA										O		
		2) Setting of objectives and development of management tools to improve health care service at each facility level	F, TA	.	.	.							O		
		3) Implementation of workshop to clarify the role, information line and supervision based on types of position, among DHMT and representatives from district hospitals and health facilities	F, TE, Eq, C, TA	.	.	.	.	.					O		
		4) Development of local health planning and management skill adapted to local settings of catchment area	F, TE, Eq, TA			.	.	.					O		
		5) Promotion of organised efforts to improve the functions of health facilities by village health committee, health personnel and users	F, TE, Eq, TA	.	.								O		



A. Project No.	B. Project Objectives	C. Project Components	D. Major Inputs	E. Term (1999-2005)							F. Level			G. Priority	H. Project Linkage	
				1999	2000	2001	2002	2003	2004	2005	Medium	Basic	Strategic			
<b>B-1 Promotion of Community-based Health Activities Programmes</b>																
29*	<b>8.1 Promotion of Awareness and Knowledge on Health through mass communication</b>	1) Production and broadcasting of radio programmes regarding health and others related issues	F, TE, Eq, TA												3, 4, 8, 36, 37	
		2) Establishment of professional theatrical troupe for education and entertainment through "community school"	F, TE, Eq, TA													36, 37
30*	<b>8.2 Promotion of Recognition and Knowledge on Health</b>	1) Implementation of "community health school programme" to spread the knowledge on preventive diseases, malnutrition, social customs preventing health such as circumcision, appropriate use of health facilities	TA, TE, F		.	.	.	.	.	.	.	.	○		M	4, 8, 13, 36, 37
		2) Training of "community health leaders" with basic health knowledge to promote community health school programmes in co-operation with dispensaries	TA, TE, F		.	.	.	.	.	.	.	.	○		M	4, 13, 30, 36, 37
31*	<b>8.3 Promotion of health living environment resistant to diseases</b>	1) Co-ordination of community-based health activities and PHC outreach service	F, TE, Eq, TA	.	.	.	.	.	.	.	.	○		H	29, 30	
		2) Encouragement of community campaign for improving living standard and sanitation	F, TE, Eq, TA	.	.	.	.	.	.	.	.	.	○	M	8	
		3) Construction of model houses as a symbol of life improvement and promotion of life improvement movement at model houses	F, TE, Eq, TA	.	.	.	.	.	.	.	.	.	.	○	M	1
		4) Planting of fruit trees on the sites of public facilities and permission to use public facilities for community-based activities	F, TE, Eq, TA			.	.	.	.	.	.	.	.	○	M	30
32*	<b>8.4 Involvement of Traditional Health Providers</b>	1) Selection of traditional healers who willingness to learn modern health care and establishment of collaboration with public sector	TE, F	.	.								○	H		
		2) Preparation of organized training programmes to provide knowledge on appropriate and modern health care to those participants	TE, F	.	.	.	.							○	H	5, 24
		3) Establishment of traditional healers association	TE, F		.	.	.	.						○		
		4) Re-definition of traditional healers	TE, F			.	.	.	.					○		

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				1999	2000	2001	2002	2003	2004	2005	Minimum	Basic	Strategic		
B-2 Co-ordination of Inter-sectoral Projects and Programmes for Improvement of Access Roads, Water and Sanitation															
33	<b>9.1 Delineation of inaccessible areas</b>	1) Linking of ongoing and planned road renovation programmes and health strategy	F, TE, TA	.	.	.								M	8
34*	<b>9.2 Improvement of Water and Sanitation</b>	1) Expansion of service of water quality monitoring by Min. of Water Resource from the rivers to local water resources	F, Eq	.	.	.	.	.						M	
		2) Implementation of comprehensive development programmes of rural water resource including water supply system at health facilities from long-term perspective, in co-operation with Min. of Water Resource.	F, TE, Eq, TA			.	.	.						M	19
		3) Support to water and sanitation programmes of NGOs	F	.	.	.	.	.						M	
		4) Extension of sanitation education to local residents	TA, TE	.	.	.	.	.						M	
35	<b>9.3 Promotion of Co-ordination with Public Transport Service</b>	1) Promotion of co-ordination between matatu service and health facilities	F, TE, TA	.	.	.								M	8
		2) Provision of emergency aid package to publish transport service and compulsory training of lifesaving methods	F, TE, TA	.	.	.									



A. Project No.	B. Project Objectives	C. Project Components	D. Major Inputs	E. Term (1999-2005)							F. Level			G. Priority	H. Project Linkage	
				1999	2000	2001	2002	2003	2004	2005	Minimum	Basic	Strategic			
B-3 Facilitation of health activities through support to the existing NGOs and community groups																
36*	<b>10.1 Support to Women's Empowerment Programmes</b>	1) Provision of Technical Assistance by dispatching experts for dissemination of "Home Economic Improvement" activities	F, TA	.	.	.	.	.					○		H	29, 30, 31
		2) Provision of training and education programs, like leadership skill development, to the existing NGOs and community based self-help groups	F, TA, Eq, TA	.	.	.	.	.					○		H	29, 30, 31
		3) Provision of fund, equipment and logistic support to facilitate activities to the NGOs and community based self-help groups	F, TE, Eq,	.	.	.	.	.					○		H	3, 4, 29, 30, 31
37	<b>10.2 Public Support to Community Groups and NGOs</b>	1) Provision of technical, financial and material resource to support community self-help activities such as community health committees, dispensary health committee, women and youth group	TE, TA, F	.	.	.	.	.	.	.			○		H	3, 4, 13, 22, 29, 30, 31
		3) Implementation of health education programmes through peer education in community and schools	F, T, Eq, TA	.	.	.	.	.					○		M	

## Appendix 9

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