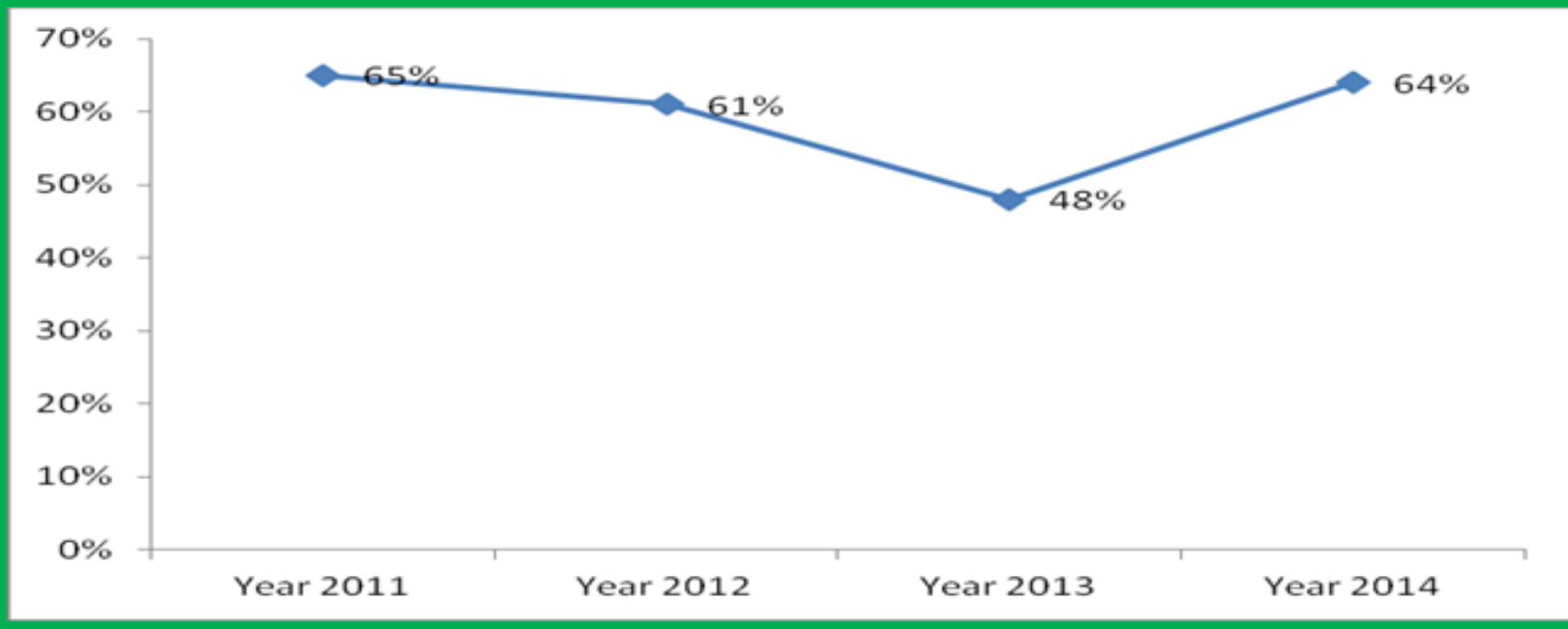
REPUBLIC OF KENYA

MINISTRY OF HEALTH- COUNTY GOVERNMENT OF GARISSA

Ministry of Health 2014



HEALTH SECTOR ANNUAL REPORT (2014)

PREPARED BY: SHALE ABDI, PAMELA BARASA AND BENARD KIRUI

DIVISION OF POLICY, PLANNING, MONITORING AND EVALUATION

Glance

Impact level Indicators	National estimates	County estimates	source
Neonatal Mortality Rate (per 1,000 births)	31/1000	33/1000	KDHS 2008/2009
Infant Mortality Rate (per 1,000 births)	52/1000	57/1000	KDHS 2008/2009
Under 5 Mortality Rate (per 1,000 births)	74/1000	80/1000	KDHS 2008/2009
Maternal Mortality Rate (per 100,000 births)	488/100,000	646/100,000	KPS 2013

Trend in achievements of major impact indicators

INDICATOR	**YEAR 2011**	**YEAR 2012**	**YEAR 2013**	**YEAR 2014**
% Fully Immunized Children	57%	54%	48%	64%
% Deliveries conducted by skilled personnel	30%	27%	30.5%	41%
% of New ANC clients	55%	51%	54%	65%
% of Pregnant women attending four ANC visits	22%	22%	22%	27%
Facility maternal deaths per 100,000	278	351	173	189
Number of fresh still birth	87	43	88	145
% of fresh still birth	1.2%	0.7%	1.2%	1.5%

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FOREWORD

Health Information System (HIS) annual report provides information and interpretation related to a wide range of indicators computed on the basis of routine data generated from facility based Health Information System (HIS) during the year 2014. The report provides the data and information that are required to support evidence – based decision making in the county Health care planning and programming. Routine data collection, compilation, analysis and use constitute an important management function of an effective health care delivery system. Sound and effective management decisions are based on evidence derived from use of good statistics which provide guidance to the decision making process at all levels in the health system. In this issue, analyzed data reported over the year 2014 (January to December).

The data contained in this report are generated from diverse sources: individuals, health facilities, disease surveillance sites, the community as well as geographical (special) areas or units. The data which has been analyzed and aggregated is useful for planning purposes not at only the sub county but also the county and national levels depending on each levels needs and requirements. Health care providers are frequently concerned with the collection and reporting on health service (patient) data with minimal, if any, collection and reporting on management/ administrative data. In the absence of data collection and provision of information health resources such as personnel, finances, physical facilities, transport and equipment, becomes difficult to relate health resources to actual provision of services to the population being served.

This report provides reliable and relevant health information for use by all in order to make evidence based decisions in the allocation of the scarce resources available for purposes of improving the quality of health services at all levels in Garissa County

Currently District Health Information System (DHIS) is use by all counties to manage health data.

Dr Farah Amin
County Director of Health
Garissa County

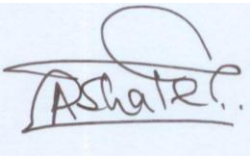
ACKNOWLEDGEMENT

We would like to acknowledge the efforts of health facilities and other institutions and individuals who participated and contributed into providing material that was used to draw up the report and the subsequent development of this report.

In particular, we wish to specially acknowledge CEC Health, COH, and Director of Health Garissa County for their leadership and the entire county health management team support.

Special thanks go to county Health Records and Information officers and the editorial team for the technical input and commitment during the process of developing this report

Finally we wish to thank all those who contributed directly or indirectly into the development of this report.



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ABBREVIATION AND ACRONYMS

1. ABD- Available Bed Days
2. ACF- Action Against Hunger
3. ALOS- Average Length Of Stay
4. AMREF-Africa Medical Research Foundation
5. ANC- Antenatal Clinic
6. ART- Antiretroviral Therapy
7. BCG- Bacillus Calmete Guerin
8. CDC- Centre for Disease Control
9. CHC- Community Health Committees.
10. CHIS- Community Health Information System
11. CHMT-County Health Management Team
12. CHEW- Community Health Extension Worker
13. CU- Community Unit
14. DHIS- District Health Information Software
15. DOMC- Division Of Malaria Control
16. ESP- Economic Stimulus program
17. FIC- Fully Immunized Child
18. GCRH- Garissa County Referral Hospital
19. GF- Global Fund
20. GOK- Government of Kenya
21. HIS- Health Information System
22. HIV/AIDS- Human Immune Deficiency Virus
23. IRC- International Rescue Committee
24. HRH- Human Resource for Health
25. KRCS- Kenya Red Cross Society
26. LSTM- Liverpool school of tropical medicine
27. MDR- Multiple Drug Resistance
28. NASCOP- National Aids and STI Control Program

29. OBD- Occupied Bed Days
30. OPD- Out Patient Department
31. OPV- Oral Polio Vaccine
32. OTP- Out-patient Therapeutic Program
33. Penta- Pentavalent
34. PMTCT- Prevention of Mother To Child Transmission
35. SCHMT- Sub County Health Management Team
36. SFP- Supplementary Food Program
37. TB - Tuberculosis
38. TDH- Terre Des Hommes
39. UNICEF- United Nations Children's Fund
40. WFP- World Food Programme

CHAPTER 1: INTRODUCTION

The Garissa County Annual Report 2014 is a key to determining the achievement and performance of health indicators during the year, trends and achievements, key milestones issues and challenges. This report will guide the planning of health service provision in the county.

This annual report is a summary of aggregate of services carried out in the year under review.

The report covers programme activities, interventions and achievements. The source of data was mainly drawn from:

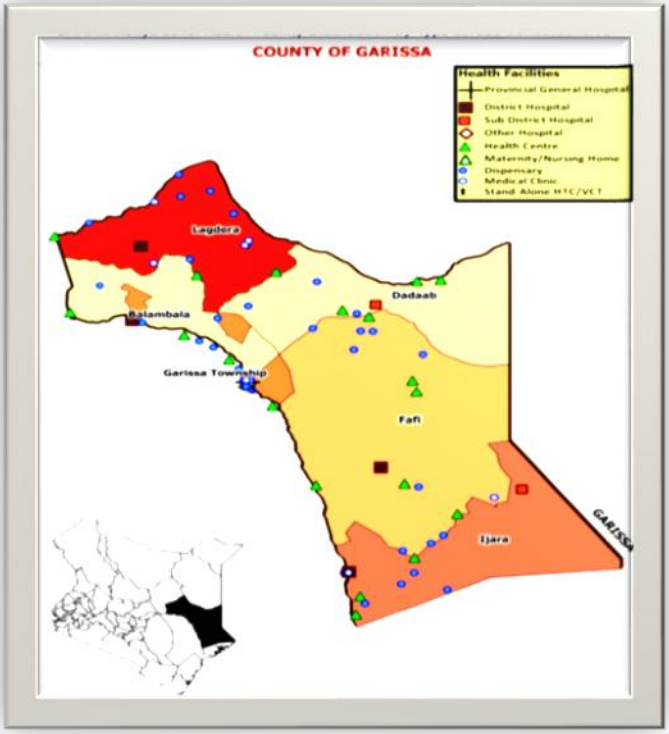
- ✓ Outpatient system that reports morbidity and other statistics that are collected for patients who are nonresident in health facilities
- ✓ In patient system that reports morbidity and mortality for patients admitted in health facilities
- ✓ Service workload statistics that analyze health service utilization
- ✓ Hospital administrative statistics that describes bed utilization and other activities in the inpatient departments of the hospitals.

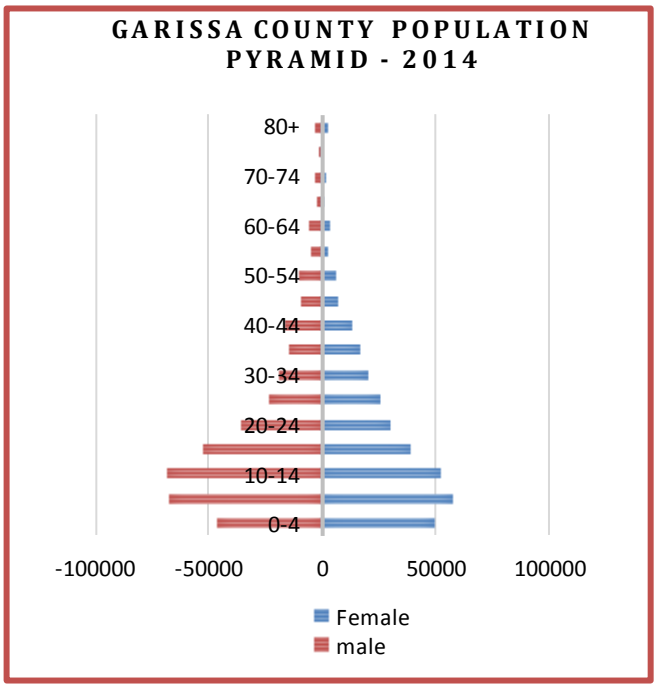
This report is in accordance with the monitoring and evaluation plan in the County health system which essentially based on reports from the routine Health information system.

1.1 Garissa County Demographic Profile

Garissa County is one of the 47 counties in Kenya. It covers an area of 44,174.1 km2 and lies between latitude 10 58'N and 20 1' S and longitude 380 34'E and 410 32'E. The county borders the Republic of Somalia to the East, Lamu County to the South, Tana River County to the West, Isiolo County to the North West, and Wajir County to the North.

Figure 1: map of Garissa County and its population pyramid





The above population pyramid illustrates that Garissa County is comprised of a youthful population which stands at 45% of the current estimated population for age between 10-29 years. Children under 5 years of age comprise 16.9% of the current population estimate, 2014.

1.2 Population Size and Composition

The county has a total population of **756,588**

Table 1: Population Projection 2014 – 2018

No	Sub County	Census	Population Trends					
	Sub county	**2009**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
1	Garissa	134,587	156,843	142,017	169,315	175,919	182,780	189,908
2	Balambala	55,475	64,649	88,777	69,790	72,511	75,339	78,278
3	Lagdera	92,636	108,204	112,489	116,943	121,574	126,389	131,394
4	Dadaab	152,487	178,113	185,167	192,499	200,122	208,047	216,286
5	Fafi	95,212	111,213	115,617	120,195	124,955	129,903	135,048
6	Ijara	43,849	51,218	53,246	55,355	57,547	59,825	62,195
7	Hulugho	48,814	57,017	59,275	61,622	64,063	66,600	69,237
	county	**623,060**	**727,257**	**756,588**	**785,719**	**816,691**	**848,883**	**882,346**

Source: Garissa County CDP – 2014, Growth rate – 3.9%

Table 2: Projected population by category

	Description	**Proportion**	**Population estimates**
1	Total population		**756,588**
2	Total Number of Households		103,966
3	Children under 1 year (12 months)	3.60%	27,237
4	Children under 5 years (60 months)	16.90%	127,863
5	Under 15 year population	42.30%	320,037
6	Women of child bearing age (15 – 49 Years)	24%	181,581
7	Estimated Number of Pregnant Women	3.70%	27,994
8	Estimated Number of Deliveries	3.70%	27,994
9	Estimated Live Births	3.69%	27,918
10	Total number of Adolescent (15-24)	21%	158,883
11	Adults (25-59)	26.10%	197,469
12	Elderly (60+)	4.80%	36,316

1.3 Distribution of Health Facilities in the County

Health care services in the county is provided by a mix of public, private, traditional groups and NGOs (especially in the refugee camps) with the government providing over 90% of the health services through community units (35 units functional and 53 units are newly established), primary health care (74), hospitals (8), and one county referral hospital.

Table 3 Distribution of Health Facilities in the county per Sub County by Type

SUB COUNTY	Community Units	Dispensary	Nomadic clinics	Health Centre	Hospital	Medical Clinic	Nursing Home	Total
Balambala	3	4	1	3	1	0	0	12
Dadaab	7	8	0	4	1	3	0	23
Fafi	7	11	2	5	1	0	0	26
Garissa	7	15	0	4	4	54	5	89
Hulugho	2	7	1	1	1	0	0	12
Ijara	5	5	0	3	1	1	0	15
Lagdera	5	9	1	2	1	0	0	18
County	**36**	**59**	**5**	**22**	**10**	**58**	**5**	195

- Majority of the health facilities in the county are concentrated in Garissa Sub County

Table 4: Distribution of Health Facilities in the county per Sub County by ownership

Sub county	Community	FBOs	MOH	Private	Total
Balambala	3	0	10	0	13
Dadaab	7	0	16	1	24
Fafi	7	0	18	0	25
Garissa	7	3	23	51	84
Hulugho	2	0	9	0	11
Ijara	5	0	14	1	20
Lagdera	5	0	13	0	18
County	**36**	**3**	**103**	**53**	**195**

Table 5: Facilities in Dadaab refugee camps

1	Hagadera Camp	1 hospital and 5 health posts
2	IFO Camp	1 hospital and 6 health posts
3	IFO 2 Camp	1 hospital and 3 health posts
4	Dagahaley Camp	1 hospital and 4 health posts

Chapter 2: Divisional /Departmental implemented activities

2.1. Division: Family Health

The division of family health comprises of Nutrition, Reproductive health and child health Units.

No	Key activity	Implementation Cost in Ksh	Source Funding
Reproductive Health			
1	90 health care providers trained on EmONC	980,000	UNICEF
2	192 health care providers trained on EmONC	7,200,000	LSTM
3	MNCH baseline assessment & micro planning meeting	682, 000	UNICEF
4	MNCH baseline assessment	540,000	UNICEF
5	10 health care providers trained as EmONC TOTs	520,000	LSTM
6	Procurement & Distribution of MNH Equipments & supplies	8,193,554	UNICEF
7	Free Maternity Services Support Supervision	32,000	MOH – Garissa County
Child Health			
8	Comprehensive cold chain assessment & support	263,000	MOH – Garissa County
9	Procurement & distribution of 7 MF314 freezers, 8 TCW3000 & 70 Cold boxes	7,630,000	UNICEF & MOH

Dept:-Nutrition

No	Key activities	Implementation cost	Source of funding
1	70 HCWs trained on MIYCN	1,500,000	ACF
2	Conducted 2 Malezi Bora campaigns/activities	25,000	APHIA imarisha
3	30 HCWs Trained on TB/HIV nutrition	530,000	Global funds
4	20 HCWs trained on Emergency nutrition	200,000	KRCS
5	180 CHW trains on Nutrition manual Dadaab	800,000	KRCS
6	4 CNTF Forums held	100,0000	Mercy USA
7	Development of CNAP meeting	250,000	Mercy USA
8	Nutrition SMART survey 2014	200,0000	Mercy USA
9	Joint supervision and monitoring for SCHMT for 5 sub counties @70,000 per quarter	140,0000	Mercy USA
10	Joint supervision with CHMT on quarterly basis	468,000	Mercy USA
11	53 Community Health Volunteers (Facility Based) @ 2000 per month	1,272,000	Mercy USA
12	13 HR Capacity Support- Nurses/Nutritionists at 41,542 per month	648,0552	Mercy USA

13	5 Community Health Volunteers (CU)sensitization	360,000	Mercy USA
14	60 Facility Outreach Support per month @ 12000+2000 logistics and nurses allowance per outreach	10,080,000	Mercy USA
15	31 Integrated Community education sessions per quarter @ 12750	1,581,000	Mercy USA
16	DQA Support for County and Sub-County	200,000	Mercy USA
17	Monthly Sub-County Nutrition Technical Forums @2500 for 6 Sub counties	180,000	Mercy USA
18	Quarterly County Nutrition Technical Forum and Working Group Support	708,000	Mercy USA
19	County stakeholder consultative meeting	377000	Mercy USA
20	8 Radio show @75,000 per show	600000	Mercy USA
21	CHW sensitization on MNP for 6 sub county	454600	Mercy USA
22	Global Hand washing	79000	Mercy USA
23	Malezi bora and WBFW	152000	Mercy USA
24	Joint support supervision on HINI activities	1868000	Mercy USA
25	IFAS training for 80 HCWs at Lagdera	700000	MOH HQ
26	60 HCWs trained on IMAM	1400000	TDH-Lagdera
27	Procurement and supply of essential nutrition commodities	9148619	UNICEF
28	194 HCWs sensitized on MNP roll out	1490650	WFP
29	Procurement and supply of SFP ration	2959131	WFP

2.2 Division: Curative & Referral Services

ACTIVITIES	ESTIMATED COST	SOURCE OF FUNDING
Training of 200 health care workers on referral strategy in Garissa county	6,000,000	Measure Evaluation
Acquisition of lab oratory reagent s and equipments	66,000,000	County Government of Garissa

2.3 Division: Preventive & Promotive Health Services

1. COMMUNITY HEALTH STRATEGY REPORT -2014

In Garissa County, there are 36 established Community Units against a target of 253 units (based on 3000 persons/CU). Through partner support, 51 more are in the process of establishment taking the number to 87 CUs. This translates 34% county coverage (based on 3000 population/CU). Essentially all the CUs in the county are established through partner support and 75 of these CUs (86%) through UNICEF funding. This is in addition to 20 units in refugee camps also through UNICEF. Apparently this is a huge achievement considering that we planned to establish 100 CU by 2018 (GCHSP 2013- 2018). Unfortunately, the establishment of CUs is purely partner affairs. This is despite the government portraying CHS as a priority agenda in reversing the downward trends.

Distribution of CUs among the sub counties

Sub-County	Number of CUs	Upcoming CUs	Totals
Garissa	7	11	18
Ijara	5	6	11
Lagdera	5	10	15
Dadaab	7	6	13
Fafi	7	6	13
Balambala	3	6	9
Hulugho	2	6	8
Total Garissa county	**36**	**51**	**87**
Refugees	20	-	20
Totals with refugee	**54**	**51**	**107**

Performance of the CUs – 2014

The county carried out baseline functionality assessment using locally developed checklist. The result was as follows;

Situational analysis and existing gaps among the established Cus in Garissa County

Process Indicators	**Dadaab**	**Garissa**	**Fafi**	**Lagdera**	**Balambala**	**Ijara**	**Hulugho**	**Total Cu 36**
Number of Cus with trained CHEWs (1 per CU)	2	5	5	5	0	4	1	22 (61%)
Number of Cus reported timely in last 3 months	4	7	4	5	0	4	2	26 (72%)
No. Of Cus with trained CHCs	7	7	7	5	3	5	2	35 (97%)
No of Cus with active CHCs	5	4	5	4	1	4	1	24 (67%)
Number of Cus with trained CHWs	7	7	7	5	3	5	2	36 (100%)
Availability of CHWs reporting tools (MOH 513 and MOH 514 books)	6	7	6	5	2	5	2	33 (92%)
Number of Cus with at least 80% of CHWs reported in the last 3 months	0	4	1	0	0	2	1	8 (22%)
No of Cus with a chalk board (MOH 516)	7	7	6	5	3	5	2	35 (97%)
No of Cus whose Chalk board is updated and displayed properly	4	5	4	4	0	4	2	23 (64%)
NO of CUs with CHWs referring cases	2	7	2	4	1	4	2	22 (61%)
No. Of CUs with a means of transport use by CHEWs (at least 1 M/bike)	0	3	2	0	0	1	0	6 (17%)
No of Cus Supervised by SCHMT in the last 2 months	4	4	6	1	2	3	1	21 (58%)
Performance Indicators								
No of CU whose activities/information clearly displayed	0	3	2	3	1	3	1	13 (36%)
No. of CUs with CHCs holding quarterly meetings	4	2	4	0	1	4	1	16 (44%)
No of Cus whose CHWs are holding monthly meetings	1	3	3	1	1	4	0	13 (36%)
No. Of CUs with existence of a sustainability initiative (eg IGA)	0	1	1	0	0	5	1	7 (19%)
No. Of Cus conducting Quarterly community dialogues days	0	2	3	0	1	6	1	10 (28%)
No of Cus conducting Monthly Health Action Days	0	2	3	1	1	7	1	12 (33%)
Functionality status (%)	41	63	55	53	37	75	63	55.80%
Inter sub county Grading	6	3	4	5	7	1	2	

Achievements in 2014

1. Two extra units (Amuma and Fafi) were established through partner support world vision at a cost of 2million
2. The county secured funding of 51 new community units from partners – 50 from UNICEF. The trainings are ongoing. This increased the number of CUs from 32 to 87
3. Conducted the first ever baseline functionality assessment which provided the gaps that exists among the CUs. These are been addressed in all the levels. A follow up assessment has already been done and result showed marked improvements. The results of the assessment were shared with both CUs and SCHMTs supported by GOK at Kshs 120,000.
4. CHS staffs in all the levels are put on performance on performance appraisal system in an effort to improve accountability.
5. 2 support supervisions were conducted to all the CUs in 2014. The findings were shared with both the CU staff as well as SCHMT.
6. Supervision checklist was developed for all the levels including the CHEW.

Challenges

- Human resources – 25 CHEWs against 87 Cus
- Transport for the Cus – motor bikes
- CHS tools – MOH 513, 514, 100
- SCHMT support supervision not optimum
- Facility staff role in the CUs not yet conceptualized**.**

2. HEALTH PROMOTION AND EDUCATION UNIT

Health promotion and Education unit is relatively new at the county level as it was barried under environmental health department. The unit came into being in 2014 and basically the focus was to establish system. In light of these, the unit undertook the following activities for during the stated period.

Key activities	Funding Cost	Source of funding
Implementation of child to child programme of immunization for under one year of age child using the school children in the classes of 5, 6, 7 in public primary schools.	2,640,600	UNICEF
Training of Head Teachers.	259,000	UNICEF
Interpersonal communication training for 20 persons done.	378,000	UNICEF

3. DISEASE SURVEILLANCE UNIT

Key activities	Implementation cost	Source of funding
Training of SCHMTs on IDSR and Community-based Disease Surveillance	2,938,200	CDC
Training of CHWs/CHVs on Community Based Disease Surveillance (CBDS) from 10 selected CUs in all the sub counties	624,000	CDC
Reporting of 10 community units on priority disease on weekly basis.	-	-
Payment of CHWs incentives	6,430,000	CDC

4. EPIDEMIOLOGY/ ONE HEALTH UNIT ACTIVITES

Key activities	Implementation cost	Source of funding
Established One Health Unit at county level with one professional officer from human and one from animal health	None	-
Appointed sub county one health focal persons	None	-
Conducted one day sensitization meeting for SCOHFPs	307,000	CDC
Sub county weekly reporting tool on priority zoonotic diseases to COHU	None	-
Sensitized 17 officers from various sectors i.e. health, veterinary and wild life service on one health	307,000	CDC

5. Malaria Unit

These are the county malaria activities that were undertaken in 2014.

	ACTIVITIES	TOTAL	Source
1	Malaria support supervision in the sub-counties	73,500	DOMC
2	Training of 120 health workers from sub-counties on malaria case	1,860,000	DOMC
3	Training of 4 CHMT and 8 health workers from sub-county hospital in Nairobi	112,000	DOMC
4	Joint National/County ACSM support supervision	145,000	DOMC

6. Tuberculosis

S/NO	ACTIVITY	COST (Ksh)	SOURCE OF FUNDS
1	Quarterly meeting (4 in number)	956,000	TB programme
2	Pediatric TB Training	720,000	TB Programme
3	Practical approach to lung disease	720,000	TB Programme
4	Support supervision	531,000	TB programme
	Total	2,927,000	

HIV/AIDS

ACTIVITY	COST ESTIMSATE	PATNER
HTC RRI	850,000	GF/NASCOP
Mapping of HIV services	2,000,000	CDC/NASCOP
Training of SPs on new algorithm	5,590,000	AMREF
Training of Regional TOTs	200,000	CDC/NASCOP
PITC RRI Targeting High volume facilities	240,000	AMREF
Formation of TB/HIV committees	0	0
ART refresher	250,000	IRC
BCC/STIGMA REDUCTION	760,000	IRC

2.4: Division: Policy, Planning, Monitoring and Evaluation

Activities

Activity	Cost. Ksh.	Source
Development of Annual work plan 2014/2015	2,610,000	County Government
Performance Review of Annual work plans	578,000	Measure Evaluation
Quarterly MNH review meetings	811,100	UNICEF
Development of Garissa county Monitoring and Evaluation Plan	438,284	Measure Evaluation
Data collection for referral services	507,700	Measure Evaluation
CRVS Data review-meeting	179,000	Measure Evaluation
Data collection for Fafi and Garissa sub counties on CRVS	476,200	Measure Evaluation
Two days meeting with HRIOs on data management	396,500	Measure Evaluation
Data quality Audit	386,000	UNICEF
Kotile ICCM training	303,160	Measure Evaluation
Kotile CHIS training	569,526	Measure Evaluation
Kotile community unit action and dialogue days	312,728	Measure Evaluation
Total	7,568,198	

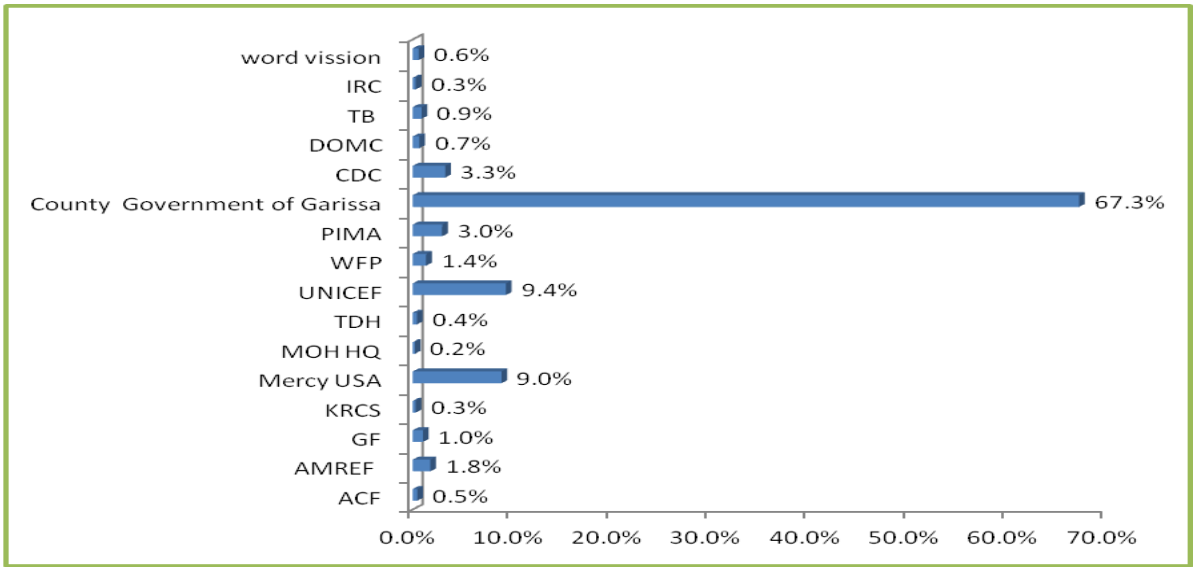
2.5 Division: Administration, Human Resource & Finance

Activity	Amount	Source
Ambulance and utility car repair	8,674,579	County government
Ambulance conversion	11,600,000	County government
VHF/Hf Radio Base communication	2,665,000	County government
Fleet management system	1,792,000	County government
New Dispensaries ,Theatre kitchen and X ray units	196,144,391	County government
CHMT support supervision	416,000	County government

Percentage contribution from each partner.

Partner	Amount	% contribution
ACF	1,500,000	0.5%
AMREF	5,855,000	1.8%
GF	3,380,000	1.0%
KRCS	1,000,000	0.3%
Mercy USA	29,510,152	9.0%
MOH HQ	700,000	0.2%
TDH	1,400,000	0.4%
UNICEF	30,966,873	9.4%
WFP	4,449,781	1.4%
Measure Evaluation	9,761,098	3.0%
County Government of Garissa	221,291,970	67.3%
CDC	10,806,200	3.3%
DOMC	2,190,500	0.7%
TB	2,927,000	0.9%
IRC	1,010,000	0.3%
World Vision	2,000,000	0.6%
Total	328,748,574	100.0%

Graph showing percentage contribution by each partner



UNICEF's contribution support for Nutrition, through the partners

1. TDH Kshs. 10,297,897- PCA
2. Mercy USA- Kshs 20,414,451 PCA

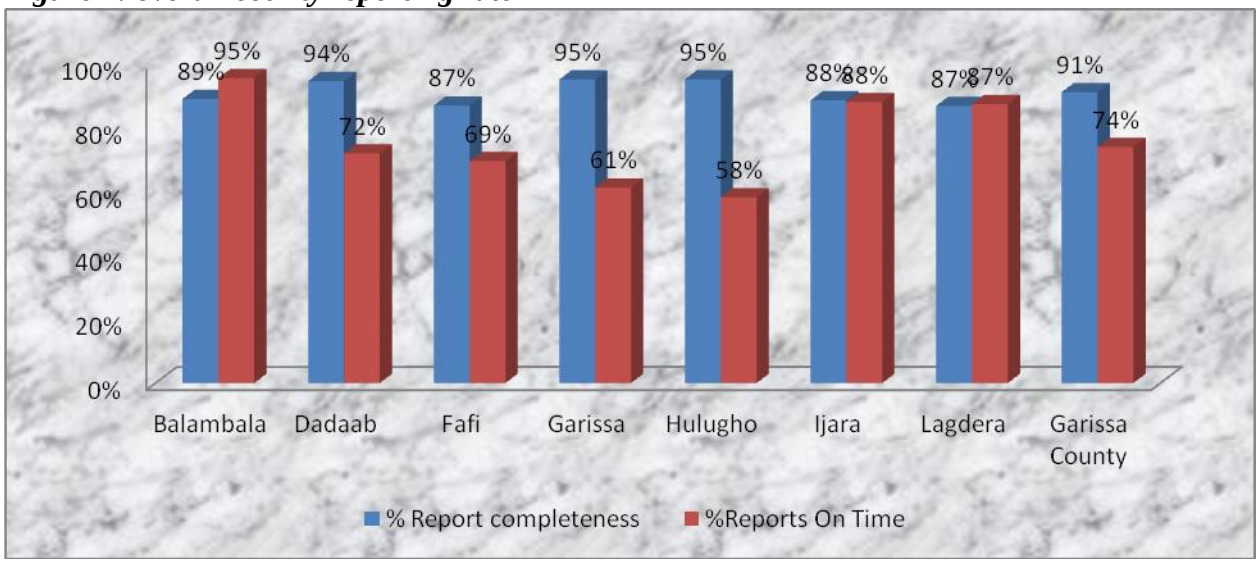
CHAPTER 3 : SERVICE DELIVERY STATISTICS

The analysed data for 2014 are as follows.

3.1 County Reporting Rate

Overall reporting rate and timeliness.(MOH 705A under 5 outpatient morbidity, MOH 705 B over 5 outpatient morbidity,MOH717 workload, MOH 710 Immunization, MOH 711B Integrated tool, MOH 731 (1-6) for the period January – December 2014.

Figure 2: overall county reporting rate

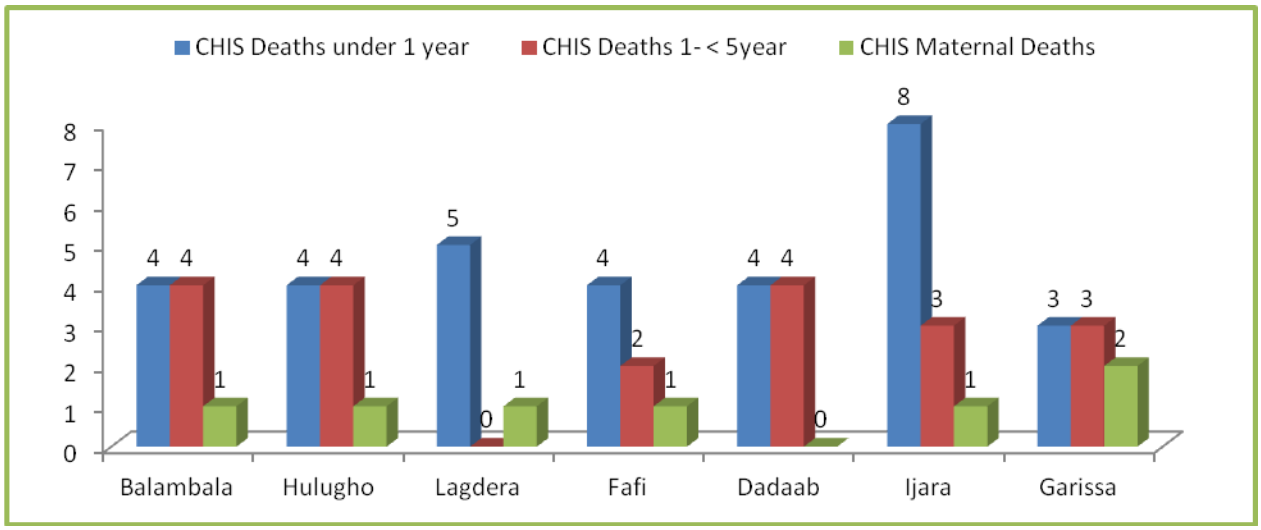


- Overall county reporting rate was 91%, while timeliness was at 74%
- Garissa and Hulugho sub counties had the highest reporting rate at 95% each, while Lagdera and Fafi sub counties had the lowest at 87% each.
- Balambala sub county had the highest percentage on timeliness at 95% while Hulugho sub county had the lowest at 58%

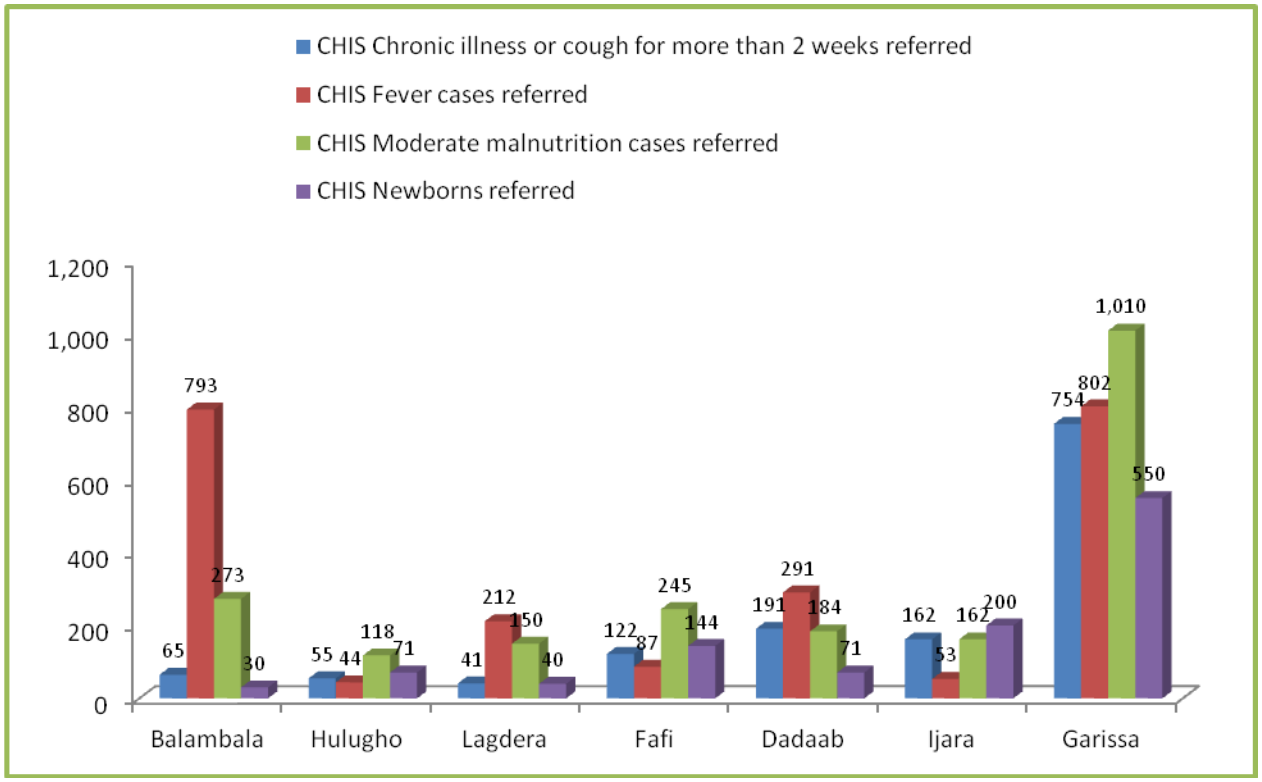
3.2 Community Health Extension worker summary

Data	Balambala	Hulugho	Lagdera	Fafi	Dadaab	Ijara	Garissa	County
Number of community units	5	4	5	9	9	11	18	61
CHIS Births	391	169	187	273	559	474	674	2,727
Expected CHIS Community action days	20	16	20	36	36	44	72	244
CHIS Community action days	13	4	15	25	13	11	17	98
CHIS Dialogue days	13	13	19	43	21	17	16	142
Expected CHIS Meetings with CHCs	60	48	60	108	108	132	216	732
CHIS Meetings with CHCs	6	3	17	20	17	18	44	125
CHIS Deaths under 1 year	4	4	5	4	4	8	3	32
CHIS Deaths 1- < 5year	4	4		2	4	3	3	20
CHIS Maternal Deaths	1	1	1	1		1	2	7
CHIS Deliveries by unskilled attendants	1,209	201	44	180	57	215	268	2,174
CHIS Diarrhea cases managed	263	2	175	149	219	16	734	1,558
CHIS Injuries and wounds managed	324		70	111	70	12	462	1,049
CHIS Chronic illness or cough for more than 2 weeks referred	65	55	41	122	191	162	754	1,390
CHIS Fever cases referred	793	44	212	87	291	53	802	2,282
CHIS Moderate malnutrition cases referred	273	118	150	245	184	162	1,010	2,142
CHIS Newborns referred	30	71	40	144	71	200	550	1,106
CHIS All cases referred	1,073	482	657	4,949	846	2,141	4,585	14,733

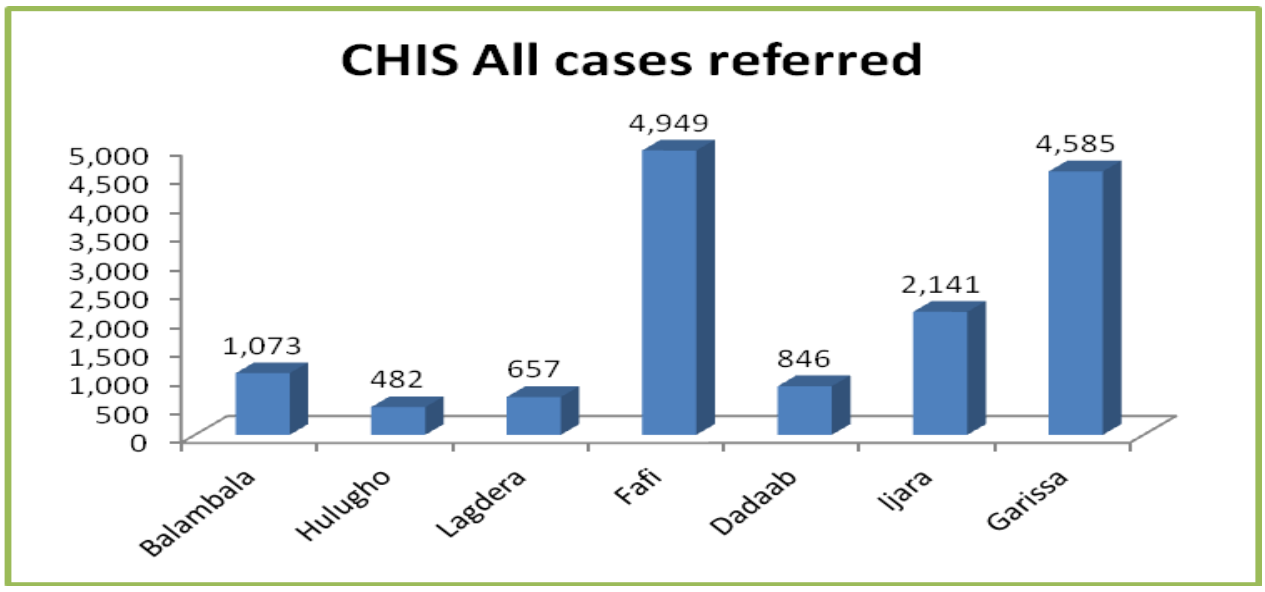
CHIS Deaths per Sub County, 2014



CHIS Cases reffered from community units



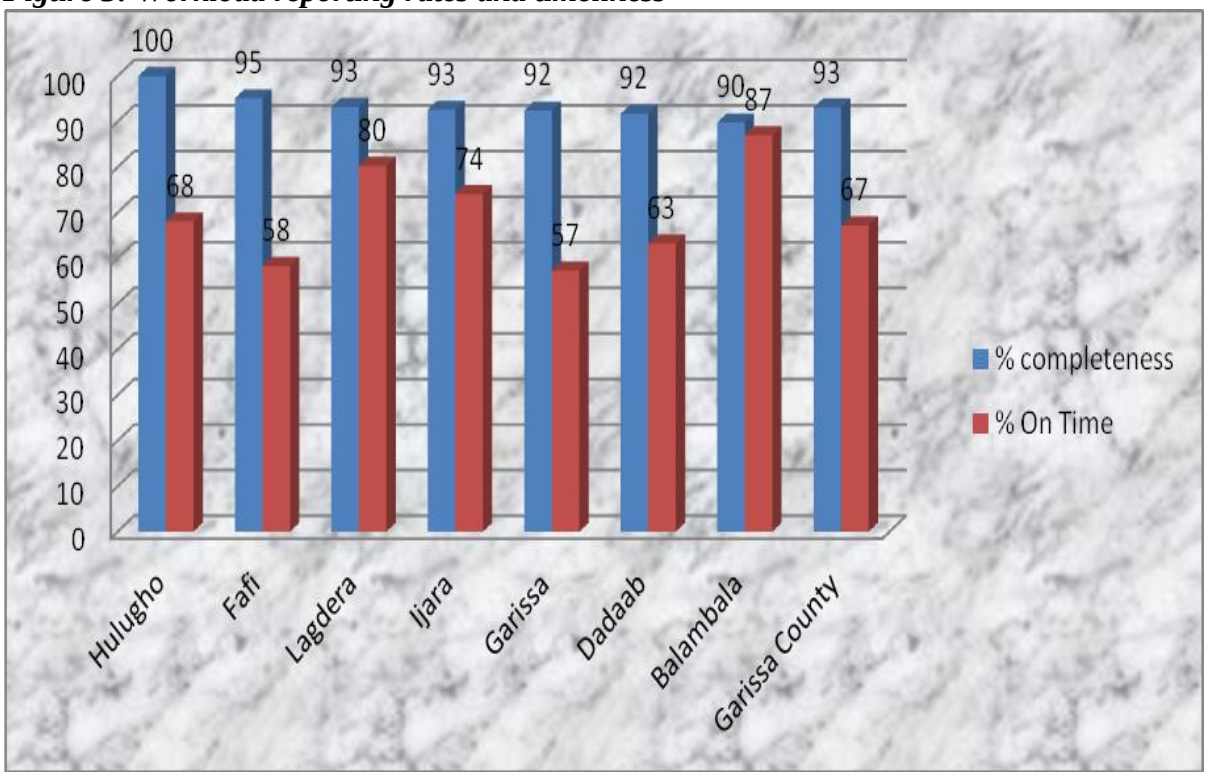
CHIS total cases referred per Sub County



3.3 Service Workload

Service workload statistics are derived from the facilities on day to day activities on outpatient services, including MCH/FP and specialized clinic services and inpatient services among others. Service workload measures the accessibility and utilization and is used for planning and allocation of resources in a health institution.

Figure 3: Workload reporting rates and timeliness



- Overall County reporting rate was at 93%, Hulugho had the highest at 100% and the lowest was Balambala Sub County
- 67% of the reports were submitted on time lowest being Garissa sub county at 57%

Table 6: Workload per Sub County

	Period	Balambala	Dadaab	Fafi	Garissa	Hulugho	Ijara	Lagdera	County
OPD workload	**2011**	45,271	74,535	47,152	274,120	34,132	55,219	63,566	**593,995**
	2012	42,107	65,111	61,133	234,716	27,529	44,377	55,340	**530,313**
	2013	43,347	57,832	51,760	237,725	17,925	47,736	59,329	**515,654**
	2014	59,968	100,923	106,007	302,032	28,385	63,401	85,470	**746,186**
OPD Average attendance per day	**2011**	124	204	129	751	94	151	174	**1,627**
	2012	115	178	167	641	75	121	151	**1,449**
	2013	119	158	142	651	49	131	163	**1,413**
	2014	167	280	294	839	79	176	237	**2073**
Occupied bed days	**2014**	357	175	0	68,590	144	2,666	1,556	**73,488**
OPD plus Inpatient workload per day	**2014**	168	281	294	981	80	184	242	**2,245**
No. of nurses	**2014**	20	26	26	136	12	26	31	277
No. Of patients per nurse per day	**2014**	8	11	11	7	7	7	8	8

Figure 4: Workload trend from 2011 to 2014

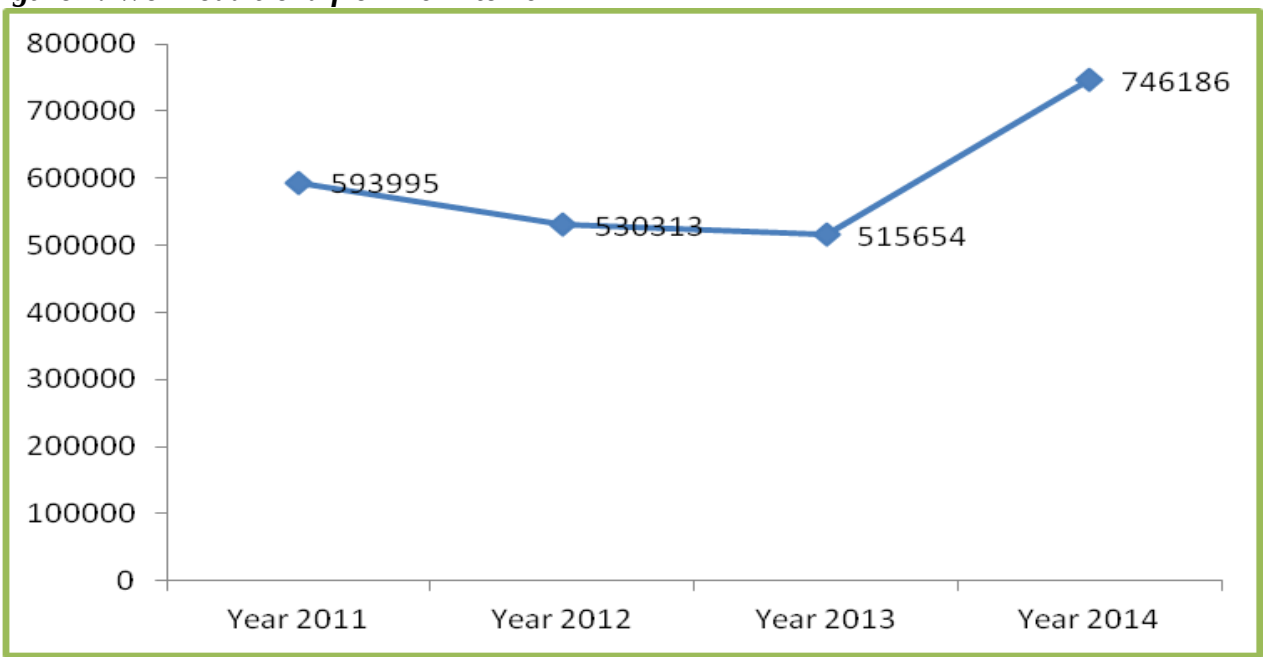


Figure 5: Contribution of each Sub County to the County workload (2014)

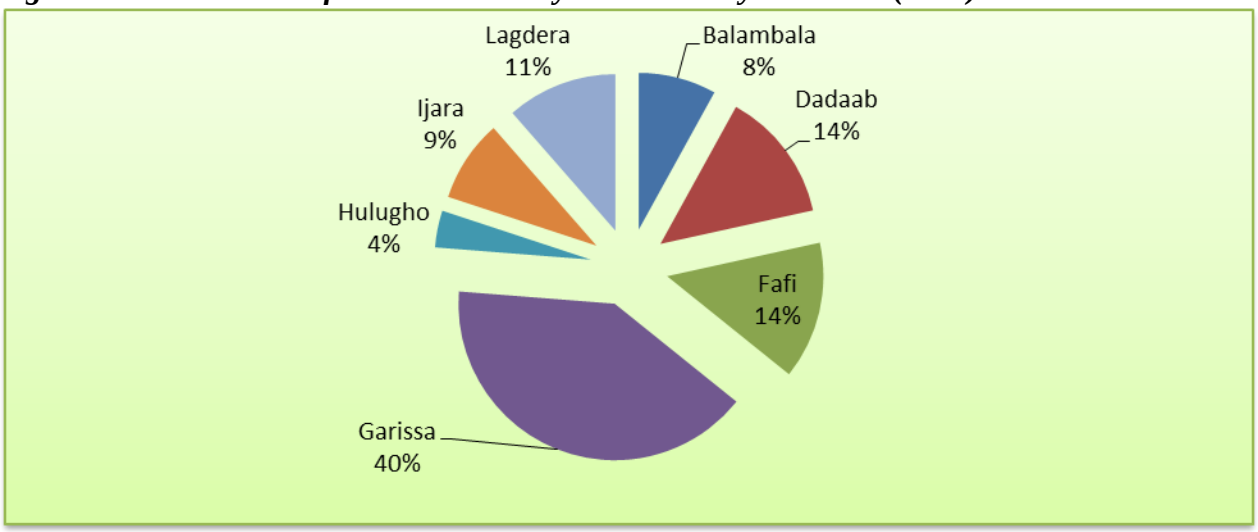
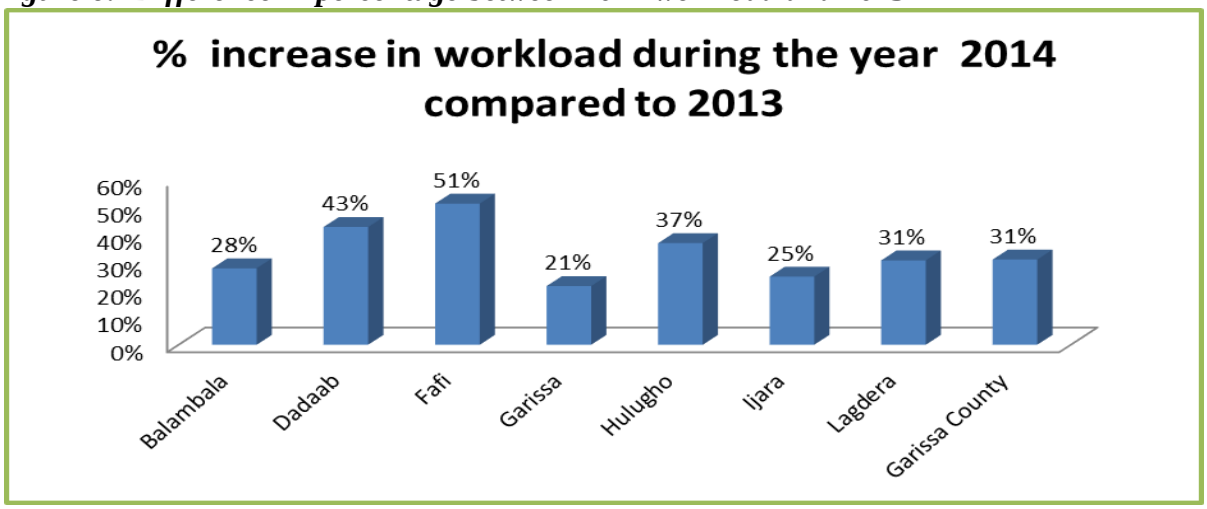


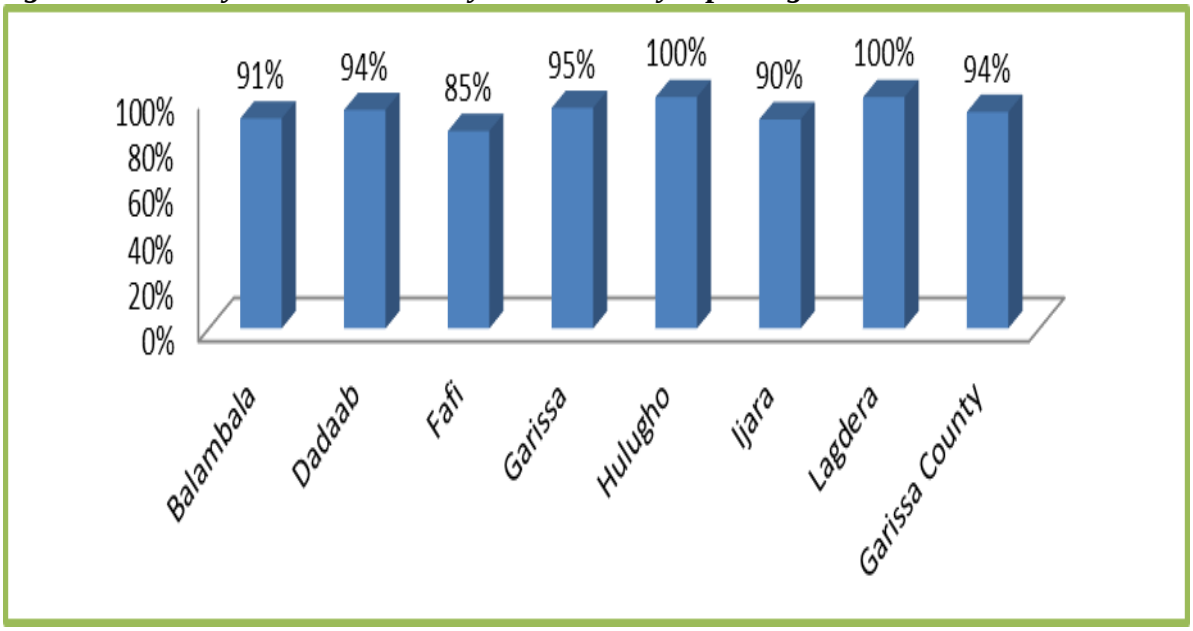
Figure 6: Difference in percentage between 2014 workload and 2013



- There was notable Workload increase in the county in 2014 by 31%.
- Fafi Sub County had the highest increase i.e.51% increase in year 2014 as compared with 2013.
- In average all facilities in the county served 2,229 patients/clients per day in both inpatient and outpatient this increased from 1,600 during the year 2013
- The total number of patients/clients served in outpatient per day in all the facilities within the county was 2,073 which is an increase by 31% (660) increase as compared during the year 2013.
- Nurses in Dadaab and Fafi were busiest in 2014 each nurse served 11 patients per day.
- In average each nurse in the county served 8 patients per day in year 2014.

3.4 Outpatient Morbidity

Figure 7: Over 5 years and under 5 years morbidity reporting rate.

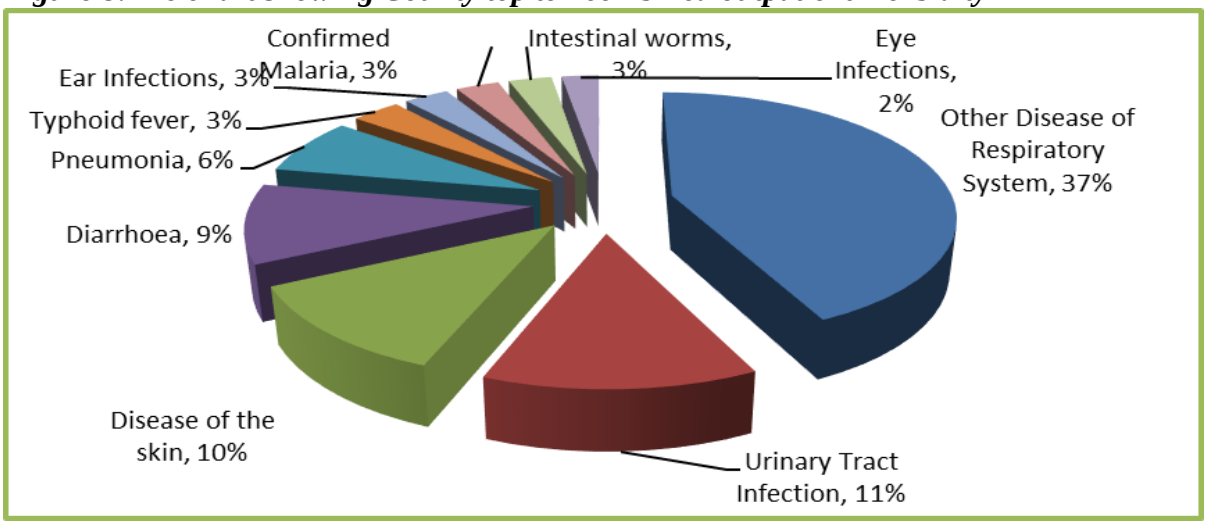


The outpatient over 5 and under 5 morbidity reports, the county reporting rate was at 94%

Table 7: Top ten morbidity 2014 (under 5 years, over 5 years & combined)

	Combined Under5 & Over 5 Years Morbidity		Under Five Morbidity		Over Five Morbidity	
1	Other Disease of Respiratory System	37.2%	Other Disease of Respiratory System	59.6%	Other Disease of Respiratory System	44.4%
2	Urinary Tract Infection	11.2%	Diarrhoea	20.9%	Urinary Tract Infection	22.9%
3	Disease of the skin	10.2%	Pneumonia	9.8%	Pneumonia	7.9%
4	Diarrhoea	8.9%	Ear Infections	4.5%	Diarrhoea	6.3%
5	Pneumonia	6.4%	Urinary Tract Infection	3.0%	Typhoid fever	6.0%
6	Typhoid fever	2.8%	Burns	0.9%	Rheumatism, Joint pains etc.	4.8%
7	Ear Infections	2.6%	Typhoid fever	0.5%	Ear Infections	2.9%
8	Intestinal worms	2.5%	Bilharzia	0.5%	Hypertension	1.8%
9	Confirmed Malaria	2.5%	Poisoning	0.1%	Bilharzia	0.5%
10	Eye Infections	2.2%	Congenital Anomalies	0.1%	Diabetes	0.5%

Figure 8: Pie chart showing County top ten combined outpatient morbidity



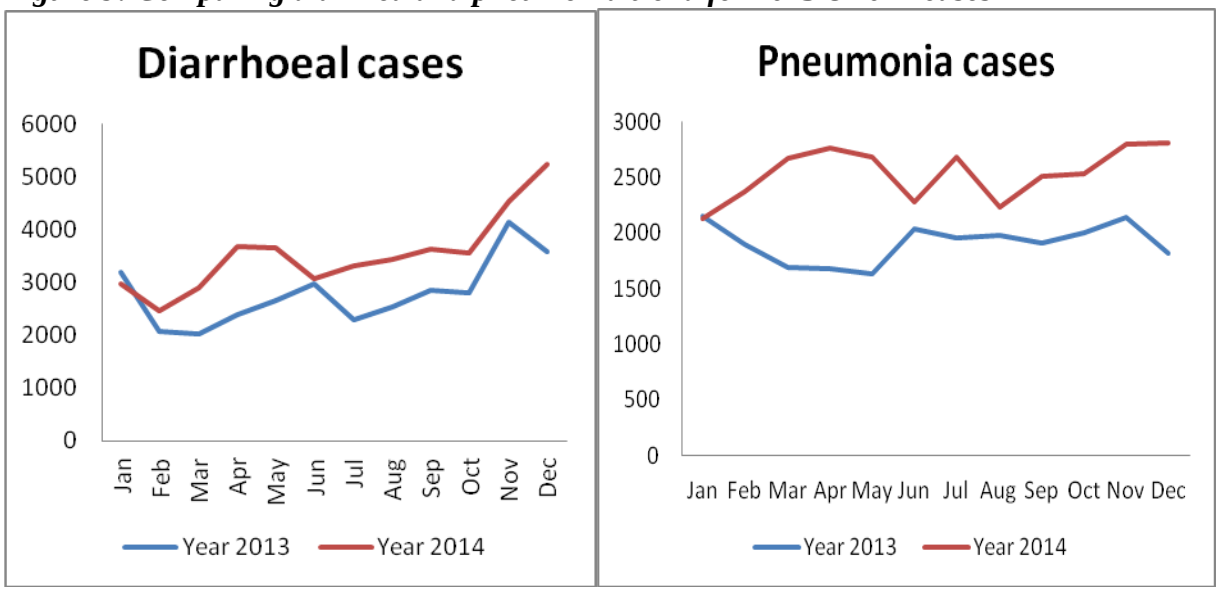
- During the year 2014 other respiratory diseases was the highest cause of outpatient morbidity both in under5 years and over 5years at 37%(combined) , followed by urinary tract infection, Diseases of the skin , Diarrhoea and pneumonia at 11.2%, 10.2%, 8.9%, 6.4% respectively.

Table 8: outpatient cases for county and National level and their proportions

No	Disease	No. of cases- 2014 County	% proportion from total cases Garissa County	No. of cases- 2014 National	% proportion from total cases- National
1	Other Disease of Respiratory System	177,619	37%	18,011,708	38%
2	Urinary Tract Infection	53,674	11%	5,044,362	3%
3	Disease of the skin	48,956	10%	4,607,576	10%
4	Diarrhoea	42,521	9%	4,560,576	6%
5	Pneumonia	30,478	6%	3,008,949	3%
6	Typhoid fever	13,757	3%	1,511,427	1.6%
7	Ear Infections	12,534	3%	1,362,537	1.8%
8	Confirmed Malaria	12,141	3%	1,353,456	10%
9	Intestinal worms	12,095	3%	1,081,133	0.8%
10	Eye Infections	10,401	2%	1,003,738	2%

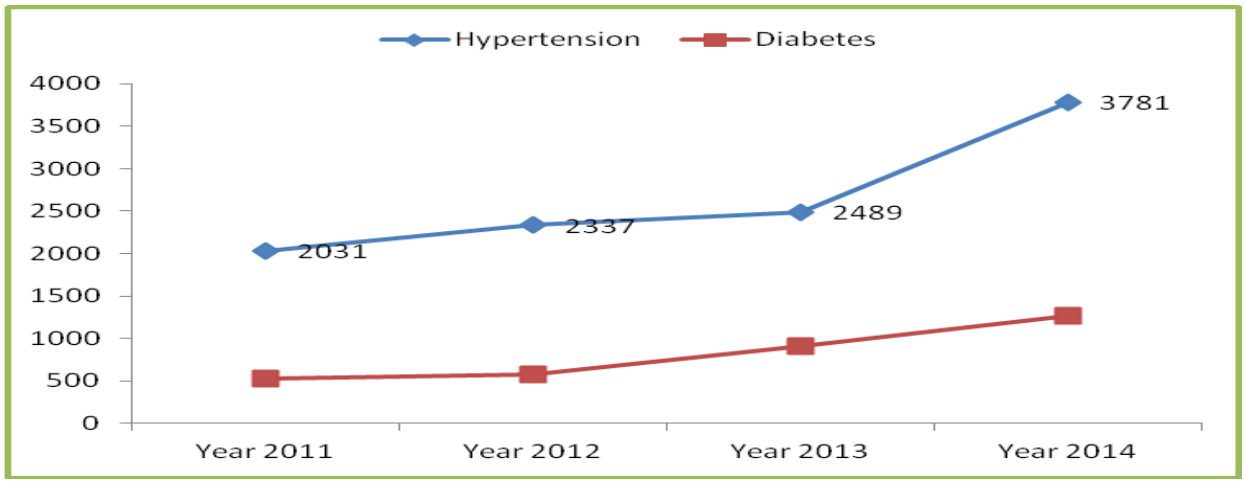
Diseases of respiratory system are the main cause of outpatient morbidity both in Garissa county and national 37% and 38% respectively.

Figure 9: Comparing diarrhea and pneumonia trend for 2013 &2014 cases



- During the year 2014 diarrhoeal cases increased from the month of October to December which reported the highest, while in year 2013 the highest numbers of cases were reported during the month of November.
- In all the months, year 2014 had the highest number of diarrhea cases.
- In year 2014 there was increase in pneumonia cases.
- The months of April and December had the highest cases of pneumonia.

Figure 10: Trend for non-communicable diseases- Hypertension & Diabetes.



- There is a steady increase in the reported cases of diabetes and hypertension in all the years (2011 – 2014)

3.4 Inpatient Morbidity and Mortality

The reported cases of inpatient morbidity and mortality for the period 2014 is based on the monthly reports submitted by admitting health facilities using inpatient morbidity and mortality summary, in obtaining the data, the diseases were coded according to the international classification of diseases (ICD), tenth edition and submitted using excel sheets which were analyzed using three chapter categories.

List of facilities reporting inpatient data 2014

Garissa county Referral Hospital, Ijara district hospital and Modogashe district hospital

Table 9: Top ten causes of Hospital admissions

	Diagnosis	Total cases	% of total cases admitted	Case fatality rate(Facility based)
1	Diarrhoea and Gastroenteritis of presumed infectious origin	867	9.40%	3%
2	Pneumonia, organism unspecified	725	6.00%	4%
3	Malaria	321	3.40%	2%
4	Essential (primary) hypertension	294	3.30%	4%
5	Unspecified abortion	210	3.10%	0%
6	Dehydration	201	2.90%	3%
7	Anemia's	196	2.60%	7%
8	Postpartum Haemorrhage	139	2.00%	1%
9	Birth asphyxia	123	1.80%	9%
10	Bacterial sepsis of newborn	120	1.80%	3%
11	Unspecified diabetes mellitus	103	1.30%	3%

- Diarrhoea is the highest cause of admission, which accounted for 9.4% of all admission.
- Of the top ten cause of hospital admission, Birth Asphyxia had the highest case fatality rate of 9%.

Table 10: Top Five inpatient mortality by age cohorts

	Diagnosis	<1	1-4	Above 5 Years	Total
1	Fetal death of unspecified cause	96	0	0	96
2	Diarrhoea and Gastroenteritis	16	0	4	20
3	Pneumonia's	11	4	3	18
4	Human immunodeficiency virus [HIV] disease resulting in other conditions	0	0	12	12
5	Anemia's	0	3	9	12

3.5 Administrative Statistics

Hospital administrative statistics is derived from the diagnostic index (MOH 268) that is designed to classify together all patients who suffered from the same disease or condition regardless of age, sex, occupation or religion.

Hospital administrative statistics is based on bed compliment against occupation of the same in a period of time which intern generate indicators useful in planning and management of services to the patients and hospital concerned

The statistics provide hospital administration with indicators necessary to deliver services on evidence based aspect. Specific areas concerned where managers are likely to benefit are:

- ✓ Procurement and supplies.
- ✓ Identifying health needs in the catchment population.
- ✓ Effectiveness of the curative services.
- ✓ Measures access in terms of admissions.
- ✓ Staffs, bed utilization and availability.

Table 11: County hospitals Administrative statistics

Data	Balambala	Dadaab	Fafi	Garissa	Hulugho	Ijara	Lagdera	County
BEDS	8	60	18	256	10	66	20	438
COTS	0	20	0	8	0	4	0	32
ADM	218	1253	165	13,313	332	1268	555	17104
DISCH	235	1225	198	12,227	332	1235	514	15966
Inpatient Deaths	3	9	0	274	0	5	10	301
ABSC	0	108	0	123	0	20	26	277
Well Persons Days	106	0	0	93	6	874	378	1457
OBD	714	1342	198	50951	332	3780	1650	56045
ABD	2,920	29,200	6,570	96,360	3,650	25,550	7,300	171550
VBD	2,374	29,024	6,564	45,409	3,506	22,884	5,744	115,505
% OCC	24%	5%	3%	53%	9%	15%	23%	33%
ALOS	3	1	1	4	1	3	3	4
TOI	10	24	33	4	11	18	11	7
TOB	30	21	11	50	33	19	26	38

KEY

OBD- occupied bed days

ABD- available bed days

VBD- Vacant bed days

- A total of 301 deaths were reported in year 2014.
- The percentage number of hospital beds occupied in the county was 33%. This quite low.
- In average, patients admitted stayed in the ward for a period of 4 days.

3.6 Reproductive, Maternal, Nutrition and Child Health

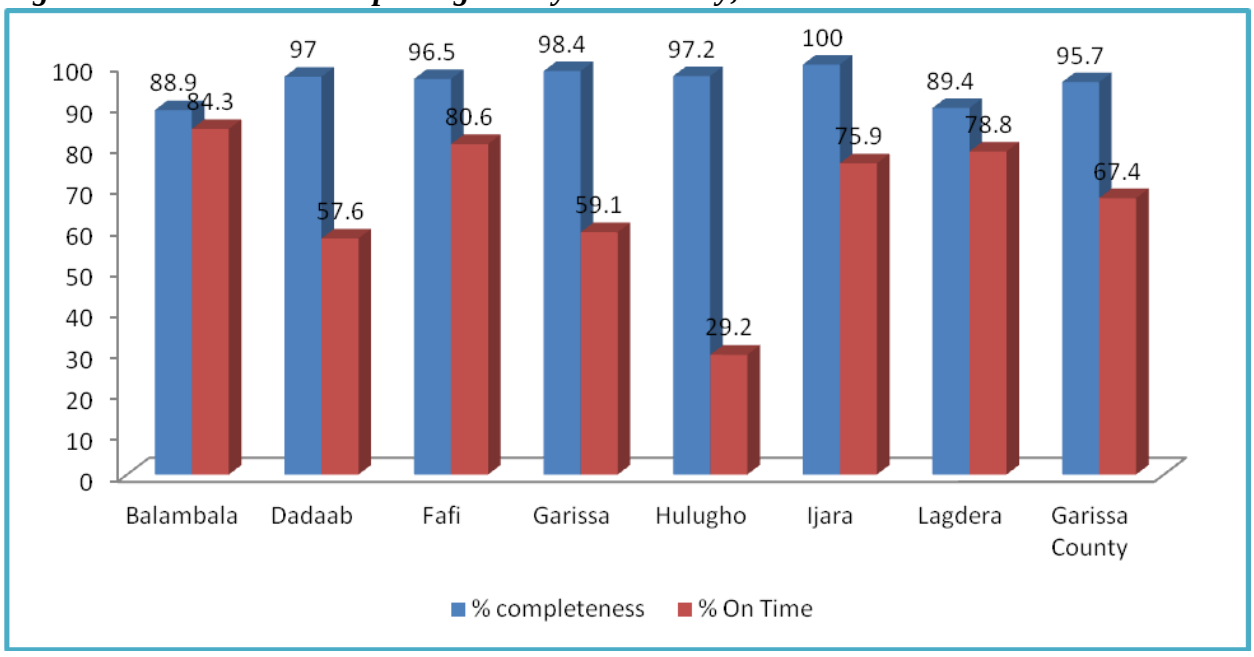
In realization of MDGs by 2015, the health sector envisages to reduce infant and child mortality rates through various integrated interventions such as immunization and child nutrition. In these regard, several indicators have been defined to monitor these interventions.

3.6.1 Immunization

Routine child immunization in Kenya is based on defined schedule from birth to one year.

In Garissa County, 79 health facilities offer immunization services which account for 50% of all health facilities. It however noteworthy, 98% of government facilities offer immunization services. Immunization programme target children under 1 year. In year 2014, the county targeted 22,978 children below one year.

Figure 11: Immunization reporting rate by Sub County, 2014



- Overall County reporting rate for MOH 710 Immunization summary was at 95.7%, Ijara sub county had the highest at 100% and the lowest was Balambala Sub County at 88.9%
- 67% of the reports were submitted on time lowest being Hulugho sub county at 67%

Table 12: EPI percentage coverage 2014

Antigens	Total Achievement	% Coverage	Unvaccinated	% unvaccinated
BCG	17226	75%	5752	25%
OPV Birth	11743	51%	11235	49%
OPV1	18649	81%	4329	19%
OPV3	16185	70%	6793	30%
Penta 1	18655	81%	4323	19%
Penta 3	16280	71%	6698	29%
Pneumococal 1	18679	81%	4299	19%
Pneumococal 3	16410	71%	6568	29%
Rotavirus 1	9379	41%	13599	59%
Rotavirus 2	4570	20%	18408	80%
Measles 1	16521	72%	6457	28%
Measles 2				
Fully Immunized Children(FIC)	14581	64%	8397	36%

- 8397 (36%) of targeted children were not fully immunized.

Table 13: Trend of children below 1 year vaccinated 2011—2014.

	Achievement			
Antigens	**2011**	**2012**	**2013**	**2014**
BCG	17,196	15,641	14,792	17,226
OPV Birth	9,998	9,564	9,737	11,743
OPV1	16,894	16,720	15,740	18,649
OPV3	13,946	13,548	12,854	16,185
Penta 1	16,889	16,728	15,693	18,655
Penta 3	14,014	13,739	12,936	16,280
Pneu.1	17,750	16,093	15,573	18,679
Pneu.3	10,362	13,112	12,883	16,410
Measles	15,436	16,225	12,563	16,521
Fully Immunized Children(FIC)	12,187	12,967	11,256	14,581

Figure 12: imnnunization coverage for selected indicators 2011- 2014

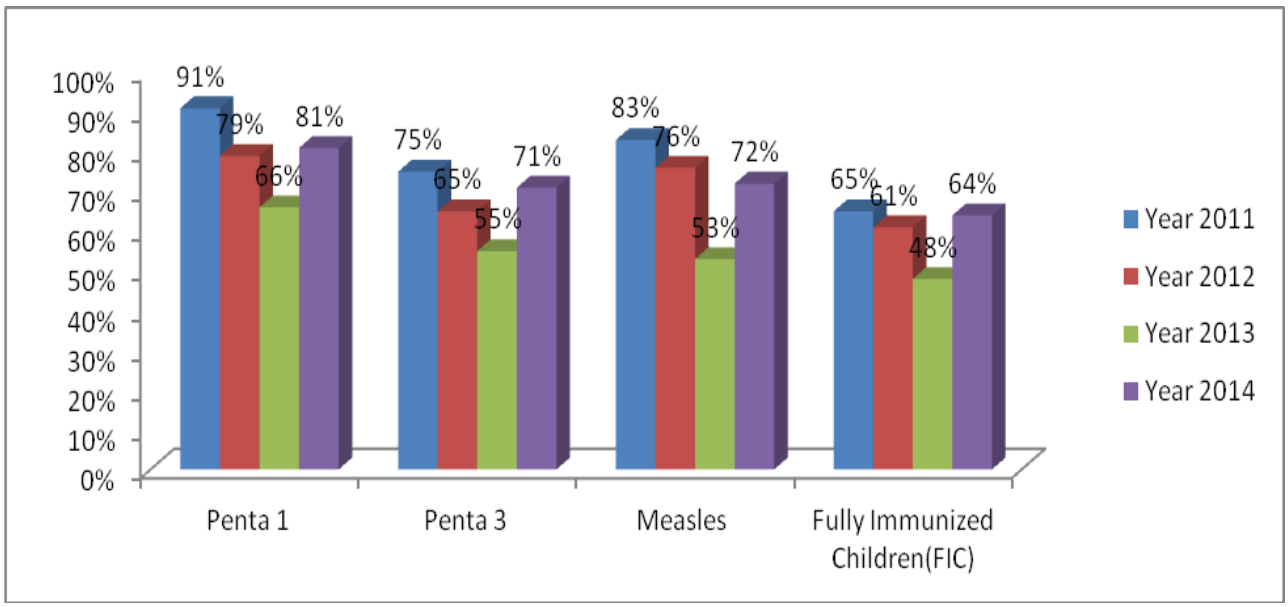


Figure 13: trend of fully immunized children 2011-2014

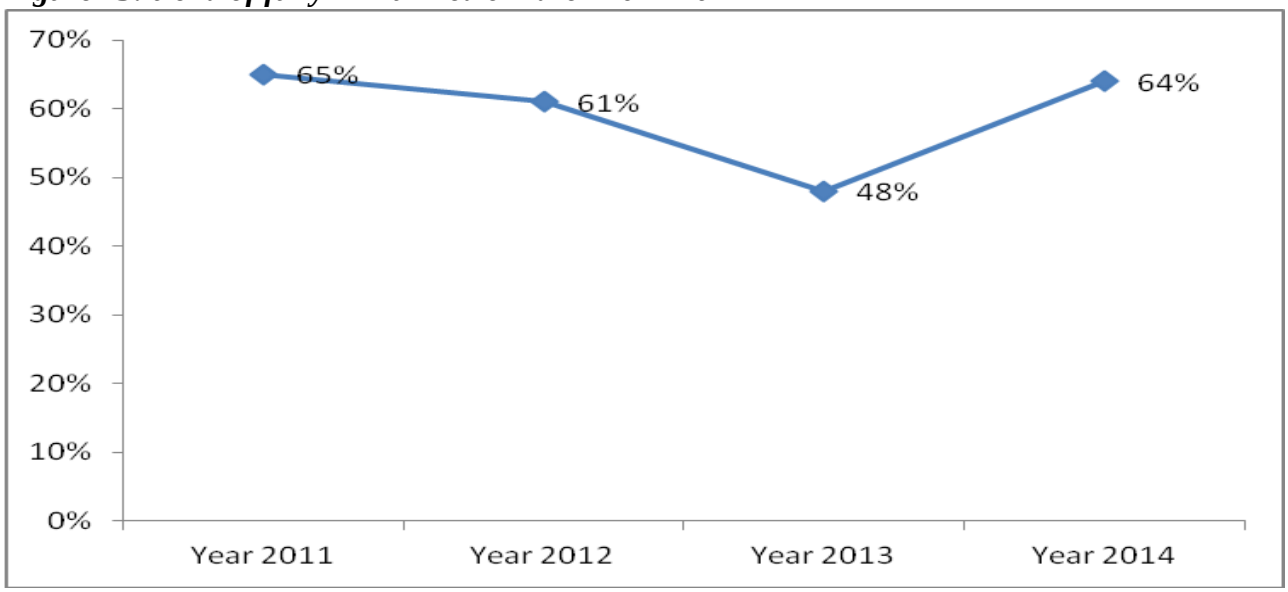


Table 14: EPI Percentage Coverage Per Sub County-2014

Sub county	Balambala	Hulugho	Lagdera	Fafi	Dadaab	Ijara	Garissa	COUNTY
BCG COV	54%	49%	62%	52%	75%	73%	109%	75%
PENTA 1	63%	58%	79%	59%	102%	78%	100%	81%
PENTA 3	52%	51%	74%	54%	85%	78%	84%	71%
MEASLES	57%	53%	79%	54%	84%	75%	84%	72%
FIC COV	43%	53%	71%	47%	80%	73%	71%	64%

Figure 14: Coverage per Antigen-2014

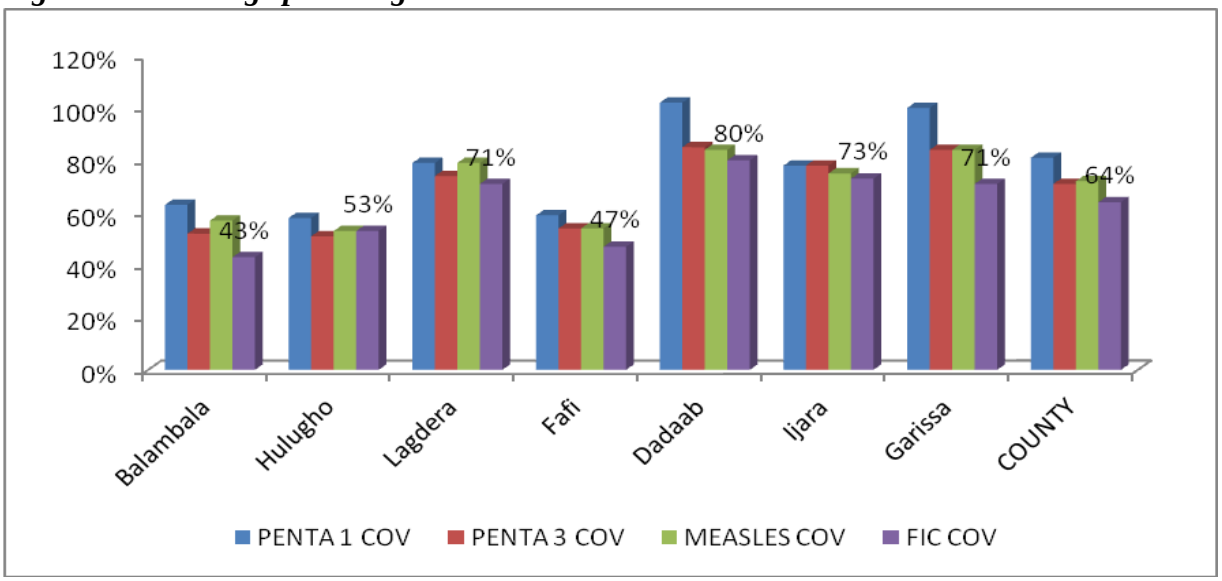
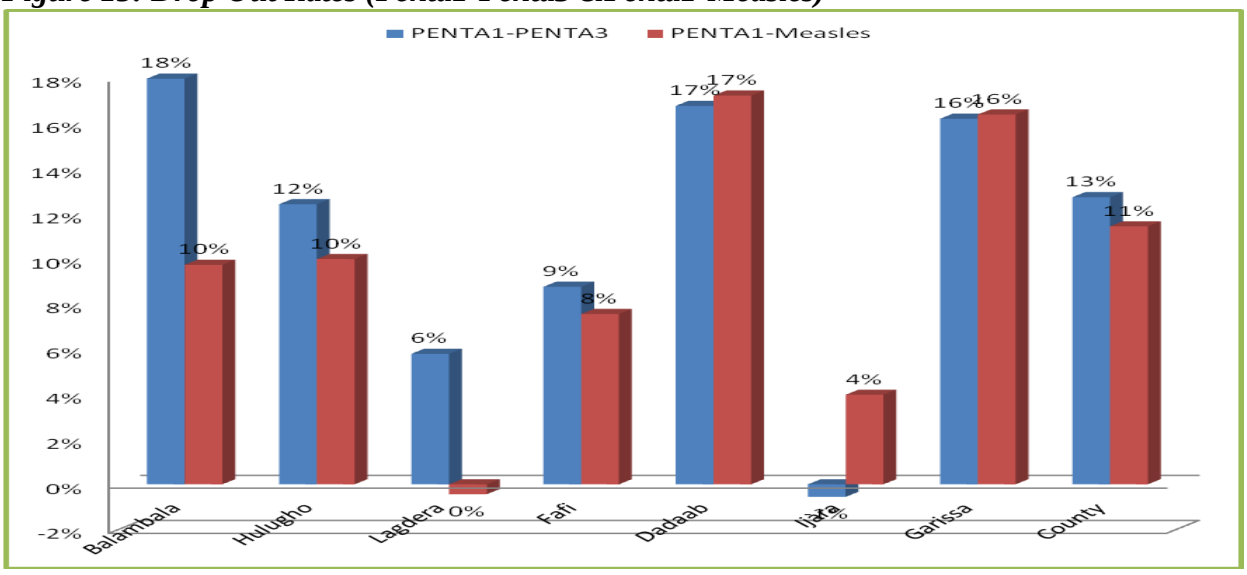


Figure 15: Drop Out Rates (Penta1-Penta3 &Penta1-Measles)



- The county Dropout rate for penta1 –penta3 is at 13%, while dropout rate for penta1-measles is at 11%

Table 15: Immunization access and utilization

Sub County		Balambala	Dadaab	Fafi	Garissa	Hulugho	Ijara	Lagdera	County
Annual Target Pop	<1	2564	2816	3932	6956	1968	1839	2903	22,978
Immunization Coverage (%)	PENTA 1	63%	102%	59%	100%	58%	78%	79%	81%
	PENTA 3	52%	85%	54%	84%	51%	78%	74%	71%
	MEASLES	57%	84%	54%	84%	53%	75%	79%	72%
Unimmunized	PENTA 3	1331	2380	2114	5855	1008	1443	2149	16280
	MEASLES	1465	2367	2142	5842	1036	1378	2291	16521
Drop Out	PENTA1-PENTA3/PENTA1	18%	17%	9%	16%	12%	-1%	6%	13%
	PENTA1-MEASLES/PENTA1*100	10%	17%	8%	16%	10%	4%	0%	11%
Identify Problem	ACCESS	Poor	Good	Poor	Good	Poor	Poor	Poor	Good
	UTILISATION	Good	Poor	Good	Poor	Poor	Good	Good	Poor
Categories Problem	CATEGORY 1,2,3,4	3	2	3	2	4	3	4	2

PLEASE NOTE:
ACCESSIBILITY = % COVERAGE OF PENTA 1

UTILISATION=% DROP OUT RATE OF MEASLES

Category 1 (no problem) = drop rates for penta 1 to measles are low = good utilization (<10%)
=penta 1 coverage is high = good access (>80%)

Category 2 =drop out for penta 1 to measles are high = poor utilization (>10%)
= penta 1coverage is high = good access (>80%)

Category 3 = dropout rates for penta 1 to measles are low = good utilization (<10%)
= penta 1coverage is low = poor access (<80%)

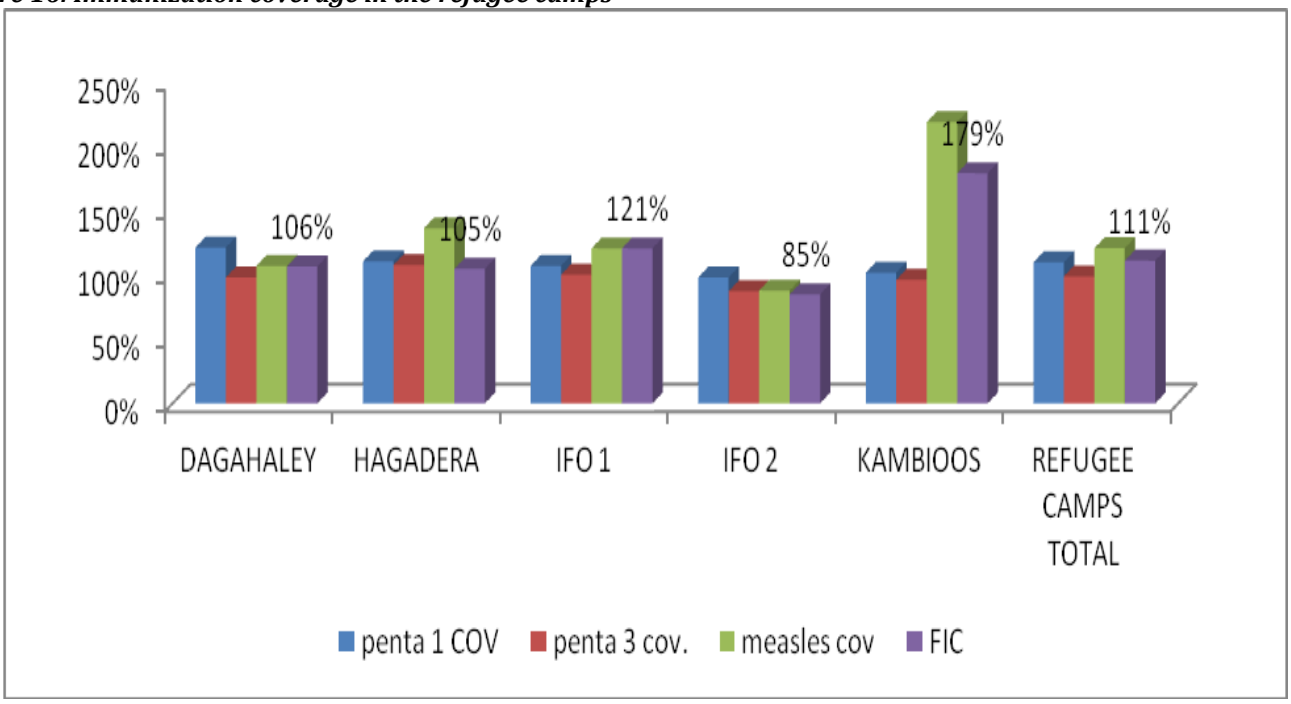
Category 4 = dropout rates for penta 1 to measles are high = poor utilization (>10%)
= penta 1 coverage is low = poor access (<80%)

Good Accessibility= penta 3 coverage should be more than 80%
Good Utilization== dropout rate should be less than +10% and -10%.

Table 16: Refugee camps immunization coverage

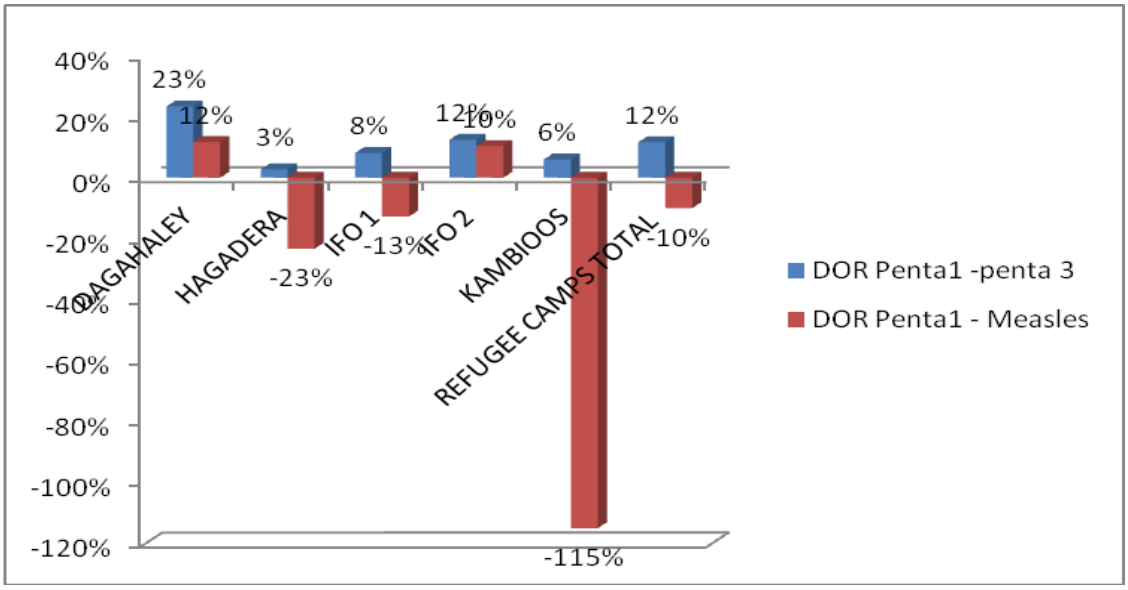
Antigen	DAGAHALEY	HAGADERA	IFO 1	IFO 2	KAMBIOOS	COUNTY
OPV1	5356	4287	5587	2705	987	18922
OPV 1 COV.	121%	120%	110%	98%	102%	113%
OPV3	4332	4404	5222	2400	916	17274
OPV3 COV	98%	123%	103%	87%	94%	103%
Penta 1	5356	3943	5427	2695	987	18408
Penta 1 COV	121%	111%	107%	98%	102%	110%
Penta 3	4332	3841	5076	2400	933	16582
Penta 3 COV	98%	108%	100%	87%	96%	99%
Measles	4728	4863	6119	2415	2123	20248
measles COV	107%	136%	121%	88%	219%	121%
Fully Immunized Children (FIC)	4701	3737	6119	2333	1738	18628
FIC	106%	105%	121%	85%	179%	111%
Dropout rate Penta1 -Penta 3	23%	3%	8%	12%	6%	12%
Dropout rate Penta1 - Measles	12%	-23%	-13%	10%	-115%	-10%

Figure 16: Immunization coverage in the refugee camps



- Fully immunized child in the refugee camps is at 111%, Bamboos had the lowest Coverage of FIC (85%) while the rest of the camps were over 100%.

Figure 17:Refugee camps Dropout rates

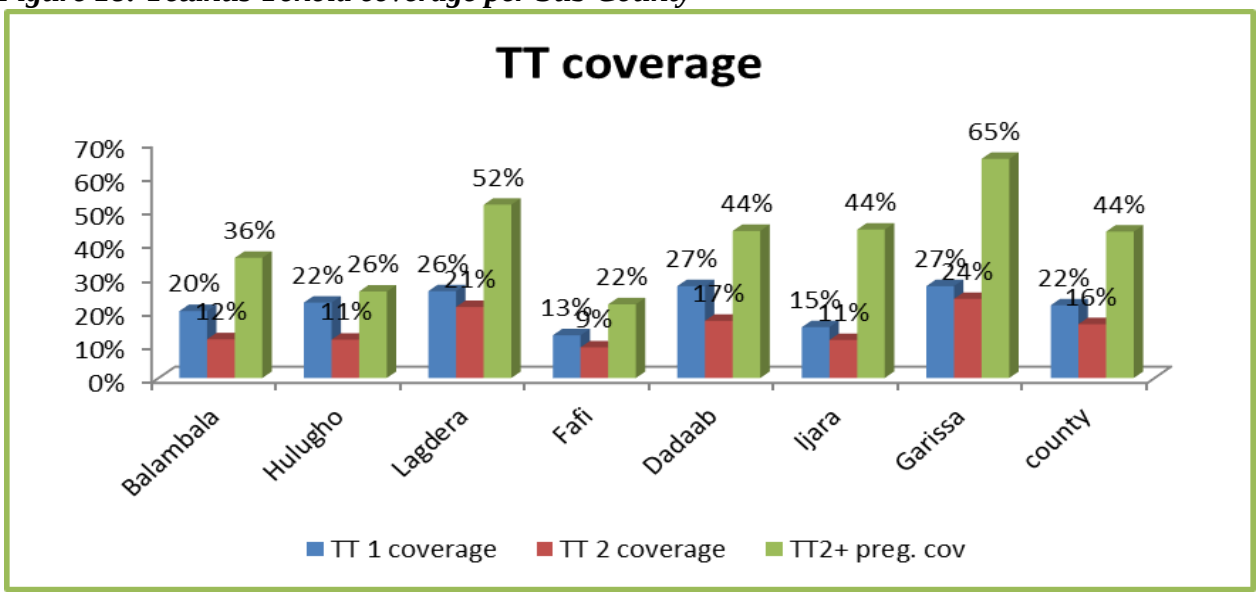


- DOR for penta 1-measles is at -10% while DOR penta1-penta 3 is at 12% which is beyond the required limit of less than -10 and +10.

Tetanus Toxoid coverage per sub county

The Tetanus Toxoid (TT) vaccine is given during pregnancy to prevent tetanus to mother as well as the baby. It also helps prevent premature delivery.

Figure 18: Tetanus Toxoid coverage per Sub County



- 44% of pregnant women who attended ANC were protected against tetanus for at least 5 years. Garissa Sub County had the highest number (65%) of pregnant women who attended ANC protected against tetanus for at least 5 years.

- 16% of pregnant women who attended ANC were protected against tetanus for at least 3 years

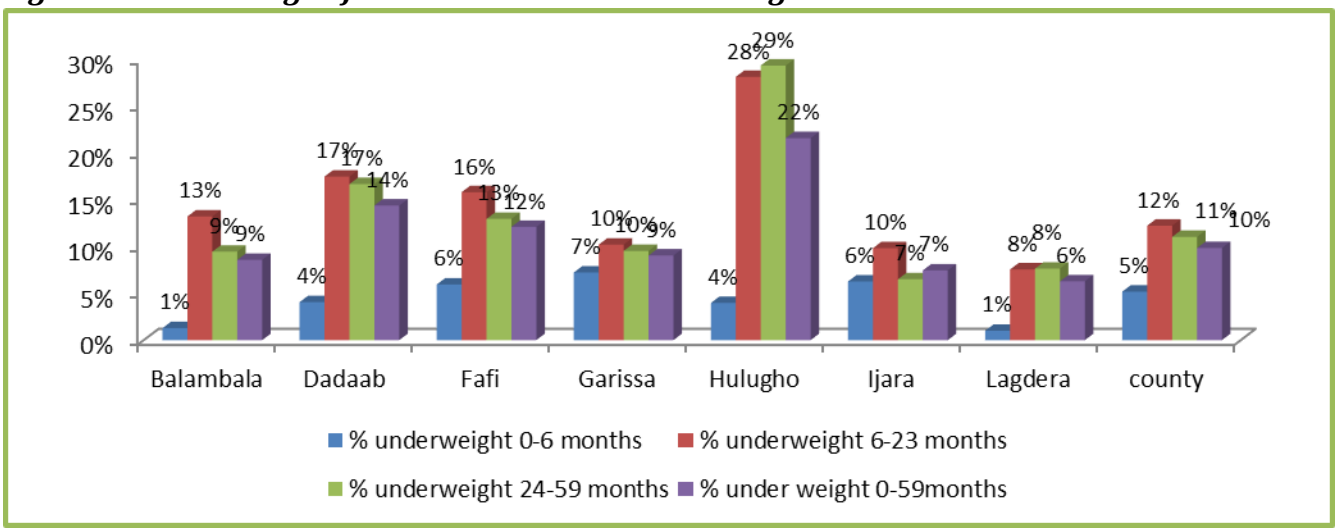
3.6.2 Nutrition

The nutrition status among children under 5 years in Garissa County is key indicator of socio – economic and health status of a community. Currently the nutrition indicators of children that are routinely monitored through the health facilities are under weight (Weight for age), Vitamin A supplementation, stunting and breast feeding. The reporting is done through (MOH 713 nutrition reporting) .Malnourished children are supplemented with food at outpatient level (SFP and OTP) and inpatient level (therapeutic commodity).This data is routinely collected at the health facilities using three different age groups of 0-<6, 6-23 and 24-59 months

Table 17: Growth monitoring per sub-county

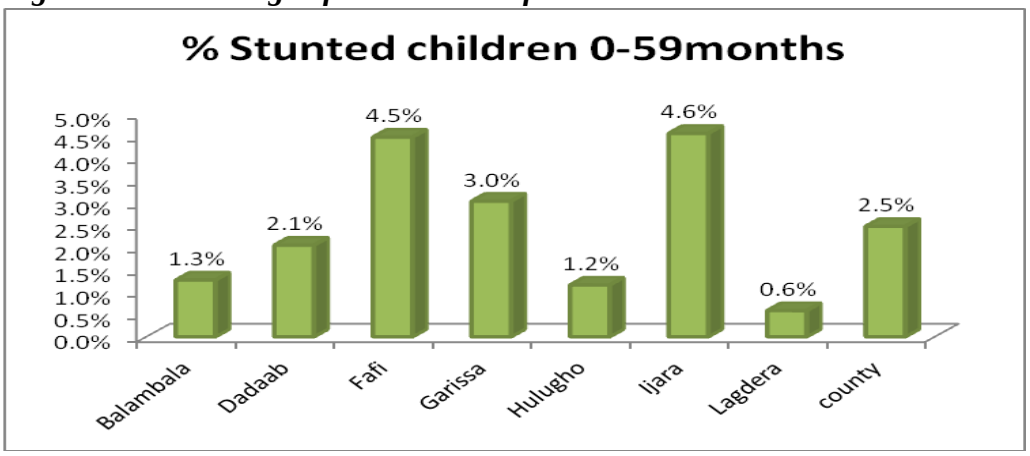
Indicator	Balambala	Dadaab	Fafi	Garissa	Hulugho	Ijara	Lagdera	county
Normal Weight 0-<6 month	2,998	3,118	2,486	11,149	531	2,528	3,164	25,974
Normal Weight 24-59 Month	3,632	5,608	3,125	11,000	453	1,567	6,640	32,025
Normal Weight 6-23 months	3,490	4,840	3,001	12,482	524	1,818	5,128	31,283
Severely Underweight 0-<6	1	12	7	144	3	29	1	197
Severely Underweight 24-59mth	91	344	51	228	29	9	51	803
Severely Underweight 6-23mth	103	197	75	302	39	18	59	793
Underweight 0-<6 months	38	120	150	724	19	140	31	1,222
Underweight 24-59 Months	288	778	414	930	159	100	498	3,167
Underweight 6-23 months	428	827	488	1,115	166	180	360	3,564
Stunting 0-<6 months	23	41	76	397	5	153	9	704
Stunting 24-59 Months	56	112	149	278	23	46	42	706
Stunting 6-23 months	58	87	114	375	19	103	27	783
Normal Height 0-<6 Months	2,902	2,673	2,245	10,764	449	2,595	2,750	24,378
Normal Height 24-59 Month	4,358	4,816	2,503	10,971	2878	1,778	5,987	33,291
Normal Height 6-23 month	3,373	3,939	2,472	11,693	673	1,935	4,495	28,580

Figure 19: Percentage of children who were underweight



- In year 2014 Hulugho had the highest percentage of underweight (22%) while Lagdera had the lowest (6%). This may be due to under reporting.
- Except Hulugho, children aged 6-23 months were most malnourished; this may be due to the introduction of complementary feeding at this age.
- Percentage underweight for children aged 0-<6 months was 5% in the county; this may be due to the fact that most of the children at this age are breast fed, though it has increased from 4% in year 2013to 5%

Figure 20: Percentage of children who found to be stunted



- Ijara Sub County had the highest proportion of stunted children, and the lowest was Lagdera Sub County.
- The county had an average of 2.5% of under-five stunted children.

Management of acute malnutrition; programme coverage Standards

- Death rate—less than 3%.
- Defaulter rate—less than 15%.

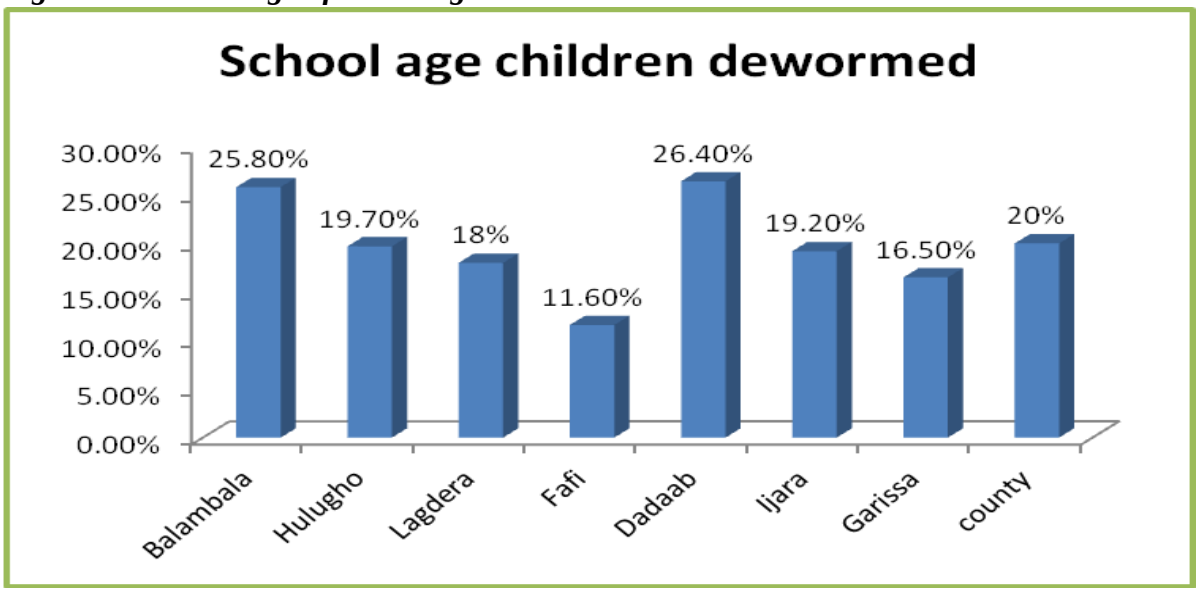
- Recovery/cure rate—above 75%.

Table 18 :Nutrition indicators

Data	Balambala	Hulugho	Lagdera	Fafi	Dadaab	Ijara	Garissa
Inpatient Death Rate	0	0	0.0	0.0	0.0	0.0	10.9
Inpatient Recovery rate	0	0	100	0	87.9	100	83.4
IP Defaulter Rate	0	0	0	0	12.1	0	3
OTP Death Rate	0	0	0	0.5	0.32	0.7	0.33
OTP Defaulter rate	8	0	34.2	10	6.9	2.1	13.5
OTP Recovery Rate	90.8	100	62.5	89	92.7	96.5	85.9
SFP Death Rate	0	0	0.64	0	0	0	0.73
SFP Defaulter Rate	13.4	1.2	16.6	15	4.1	10.1	11.9
SFP Recovery Rate	84.2	98.8	61.1	81.8	95.8	87.4	86.9
School age children dewormed	25.8%	19.7%	18%	11.6%	26.4%	19.2%	16.5%

- In all the sub counties, death rate in OTP and SFP was within the acceptable standards except Garissa Sub County.
- Balambala defaulter rate in OTP and Lagdera defaulter rate in SFP was above the target outcome.
- Fafi sub county had the lowest number of children dewormed (11.6%) while Dadaab had the highest coverage (26.4).

Figure 21: Percentage of school age children dewormed



3.6.3 Vitamin A Supplementation

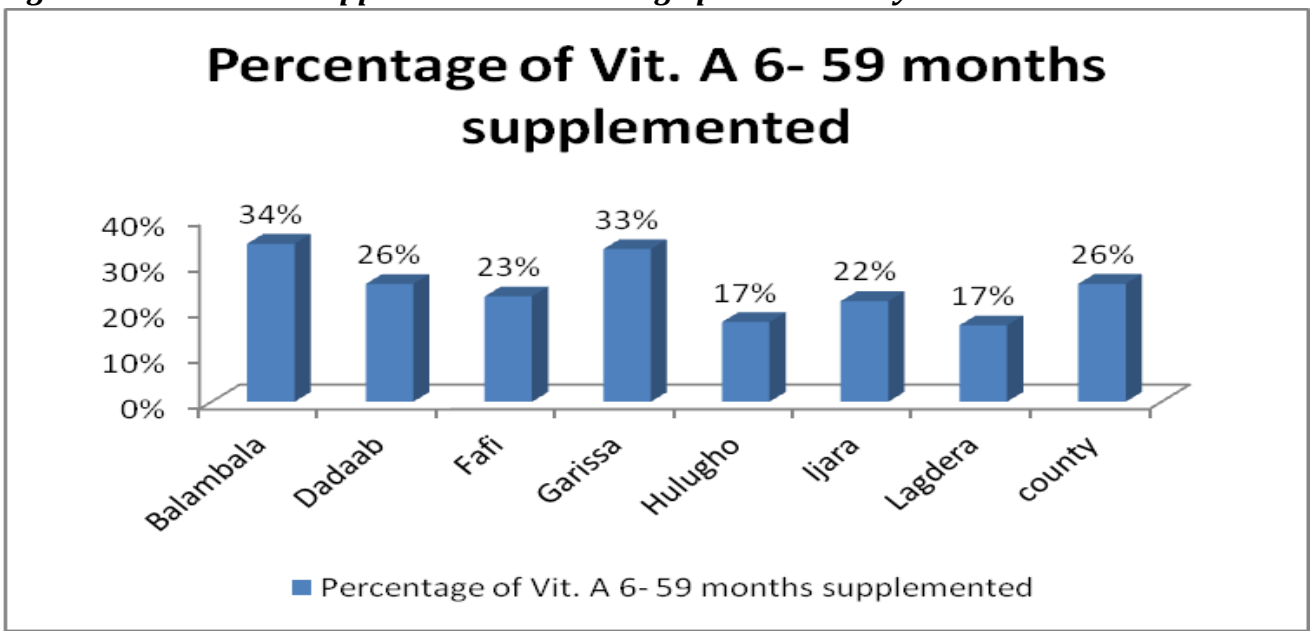
Vitamin A may be the single most effective child survival intervention, since deficiencies in this micronutrient can cause blindness and can increase the severity of infections such as measles and diarrhea.

Vitamin A supplementation is given to specific age cohorts within the health care system. The specific cohorts are children 6 to 11 months (once a year) and 12 to 59 months who are supposed to be supplemented twice yearly and then aggregated to 6-59months. While lactating mothers are supplemented once within four weeks after delivery.

Table 19: vitamin A supplementation

Indicator	Balambala	Dadaab	Fafi	Garissa	Hulugho	Ijara	Lagdera	county
Target population 6-59	25,534	31,228	38,502	52,946	19,952	18,738	30,820	217,719
Total 6-59 months supplemented	8,786	8,012	8,825	17,590	3,463	4,105	5,127	55,908
Percentage of Vit. A 6- 59 months supplemented	34%	26%	23%	33%	17%	22%	17%	26%

Figure 22: vitamin A supplementation coverage per sub-county



- Vitamin A County coveraage was at 26%, droped from 28% in year 2013
- Balambala Sub County had the highest Vitamin A coverage; 34%.
- Generally vitamin A coverage was low in all the Sub Counties.

3.6.4 Reproductive Health

3.6.4.1 Family Planning

In order to achieve vision 2030, population growth rate need to be controlled. To attain a balance between resources and population, Kenya population policy promote family planning as an entitlement that is based on informed and voluntary choice. Couples are motivated to adopt a family planning method when they are offered improved access to and quality of reproductive health services.

According to Kenya Demographic Health Survey (KDHS) 2008/2009, contraceptive use was at 4% of women of reproductive age and fertility rate of 5.9 children per woman. Compared to other counties, Garissa County had the lowest contraceptive use and highest fertility rate.

Women of reproductive age in the county are 150,905. The eligible population for family planning is 71.5% which translates to 107,897.

Figure 23: Different Family planning uptake in the county

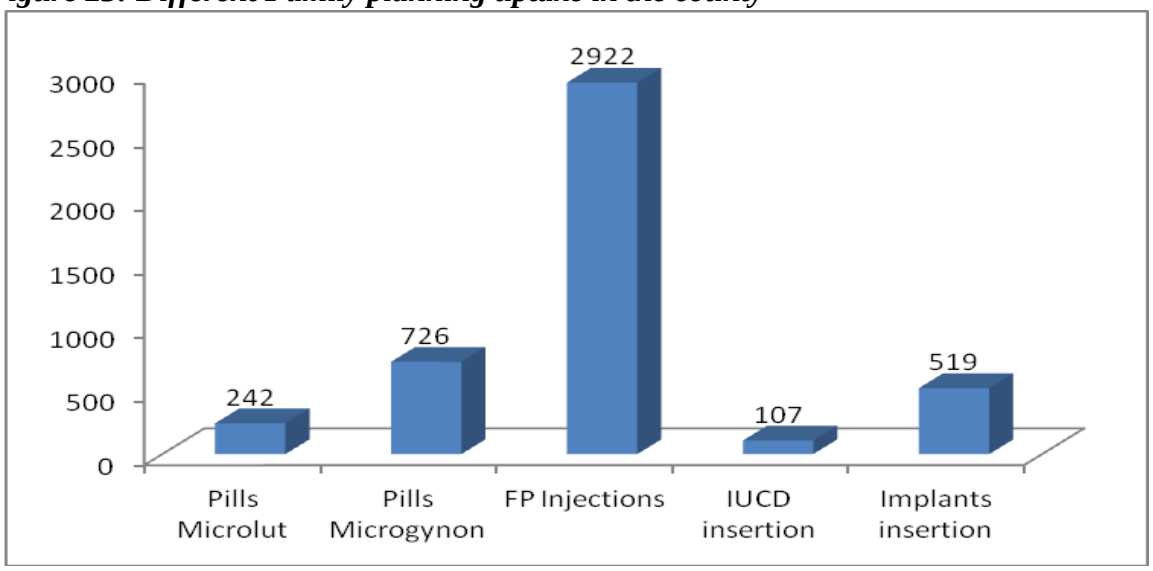
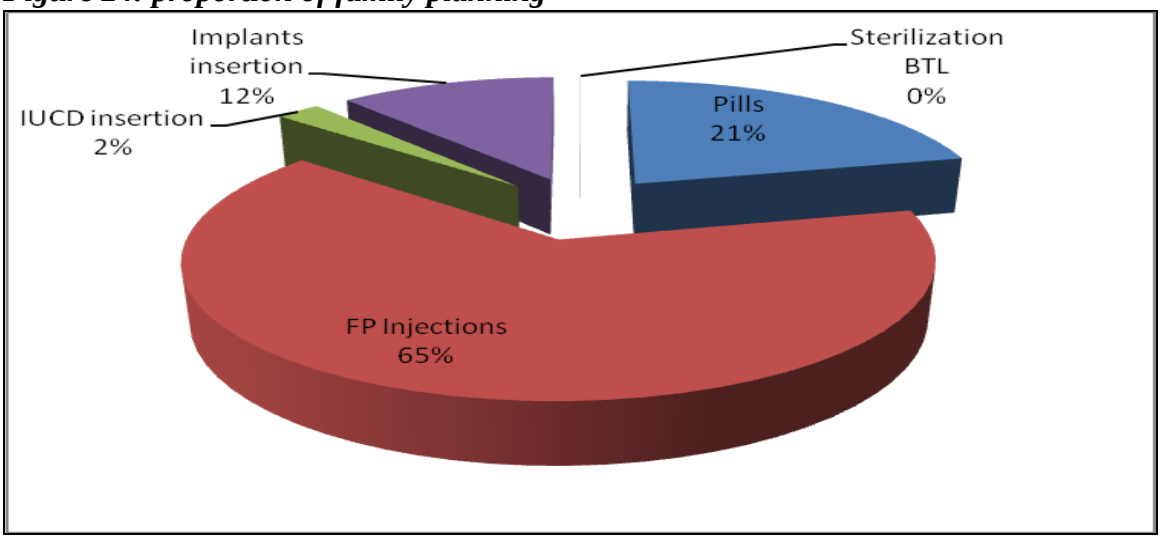
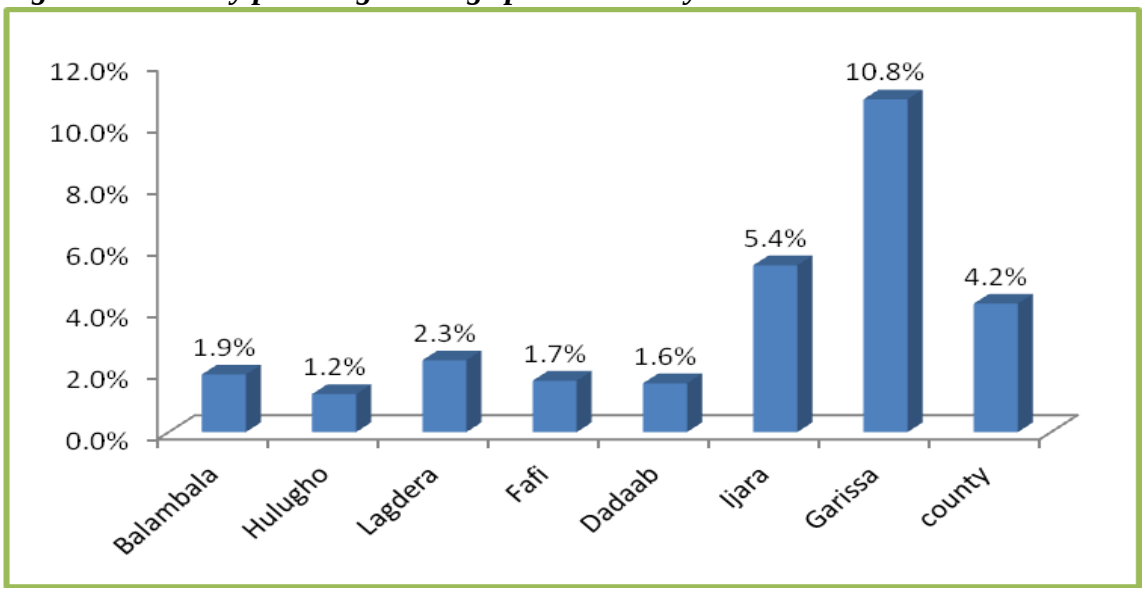


Figure 24: proportion of family planning



- The most preferred method of family planning was injections which accounted for 65 % of family planning methods.
- Only 4.2% (4517) of eligible population accessed family planning.
- In comparison with KDHS 2008/2009 family planning coverage remain constant i.e. 4%.

Figure 25: Family planning coverage per sub county 2014



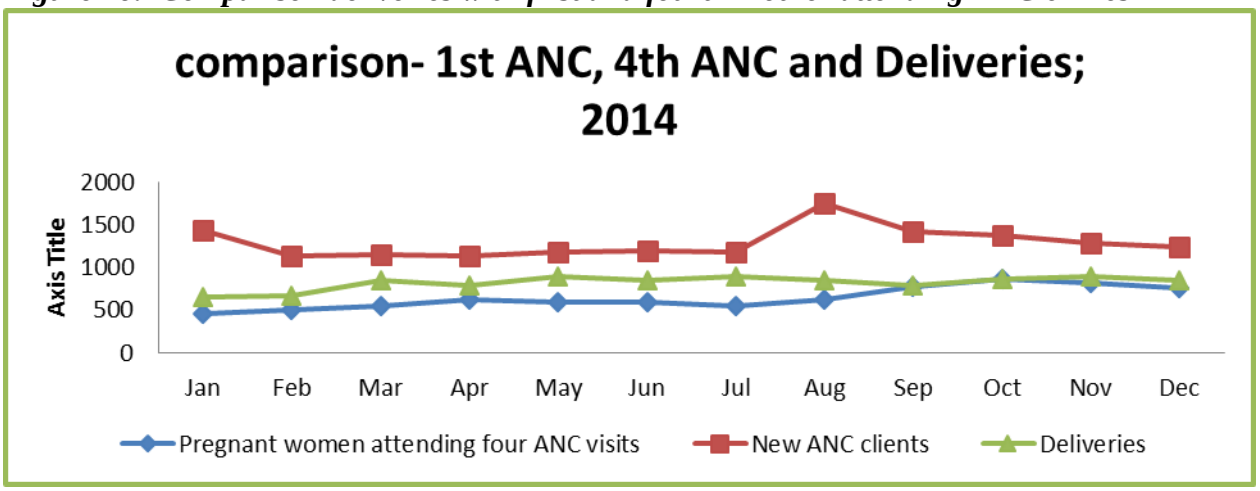
- Garissa Sub County had the highest number of women using family planning (10.8%) while Hulugho had the lowest (1.2%). This may be due to the fact that most of the population in Garissa sub county is in urban where the services are more accessible. Also this population might be having more knowledge on family planning.

3.6.4.2: Antenatal Care

The main aim of ante natal clinic is to take care of mother and unborn children for safe delivery.

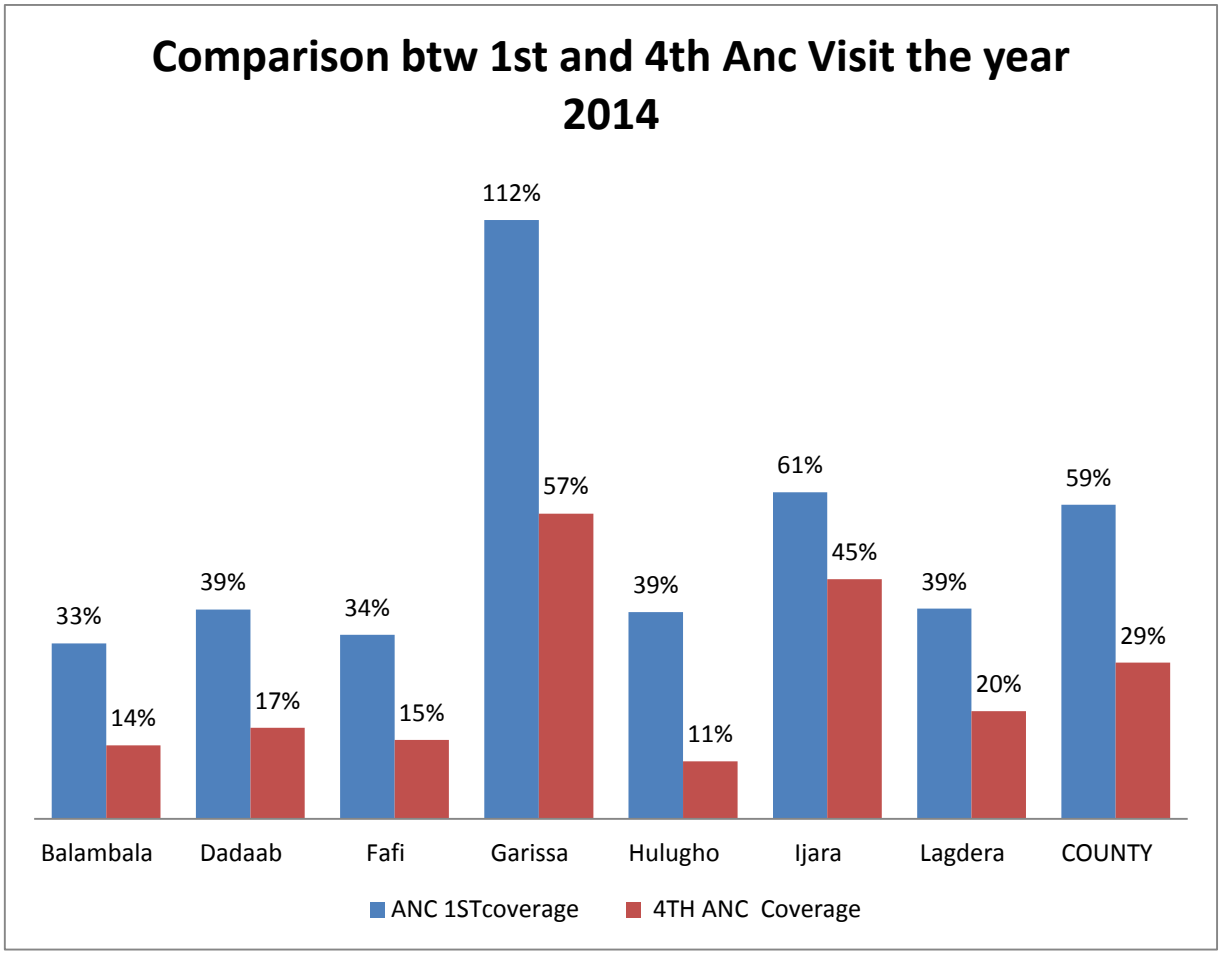
During the period under review, the months of October, November and December had a very small variation in 4th ANC and Deliveries different from the previous months (January to September) whereby the 4th ANC was the lowest.

Figure 26: Comparison deliveries with first and fourth mother attending ANC clinics



- Throughout the months, many mothers attends 1st ANC as compared to 4th ANC and Deliveries

Figure 27:compare 1st and 4th ANC (Based on Coverage)



3.6.4.3 Safe Deliveries

The county skilled deliveries is at coverage of 41%, Garissa sub county having the highest at 82% while the lowest sub county is Balambala and Fafi at 15% each. Caesarian section as a mode of delivery accounted for 11% (1,059) of the total deliveries. Garissa sub county leading with 16%. Facility based neonatal deaths was 10 per 1000 live births while Still births in the county is at 2.9%, Balambala sub county having the highest at 3.8%.

Table 21: Maternal/child health priority Indicators Analysis

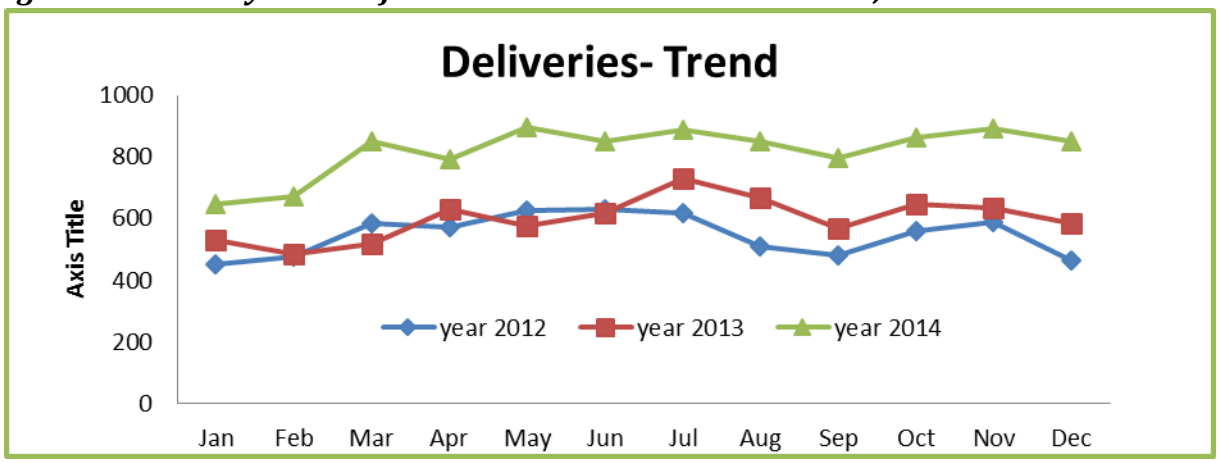
Indicator	Balambala	Dadaab	Fafi	Garissa	Hulugho	Ijara	Lagdera	County
% of women delivered by skilled attendance	15%	39%	15%	82%	17%	46%	27%	41%
%caesarian sections	0%	12%	0%	16%	0%	2%	0%	11%
% live births	96%	96%	100%	96%	97%	98%	97%	96%
% underweight babies	1.13%	0.62%	1.48%	1.92%	0.29%	2.35%	2.87%	1.77%
% still births	3.8%	2.6%	3.0%	3.1%	1.4%	3.6%	1.9%	2.9%
(Facility based)Neonatal death rate per 1000	0	0	7	16	0	4	5	10
(Facility based) proportion of maternal deaths per 100,000	0	356	493	352	573	0	0	294

In the year 2014, 41% (9,853) of deliveries were conducted by skilled health worker compared to 30% in year 2013. Nationally 44% of deliveries are conducted by skilled health workers (KDHS 2008/2009). This was 11% increase in deliveries as compared to 2013.

Table 22: Safe Deliveries per Sub - County

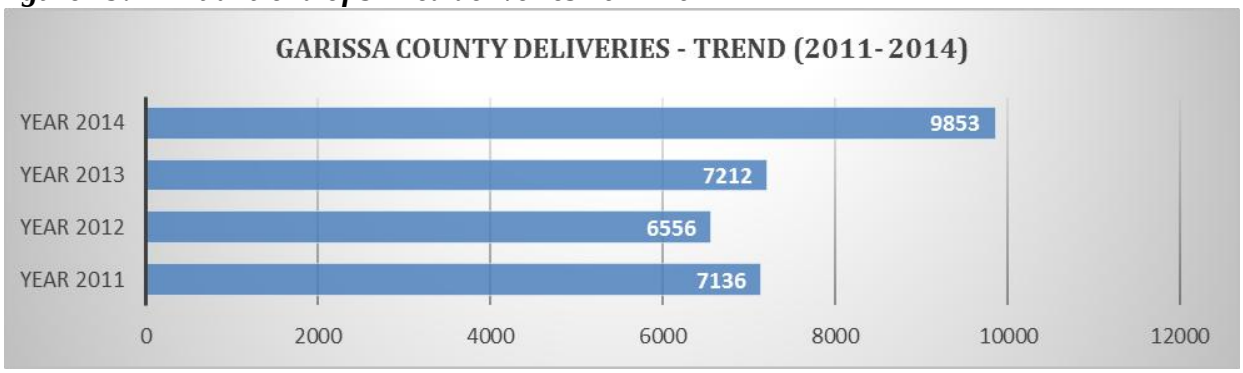
Data	Balambala	Dadaab	Fafi	Garissa	Hulugho	Ijara	Lagdera	**county**
Target population	2,948	2,900	4,048	6,956	2,076	1,864	2,988	23,780
Normal Deliveries	442	976	601	4659	349	828	792	8647
Breach Delivery	1	7	7	89	0	8	9	121
Assisted vaginal delivery	0	2	1	22	0	1	0	26
Caesarian Sections	0	138		906	0	15	0	1059
Live birth	426	1075	609	5444	340	834	779	9507
Babies discharge Alive	426	1082	564	5317	297	822	756	9264
Maternity Referrals	16	26	21	419	10	60	39	591
Maternal Deaths	0	4	3	20	2	0		29
Neonatal deaths	0		4	85		3	4	96
Pre-term babies	0	3		86	1	13	5	108
Still birth	17	29	18	174	5	31	15	289
Underweight babies <2500gms	5	7	9	109	1	20	23	174
Total Deliveries	443	1,123	609	5,676	349	852	801	9,853

Figure 28: Monthly Trend of skilled deliveries conducted 2012, 2013 and 2014



- Year 2014 had the highest monthly deliveries as compared year 2012 and 2013.

Figure 29: Annual trend of skilled deliveries 2011-2014



- There was high increase in deliveries during the year 2014; these could be due to increase in number of health workers in the county.

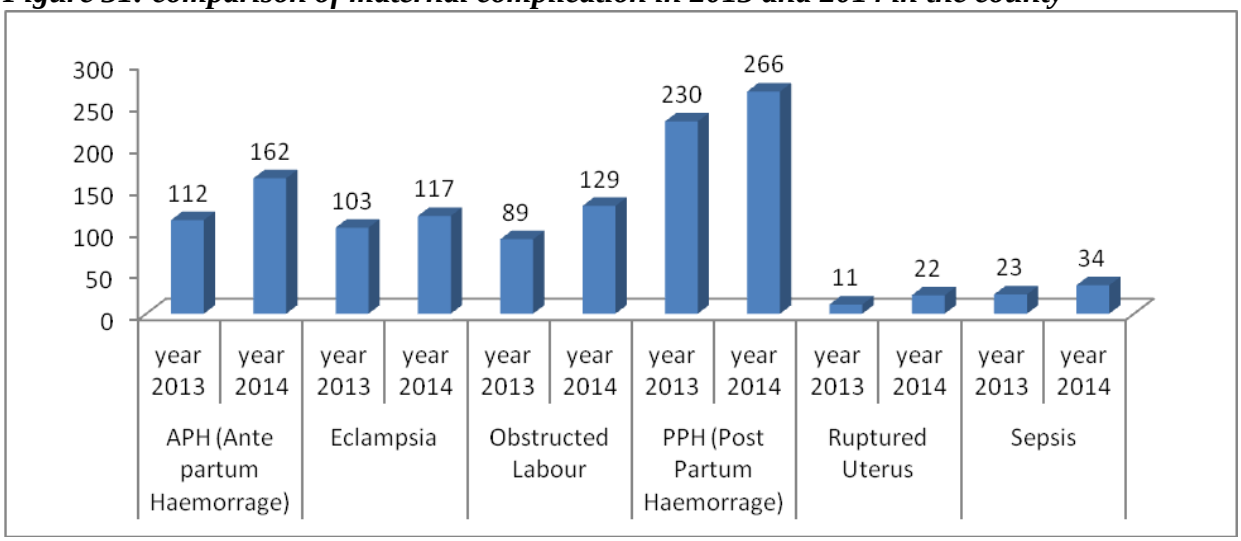
Table 23: Maternal complications per Sub County

Indicator	Balambala	Hulugho	Lagdera	Fafi	Dadaab	Ijara	Garissa	County
APH (Ante partum Hemorrhage)	0	7	4	5	18	18	110	162
Eclampsia	2	3	4	1	24	6	77	117
Obstructed Labour	3	4	8	8	26	17	63	129
PPH (Post-Partum Hemorrhage)	4	4	12	18	30	10	188	266
Ruptured Uterus	0	0	0	0	2	0	20	22
Sepsis	0	2	3	2	6	3	18	34

- Garissa Sub County reported the highest number of maternal complications as compared to other sub counties; this could be due to the presence of County Referral Hospital which

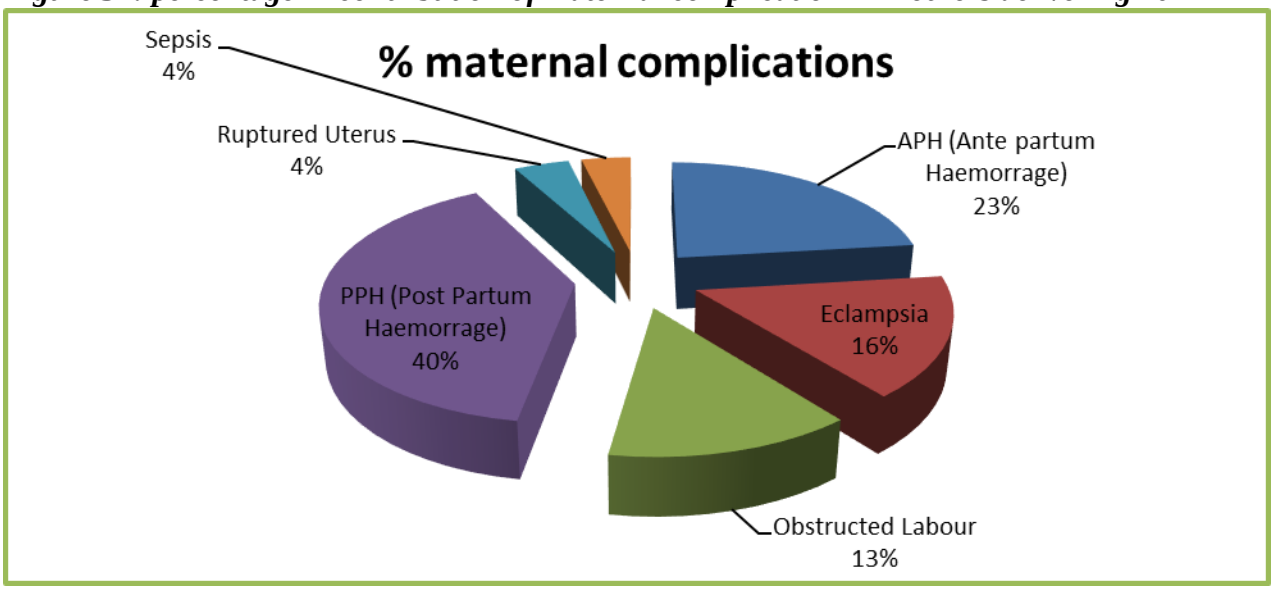
receives many referrals from other sub counties, while Balambala Sub County reported the lowest number of complications.

Figure 31: comparison of maternal complication in 2013 and 2014 in the county



- There was increase in maternal complications in all the indicators during the 2014 as compared to 2013.this could be attributed by increase of the number of mothers who accessed the health facilities during the year.

Figure 32: percentage in contribution of maternal complication in mothers delivering 2014



- The leading cause of maternal complication is post-Partum Hemorrhage accounting for 40% followed by ante partum hemorrhage at 23%.

Table 24: Maternal Deaths Vs Maternal Deaths Audited and % Audited, 2014

Sub County	2014		
	Maternal Deaths	Maternal Deaths Audited	% Audited 2014
Balambala	0	0	-
Dadaab	4	4	100%
Fafi	3	2	67%
Garissa	20	20	100%
Hulugho	2	1	50%
Ijara	0	0	-
Lagdera	0	0	-
County	29	27	93%

- During the period under review Garissa Sub County had the highest number of maternal deaths accounting 69% (20 mothers) of the total deaths in the County; this could be due to the county referral hospital.
- 93% of the maternal deaths were audited, this is high improvement compared to the year 2013 no maternal death was audited.

3.7: HIV and AIDS

3.7.1: HIV Testing Summary

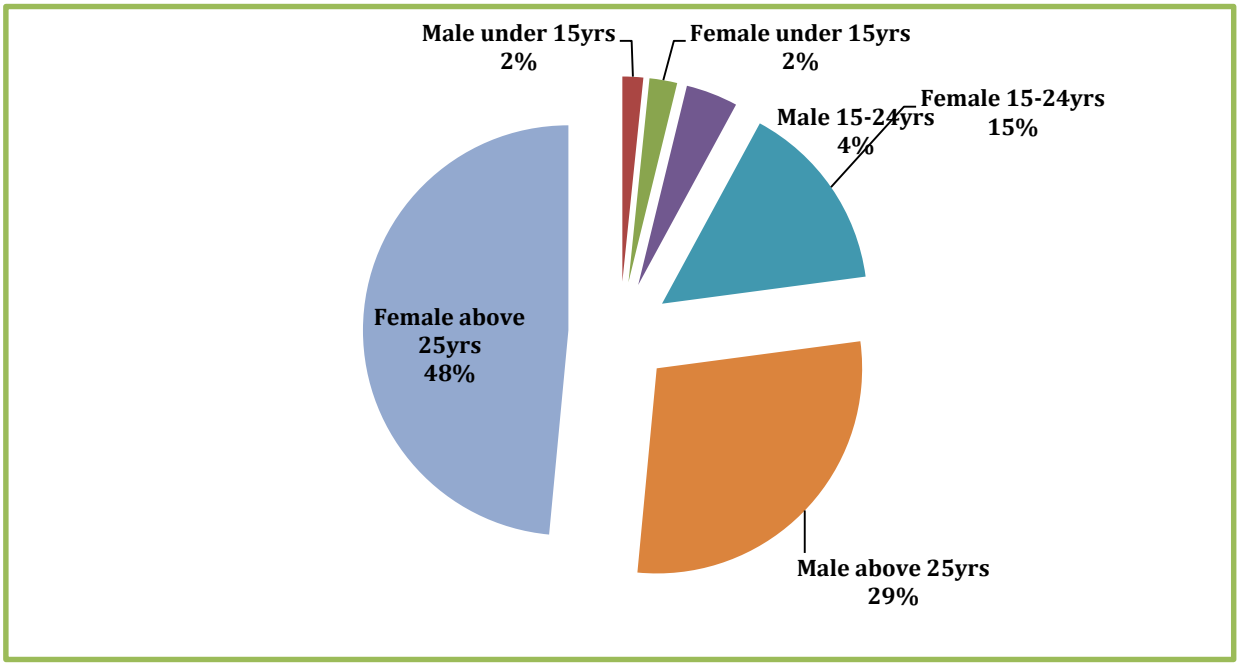
- A total of 71,009 clients were tested for HIV thus 10% of county population knew their HIV status in year 2014.

Table 25: HIV Testing

1. Testing for HIV	Balambala	Hulugho	Lagdera	Fafi	Dadaab	Ijara	Garissa	County
First Testing HIV	2123	2973	7048	3828	2254	1617	10591	30434
Repeat Testing HIV	99	421	141	812	31	1434	19323	22261
Outreach Testing HIV	88		190	85		653	15822	16838
Static Testing HIV (Health Facility)	1903	3259	3793	4355	2253	2152	14093	31808
Couples Testing	55	33	29	108	20	55	608	908
Total Tested HIV	2218	3364	6415	4502	2283	2977	29914	51673
2. **Receiving positive results couples only**	0	0	0	0	0	0	0	0
Concordant Couples Receiving Results (Couples Only)	0	0	0	0	1	30	7	38
Discordant Couples Receiving Results (Couples Only)	0	0	0	0	0	3	25	28
3. **Receiving positive results**	0	0	0	0	0	0	0	0
Male 15-24yrs Receiving HIV + Results	0	0	2	0	0	0	13	15
Female 15-24yrs Receiving HIV + Results	0	0	4	0	0	0	51	55
Male above 25yrs Receiving HIV + Results	1	0	5	2	2	6	89	105
Female above 25yrs Receiving HIV + Results		1	6	3		6	162	178
Male under 15yrs Receiving HIV + Results	0	0	0	0	0	2	4	6
Female under 15yrs Receiving HIV + Results	0	0	0	1		1	6	8
Total HIV Positive	1	1	17	6	2	15	325	367

Facility based prevalence rate is 0.9 %.

Figure 34: percentage of clients who received positive results per gender and age group



Of the clients who are positive , 48% were females above 25 years 29%,15%,4%,2% and 2% were male above 25,female 15-24 years, male 15-24 years, female under 15 years and male under 15 years respectively.

3.7.2: ANC PMTCT

The main aim of ante natal clinic is to take care of mother and unborn children for safe delivery.

Table 26: ANC, PMTCT Services

Data	Balambala	Hulugho	Lagdera	Fafi	Dadaab	Ijara	Garissa	County
New ANC clients	964	880	1,462	1,552	1,413	1,440	7,788	15,499
Re-Visit ANC Clients	1,207	945	2,030	2,468	1,833	3,211	13,066	24,760
Pregnant women attending four ANC visits	403	245	750	665	615	1,056	3,971	7,705
ANC clients counselled	1,007	1,005	1,848	1,720	1,889	1,531	10,372	19,372
ANC clients Tested HIV	968	1,005	1,786	1,668	1,841	1,501	10,327	19,103
ANC clients HIV+ve	0	0	0	3	0	2	48	53
ANC clients issued with preventive ARVs	0	0	0	1	0	2	36	39
Infants issued with preventive ARVS	0	0	0	0	0	1	39	40
Infants tested for HIV after 3 months	0	0	0	0	0		21	21
Infants tested for HIV at 6 wks	0	0	0	0	0	2	23	25
Mothers HIV+ve referred for follow up	0	0	0	2	0	3	12	17
ANC Partners Counselled	53	16	10	19	2	125	541	766
ANC Partners Tested	45	16	6	20	2	121	542	752
ANC Partners HIV+ve	0	0	0	1	0	0	32	33
Partners HIV+ve referred for follow up	0	0	0	0	0	1	2	3
Mother counselled on infant feeding options	10	0	3	30	0	63	214	320

- The number of expected ANC mother in the county was 23,780.
- Only 65% of pregnant mothers attended ANC clinic at least once which increased from 54% in 2013, nationally 1st ANC attendance is at 92%.
- Garissa Sub County had the highest positivity rate 0.46% of those who were tested at ANC were HIV positive.
- In Garissa County 96% of those counselled in ANC were tested. Balambala Sub County had the lowest number of pregnant women accepted to be tested after counselling i.e.96%.
- 62% (33) of positive mothers were referred to CCC for further management.
- 42% of 1st ANC mothers attended 4th ANC clinic. This may be due to the fact that most of the mothers attend ANC at late stage in pregnant.32% (7705) of expected mothers attended 4th ANC, which increased from 22% during the year 2013.

Table 27: County safe delivery/HIV indicators

Indicator	Balambala	Dadaab	Fafi	Garissa	Hulugho	Ijara	Lagdera	County
% HIV positive	0.00%	0.00%	0.18%	0.46%	0.00%	0.13%	0.00%	0.04%
Testing acceptability	96%	97%	97%	100%	101%	98%	97%	96%
% HIV +ve mothers referred	0%	0%	67%	25%	0%	100%	0%	%

3.7.3: Maternity PMTCT.

Transmission of HIV virus from mother to child is an important component in in the health of children MOH Garissa County is committed in ensuring zero transmission. Below is a table with data from facilities on this programme.

Table 28: Maternity PMTCT

	Balambala	**Hulugho**	**Lagdera**	**Fafi**	**Dadaab**	**Ijara**	**Garissa**	**County**
Mat-Women Counselled	277	349	689	516	644	624	3800	6899
Mat-Women Tested for HIV	247	348	669	514	627	606	3768	6779
Deliveries from HIV +Ve Women	0	0	2	1	1	2	37	43
Maternity Women found HIV +Ve	0	0	2	0	0	1	40	43
Maternity Women issued with preventive ARVs	0	0	2	0	0	1	38	41
Maternity Women Initiated with Ctx	0	0	1	0	1	0	0	2
Maternity Infants administered with preventive ARVs	0	0	2	0	0	2	37	41
Infants initiated with Cotrimoxazole	0	0	1	0	0	0	0	1

- 95% of positive mothers who delivered were initiated with ART.
- In 2014, 0.63% (43) maternity mothers were found to be HIV positive.

Table 29: Postnatal Attendance coverage - 2014

sub county	target 2014	No. women attended Post natal clinic	PNC Coverage 2014
Balambala	2948	757	26%
Dadaab	2900	505	17%
Fafi	4048	915	23%
Garissa	6956	4862	70%
Hulugho	2076	405	20%
Ijara	1864	1176	63%
Lagdera	2988	750	25%
COUNTY	23780	9370	39%

Garissa Sub County had the highest coverage of mothers attending postnatal at 70%, while the lowest was Dadaab Sub County at 17%. County coverage of postnatal is at 39%, it increased from 24% in the year 2013

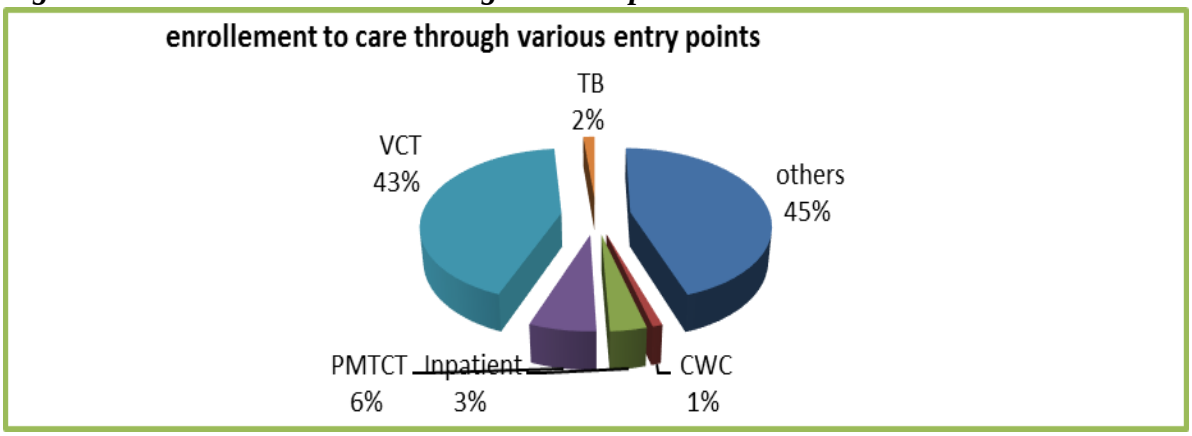
3.7.4:Anti-Retroviral Therapy

According to Kenya Aids Indicator Survey (KAIS), the prevalence rate of HIV in Garissa County is estimated to be 1% therefore the county has 7,565 clients who are HIV positive. ART programme aims at providing anti-retroviral therapy to the people affected and exposed, and also to provide prophylaxis treatment to prevent opportunistic infection. This ensures life prolongation.

Table 30: Patient's enrollment to care through various entry points per Sub County

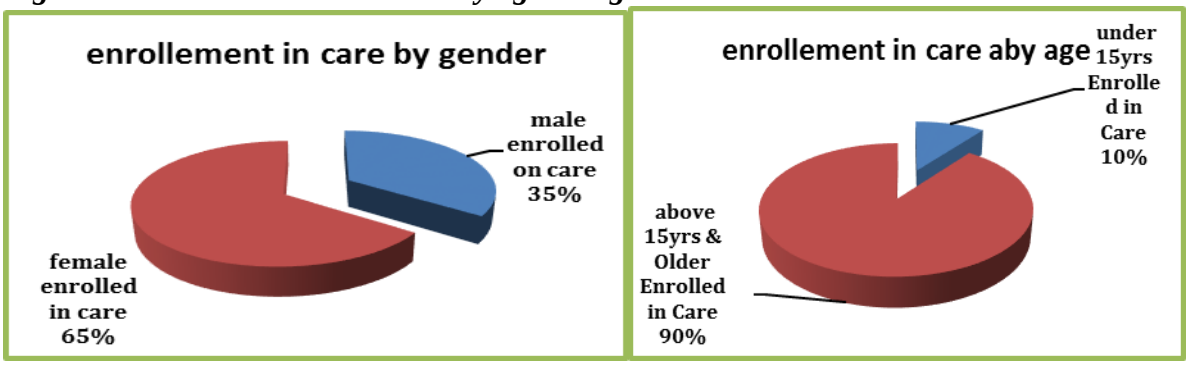
Data	Balambala	Hulugho	Lagdera	Fafi	Dadaab	Ijara	Garissa	County
New patients enrolled for HIV care all others	0	1	1	1	0	7	41	51
New patients enrolled HIV care through CWC	0	0	0	1	0	0	4	5
New patients enrolled for HIV care through Inpatient	0	0	0	0	0	0	18	18
New patients enrolled for HIV care through PMTCT	0	0	1		1	1	28	31
New patients enrolled for HIV care through VCT	0	0	1	2	2	5	209	219
New patients enrolled for HIV care through TB	0	0	2	1	0	0	5	8

Figure 35: Enrollment to care through various points



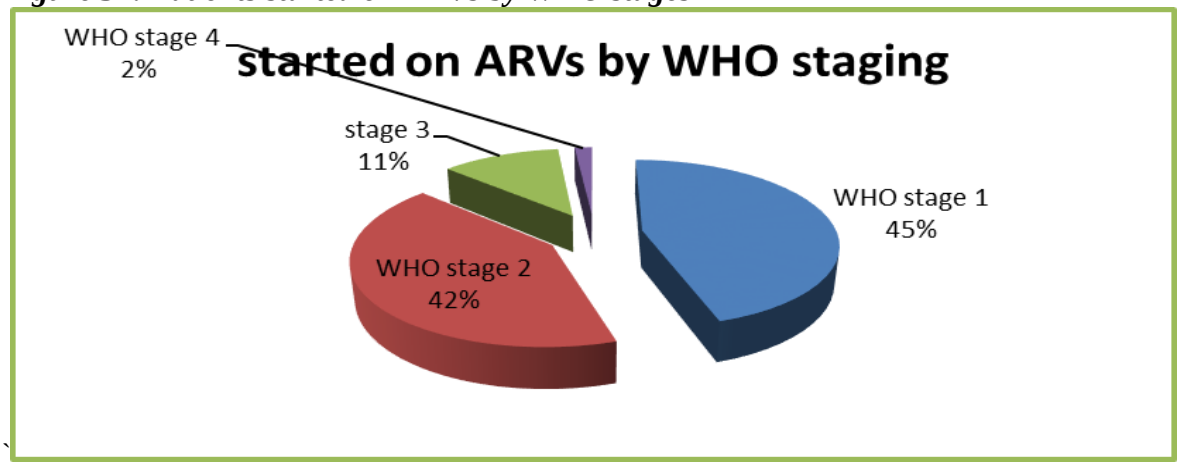
- The others as source of entry point had the highest at 45%, VCT, PMTCT, inpatient, TB; CWC had 43%, 6%, 3%, 2% and 1% respectively.

Figure 36: clients enrolled to care by age and gender 2014



The highest numbers of clients enrolled on care by gender were Female by 65% (263) and male at 35% (140)90% (362) of the clients enrolled in care were above 15 years and 10% (41) below 15 years.

Figure 37: Patients started on ARVs by WHO stages



- Many HIV positive patients 45% (132) are started on ARVs at WHO stage I, and very few started at WHO stage 4 at 2%(5)

Table 31: Garissa county patients Starting ART, 2014

Garissa county patients Starting ART, 2014	
Under 1yr Starting on ART	3
Male under 15yrs Starting on ART	10
Female under 15yrs Starting on ART	15
Male above 15yrs Starting on ART	70
Female above 15yrs Starting on ART	181
Pregnant women Starting on ART	26
TB Patient Starting on ART	14
Total Starting on ART	276

- During the period the highest number of clients started on ART were female for both under 15 years and over 15 years i.e. 15 and 181 respectively.

Table 32: Number of clients currently on cotrimoxazole by end of December 2014

Clients on cotrimoxazole.	
Data element	Number
HIV Exposed Infant (within 2 months) on Cotrimoxazole Prophylaxis	3
HIV Exposed Infant (Eligible for CTX 2 months)	0
On CTX Below 15 yrs. Male	32
On CTX Below 15 yrs. Female	36
On CTX 15 yrs. and Older Male	324
On CTX 15 yrs. and Older Female	785
Total on CTX	1,156

The 70% (821) of the HIV positive clients currently on cotrimoxazole are female and 30% (356) are male.

Table 33: positive clients currently on care

HIV Positive clients Currently in Care	Number
Under 1yr Currently in Care	3
Male under 15yrs Currently in Care	31
Female under 15yrs Currently in Care	36
Male above 15yrs Currently in Care	326
HIV Currently in Care - above 15yrs Female	777
HIV Currently in Care - Total	1,170

- 69% (813) of the HIV positive clients in care were female, and 31% (357) were male.

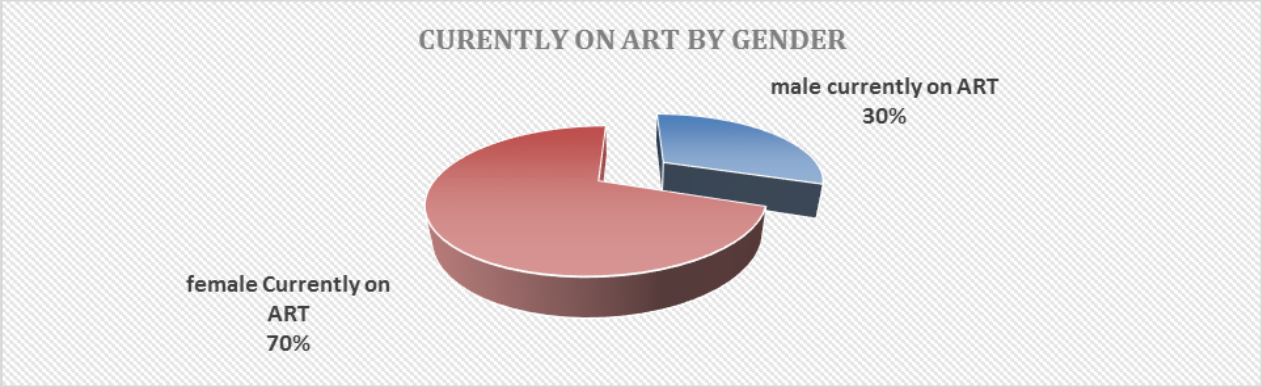
Patients on Care and currently on ARVs per Sub County

	Balambala	Dadaab	Fafi	Garissa	Hulugho	Ijara	Lagdera	County
Total Number Currently On Care	0	0	25	1 108	0	35	2	1 170
Total Number Of Patients Currently On ARVs (731)	0	0	22	818	0	40	2	882

75% of patients on care are on ART

Table 34: Number of clients currently on ART

Data	Balambala	Hulugho	Lagdera	Fafi	Dadaab	Ijara	Garissa	County
Currently on ART - below 1 year	0	0	0	0	0	1	1	2
Currently on ART - Female above 15 years	0	0	1	10	0	28	544	583
Currently on ART - Female Below 15 years	0	0		3	0	4	24	31
Currently on ART - Male above 15 years	0	0	1	7	0	6	229	243
Currently on ART - Male below 15 years	0	0		2	0	2	21	25
Total currently on ART	0	0	2	22	0	40	818	882



- The 70% (614) of the HIV positive clients currently on ART are female and 30% (258) are male.

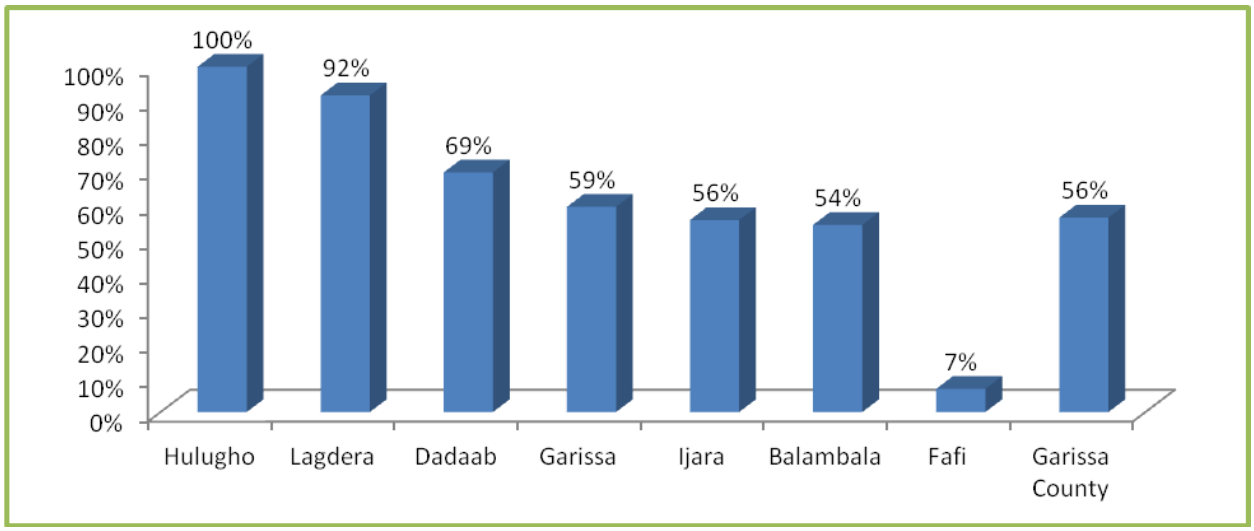
Total Ever on ART	**1699**

The cumulative HIV positive clients ever on ART are Female are 65% (1100) and male 35 %(599).

3.8 Environmental Health Services.

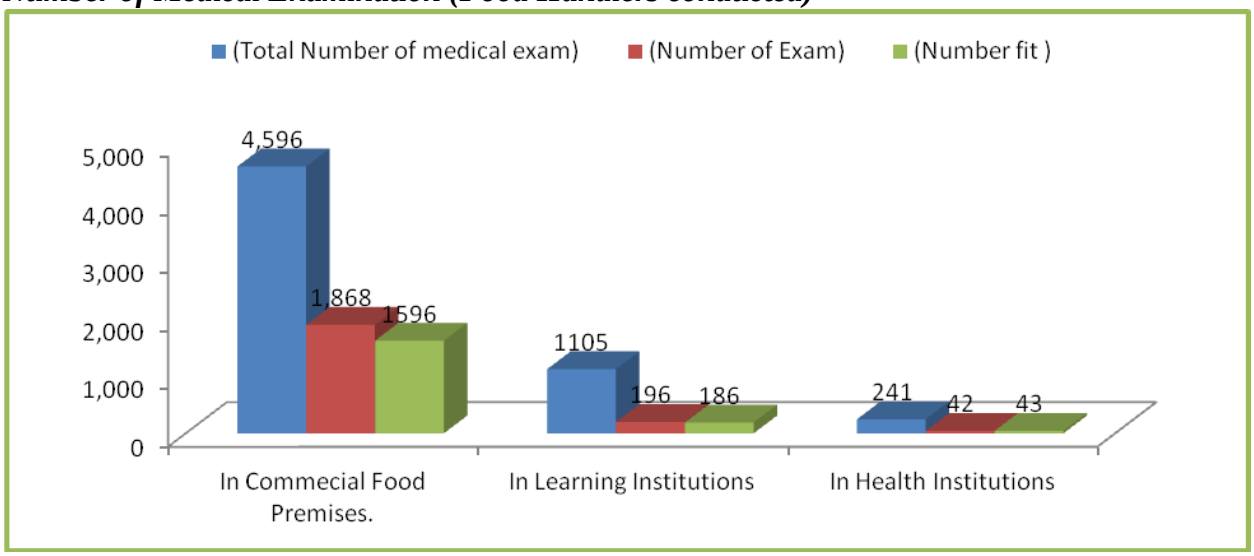
The environmental health services reports on the number of food premises inspected, food and water seizures and sampling done, meat inspection, the medical examination of food handlers conducted, waste disposal, school health program that was reported during the period under review as analyzed below.

Reporting rate per Sub County; 2014

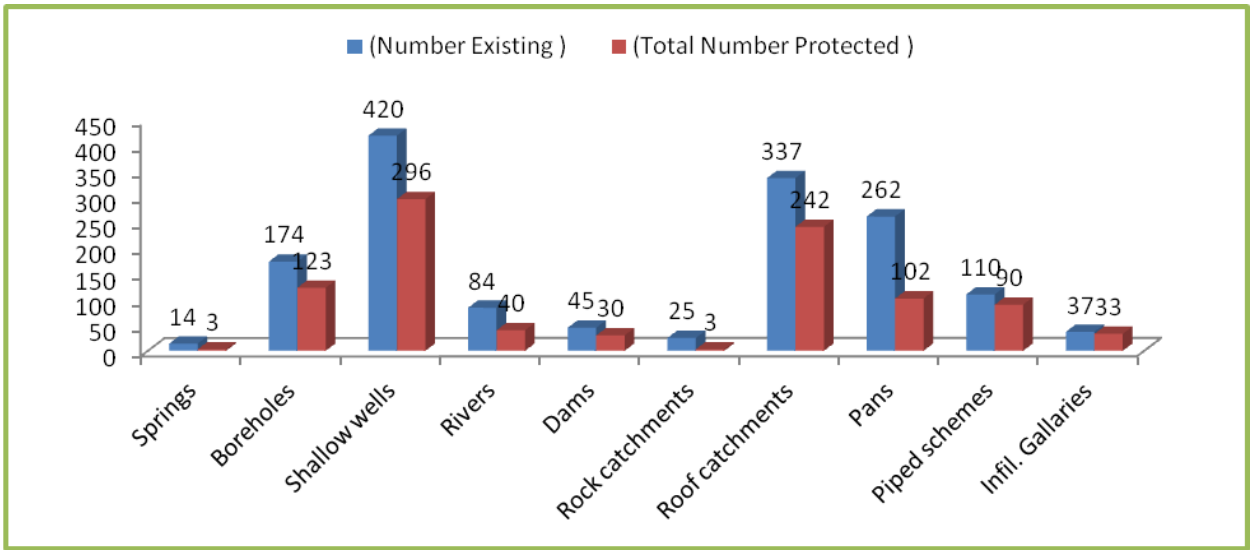


- The county reporting rate is very low at 56%, Fafi sub county having the lowest at 6.7%
- Hulugho achieved 100% reporting rate.

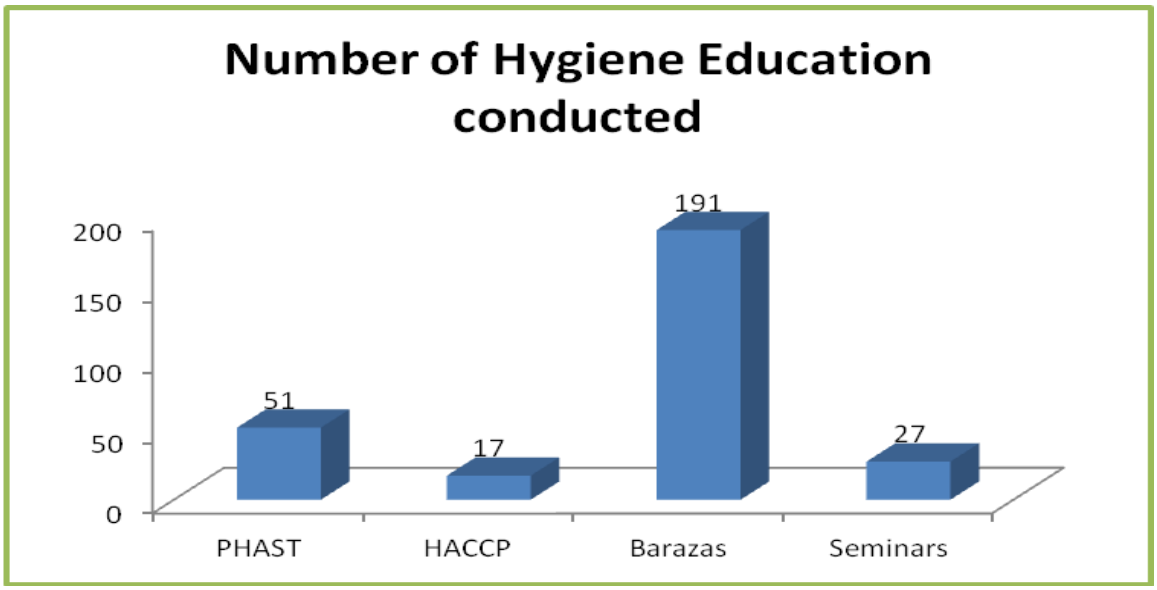
Number of Medical Examination (Food Handlers conducted)



Water supply; number existing and number protected in the county



Hygiene education in the county



Public Health Laws Enforcement

Data element	(Mosquito Control)	(Food Control)	(Housing)	(Building Construction)	(Sanitation)	(Pollution Control)	(Communicable Diseases)
Intimation Notices Served	153	690	19	24	536	22	121
Intimation Notices Complied	153	549	15	14	484	15	79
Statutory Notices Served	7	385	6	4	318	13	0
Statutory Notices Complied	7	338	3	5	262	6	0
Cases prosecuted	0	10	1	3	10	1	0
Cases Withdrawn	0	11	0		10	0	0
Cases Acquitted	0	0	0	0	0	0	0
Cases Convicted	0	0	0	0	0	0	0

3.9 :Tuberculosis Programme

Backround

The TB/Leprosy programme was formed in 1980 when the Kenya TB and Leprosy programes were joined together by the Ministry of Health to become National Leprosy and Tuberculosis Programme (NLTP).

In year 2008 Division of Leprosy,TB and Lung Diseases (DLTLD) was created with more functions for NLTP by giving responsibilities for handling other chronic lung disease like asthma and chronic obstructive pulmonary disease (COPD).

Mission: To sustain and improve Tuberculosis, Leprosy and Lung Disease control gains in order to accelerate the reduction of Tuberculosis incidence, intensify post- elimination leprosy activities and control Lung disease.

Goal: A generation free of Tb, Leprosy and Lung Disease.

Figure 38: TB Case finding per Sub County

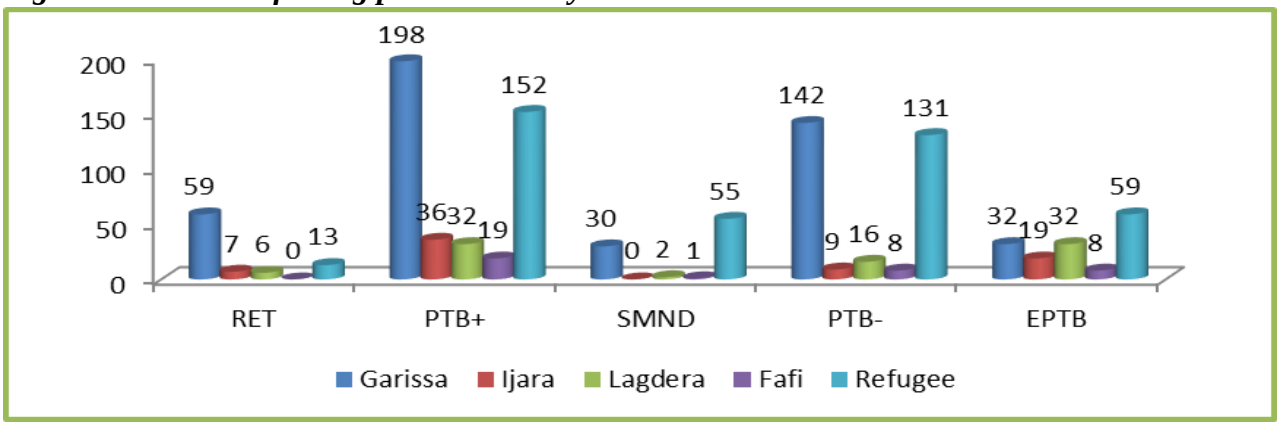


Figure 39: TB Category diagnosed in 2014

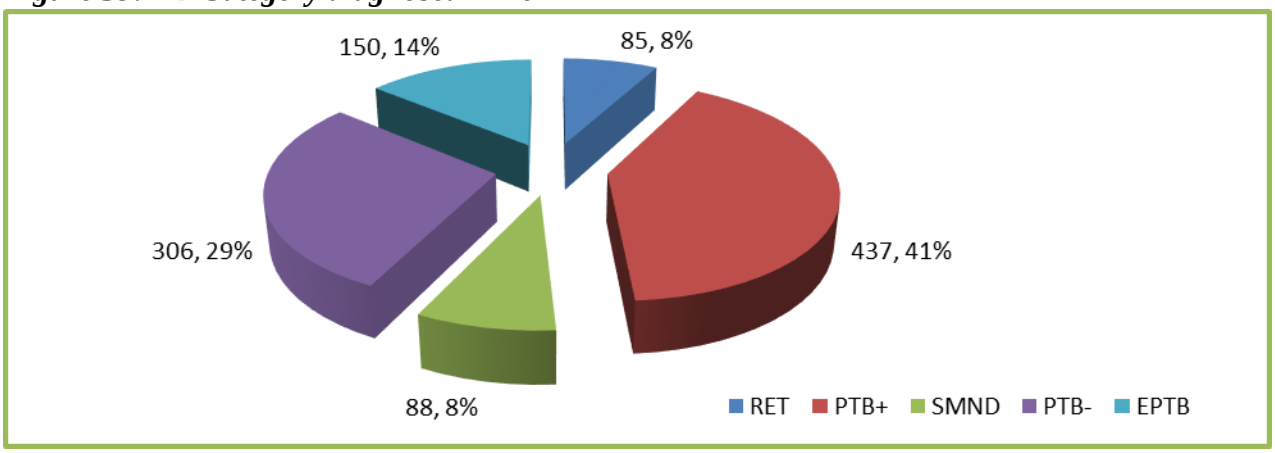


Figure 40: Trends for all TB types notified (2012-2014)

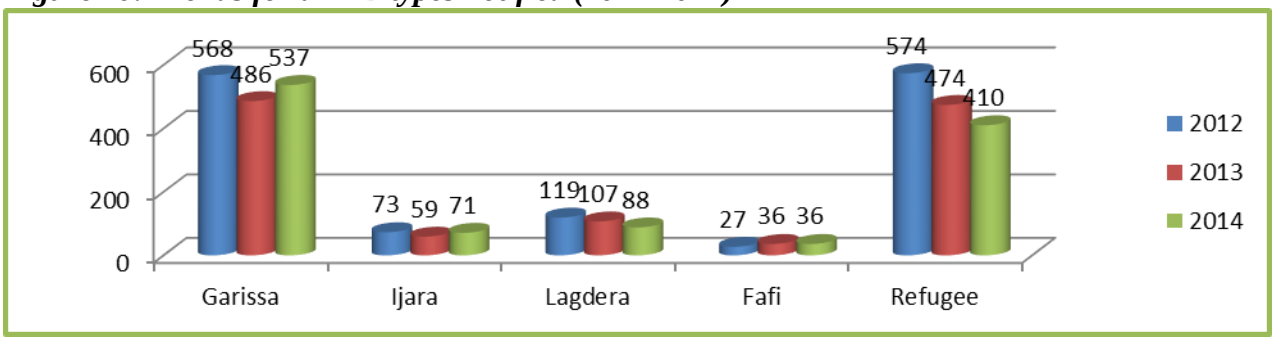


Table 35:Percentage Change In TB Case-Finding 2013 - 2014

Sub county	2013	2014	Change	% change
Garissa	486	539	+54	↑ 10.9
Ijara	73	71	-2	↓ 2.8
Lagdera	107	88	-19	↓ 17.7
Fafi	36	36	0	0
Refugee	474	410	-64	↓ 15.6
County Total	1176	1144	32	↓ 2.7

Figure 41: Age sex distribution for PTB+

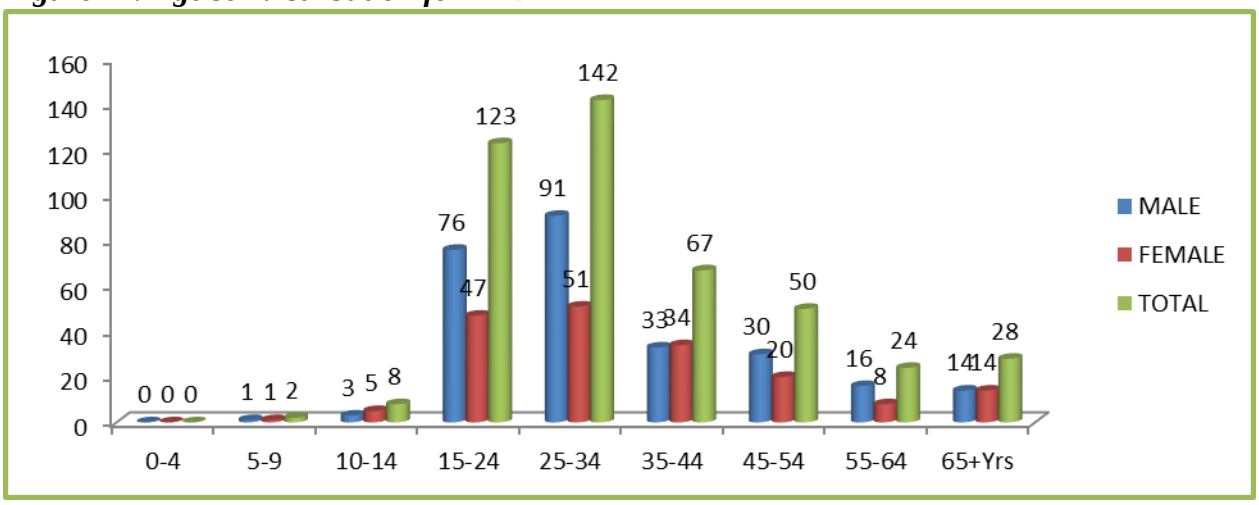
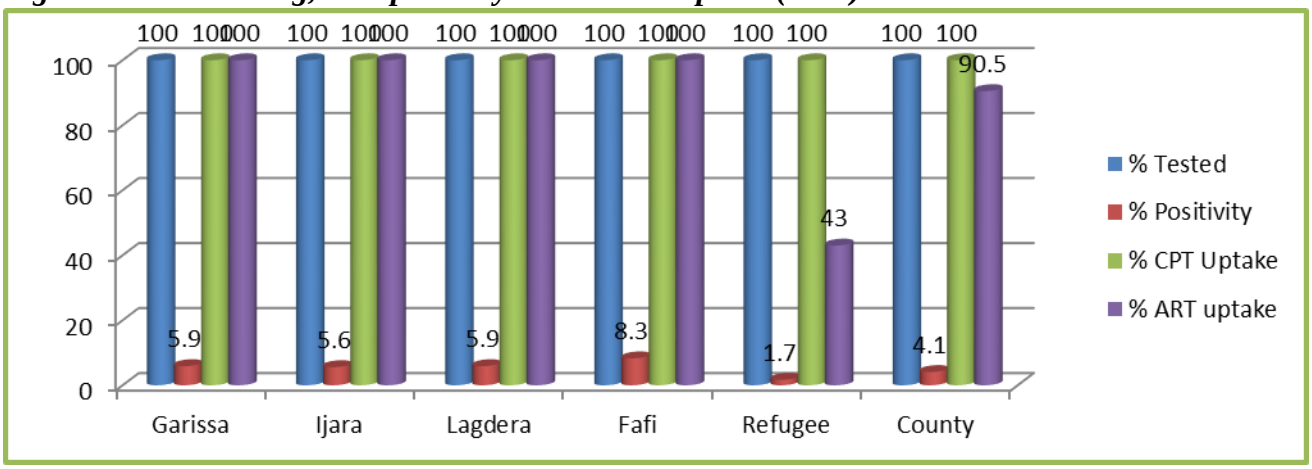


Figure 42:HIV Testing, HIV positivity versus ART uptake (2014)



MDR-TB

Figure 43: Trends in DR-TB notification (2009-2014)

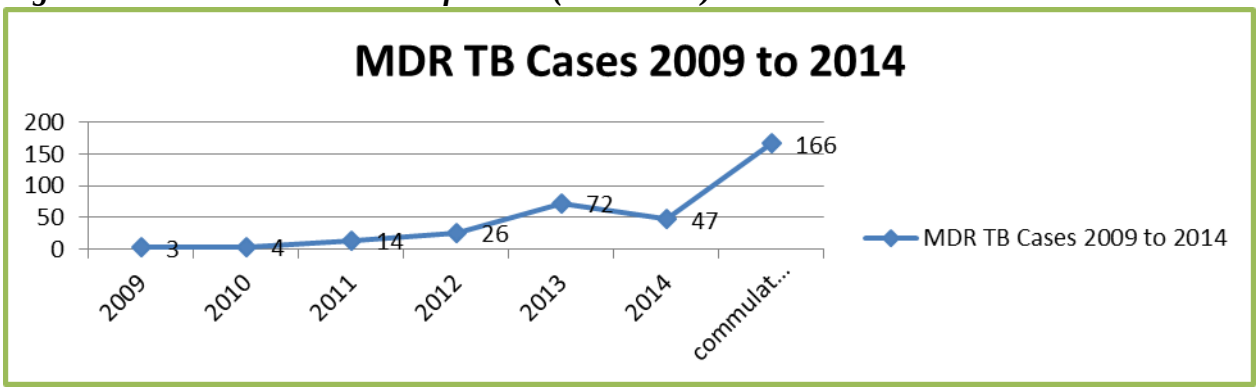


Table36:Treatment outcomes for RR/MDR-TB cases

YEAR	Cured	%	TRC	%	DIED	%	OOC	%	TO	%	Total Evaluated	TSR %
2009	**3**	**100**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3**	**100**
2010	**3**	**75**	**0**	**0**	**1**	**25**	**0**	**0**	**0**	**0**	**4**	**75**
2011	**12**	**85.7**	**0**	**0**	**1**	**7.1**	**1**	**7.1**	**0**	**0**	**14**	**85.7**
2012	**21**	**81**	**3**	**11.5**	**1**	**3.8**	**0**	**0**	**0**	**0**	**26**	**85**

Chapter 4. Achievements, Challenges & Recommendations

4.0 Achievements

1. Recruitment 280 HRH
2. Replacing of 52 HWs transferred inter county on self request
3. Provision of scholarship in field of Medicine, Anaesthetists, Nursing
4. Absorption of ESP and CHEWs staffs into regular establishment(county payroll)
5. Leasing of 7 referral Ambulances in strengthening referral system
    - Repairing, Equipping and Branding of 10 GOK ambulances with central command unit
6. Repairing of utility vehicles and provided one vehicle to each SC
7. Construction of
    - 16 new Dispensaries
    - 4 Hospital Kitchens
    - A theatre
    - 2 X-Rays
    - A modern Mortuary in GCRH
    - 20 Maternity Units
8. Construction of 28 staff houses
9. Renovation of GCRH staff Houses
10. Established 53 additional community units and strengthened existing units.
11. Access to health services through scheduled integrated mobile outreach services (6 per month per SC)
12. Establishment of 2 Maternal shelters- GCRH and Ijara Hosp
13. Streamlined procurement system –Establishing committee at county level and currently no pending request

14. Posting of 4 Doctors and 2 Anaesthetist to sub county Hospitals
15. Quarterly purchase of pharmaceutical and non pharmaceutical
16. Procured and distributed MNH equipments
17. Purchased Lab equipments for Hospitals and Health Centres
18. Procurement of 6 lead microscope and gene expert machine
19. Procurement of linen for GCRH
20. Procurement of equipment for Histology
21. Developed 5 year MNH investment plan
22. Developed 5 year M&E plan
23. Purchase of MOH reporting tools

4.1 Challenges

1. Delay in disbursement of funds from national treasury especially HSSF and Free maternity
2. Inadequate allocation of funds to MOH- FY 2014/15
3. Development projects – Disconnect between MOH & County Government
4. Gaps in HRH – Still below standard staffing norms
5. High staff turnover
6. Risk of disease importation due to long porous border
7. Vaccine stock outs both nationally and countywide resulting to temporary interruption of immunization services
8. Major Gaps on EPI equipments needs - new as well as routine replacements and due to this, some operational health facilities were not offering immunizing services
9. Most solar fridges were functioning sub –optimally due to worn out battery cells and therefore were using solar during daylight & then needed to be switched to gas at night
10. Knowledge & skills gap on EPI operations and equipment maintenance
11. Delay in disbursement of the free maternity monies.
12. Lack of funding for targeted support supervision especially in MNCH

4.2 Recommendations

- Advocate for regular & timely disbursement of funds (HSSF & Free maternity) from national treasury
- Consider increasing funding to MOH from the county Government.
- Development projects priorities be done consultatively by MOH & County Government
- Recruit more frontline health workers (Nurses, clinical officers, laboratory among others) to bridge gap at the lower operational levels
- Institute retention packages to address staff turnover
- Initiate cross border one health meetings to track & strengthen health situation on both sides
- Establish of EHR in all Hospitals
- Staff promotion
- Establishing community units for nomadic population and recruitment of CHEWs
- Establishing income generating activities for CHVs
- Carrying out Operational Research, surveys and Client satisfaction surveys

Annex 1: IMMUNIZATION COVERAGE PER SUB COUNTY; 2014

Data	Balambala	Hulugho	Lagdera	Fafi	Dadaab	Ijara	Garissa	COUNTY
Target population	2564	1968	2903	3932	2816	1839	6956	22978
BCG doses Administered	1372	970	1790	2030	2113	1335	7616	17226
BCG COV.	54%	49%	62%	52%	75%	73%	109%	75%
DPT/Hep+HiB1 doses Administered	1623	1151	2281	2317	2860	1435	6988	18655
PENTA 1 COV	63%	58%	79%	59%	102%	78%	100%	81%
DPT/Hep+HiB2 doses Administered	1359	988	1885	2052	2359	1299	6038	15980
PENTA 2 COV	53%	50%	65%	52%	84%	71%	87%	70%
DPT/Hep+HiB3 doses Administered	1331	1008	2149	2114	2380	1443	5855	16280
PENTA 3 COV	52%	51%	74%	54%	85%	78%	84%	71%
OPV Birth doses Administered	445	592	897	758	1290	1015	6746	11743
OPV Birth cov	17%	30%	31%	19%	46%	55%	97%	51%
OPV1 doses Administered	1605	1141	2276	2348	2825	1442	7012	18649
OPV 1 COV	63%	58%	78%	60%	100%	78%	101%	81%
OPV2 doses Administered	1342	991	1882	2028	2347	1287	5994	15871
OPV 2 COV	52%	50%	65%	52%	83%	70%	86%	69%
OPV3 doses Administered	1323	999	2134	2120	2354	1441	5814	16185
OPV 3 COV	52%	51%	74%	54%	84%	78%	84%	70%
Pneumococal 1 doses Administered	1624	1142	2284	2329	2854	1444	7002	18679
PNEU 1 COV	63%	58%	79%	59%	101%	79%	101%	81%
Pneumococal 2 doses Administered	1362	990	1869	2032	2361	1294	6026	15934
PNEUM 2 COV	53%	50%	64%	52%	84%	70%	87%	69%
Pneumococal 3 doses Administered	1338	1002	2150	2113	2381	1426	6000	16410
PNEUM 3 COV	52%	51%	74%	54%	85%	78%	86%	71%
Rotavirus 1 doses Administered	946	561	680	1400	1150	979	3663	9379
ROTA 1 COV	37%	29%	23%	36%	41%	53%	53%	41%
Rotavirus 2 doses Administered	450	362	362	512	493	475	1916	4570
ROTA 2 COV	18%	18%	12%	13%	18%	26%	28%	20%
Measles doses Administered	1465	1036	2291	2142	2367	1378	5842	16521
MEASLES COV	57%	53%	79%	54%	84%	75%	84%	72%
Fully Immunized Children(FIC) under 1 year	1095	1049	2055	1842	2254	1345	4941	14581
FIC COV	43%	53%	71%	47%	80%	73%	71%	65.0%

Annex 2 :OUTPATIENT MORBIDITY;2014

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Other Disease of Respiratory System	13,129	13,754	13,922	12,603	13,672	12,702	15,555	16,546	16,448	16,455	16,666	16,167	177,619
Urinary Tract Infection	3,665	3,434	4,392	4,425	3,933	3,430	4,148	5,336	5,123	5,262	4,979	5,547	53,674
Disease of the skin	3,264	2,646	3,412	3,829	4,045	4,024	4,618	4,861	4,646	4,550	4,499	4,562	48,956
Diarrhoea	2,980	2,470	2,899	3,689	3,665	3,078	3,314	3,446	3,642	3,562	4,532	5,244	42,521
Pneumonia	2,135	2,371	2,678	2,768	2,681	2,279	2,681	2,232	2,510	2,535	2,802	2,806	30,478
Typhoid fever	917	896	1,230	1,385	1,048	819	1,088	1,072	1,180	1,276	1,368	1,478	13,757
Ear Infections	818	783	931	1,125	1,078	1,235	862	1,014	1,103	1,057	1,295	1,233	12,534
Confirmed Malaria	1,316	611	740	987	993	882	1,164	997	931	826	1,087	1,607	12,141
Intestinal worms	1,004	831	861	957	941	907	1,020	1,222	989	982	1,215	1,166	12,095
Eye Infections	550	556	864	807	867	882	882	940	928	861	1,083	1,181	10,401
Rheumatism, Joint pains etc.	927	676	830	747	781	739	948	865	983	991	967	916	10,370
Clinical Malaria	1,733	961	477	1,504	681	397	547	468	346	474	487	944	9,019
Anaemia cases	516	581	565	552	531	596	734	672	687	822	879	855	7,990
Accidents	474	414	561	469	593	654	600	549	911	853	698	750	7,526
Dental Disorders	479	473	520	456	567	611	564	487	519	597	564	553	6,390
Hypertension	219	235	295	258	264	207	323	292	357	459	423	449	3,781
Malnutrition	242	269	221	166	285	243	304	325	255	257	332	327	3,226
Bites - Animal, Snake, etc	164	153	232	195	200	213	230	157	171	192	284	161	2,352
Burns	141	161	205	166	174	170	172	205	177	133	185	229	2,118
Bilharzia	83	178	108	75	114	155	179	162	125	167	233	227	1,806
Chicken Pox	41	57	100	55	87	42	102	169	177	170	146	128	1,274
Diabetes	79	77	90	62	80	61	94	88	169	131	158	181	1,270
Disease of Puerperium and Childbirth	69	76	66	90	97	101	91	61	204	94	97	96	1,142
Dysentery	79	61	66	72	88	71	31	74	51	105	108	237	1,043
Sexually Transmitted Infections	85	60	100	70	104	64	71	94	67	95	101	101	1,012
Brucellosis	47	57	38	37	61	135	130	64	81	75	97	82	904
Epilepsy	25	31	41	34	49	42	64	56	78	81	63	64	628
Poisoning	15	77	7	18	26	32	18	144	28	39	79	60	543
Abortion	78	25	25	31	23	76	45	30	49	46	42	32	502
Malaria in pregnant woman	58	49	79	42	21	19	37	29	30	30	38	49	481
Mental Disorders	35	34	31	34	34	54	43	32	49	35	39	28	448
Tuberculosis	33	29	13	37	42	35	49	11	19	28	50	69	415
Mumps	20	21	21	16	16	13	11	15	18	11	22	3	187
Sexual Assault	16	9	14	6	12	6	5	12	15	11	8	12	126
Congenital Anomalies	2	2	1	4	6	1	55	11	15	9	4	2	112
Measles		1	37	3	2	3	9	9	12				76
Infectious Hepatitis		22	2		12	11		3	2		2	1	55
New AIDS Cases	1	2			2				1		29	1	36
Meningococcal Meningitis	5	1	2	1		1			1		2	1	14

Annex 3: OUT-PATIENT ATTENDANCE (2014)

Data	Balambala	Hulugho	Lagdera	Fafi	Dadaab	Ijara	Garissa	County
ANC Attendance	2,056	1,714	3,557	4,003	3,233	4,658	20,446	39,667
All other special clinics attendance					47		4,588	4,635
CWC Attendance	8,793	3,303	12,792	9,430	11,335	4,316	37,899	87,868
Circumcision			65	1	31		209	306
Dental Extractions Attendance			110	46	126	515	1,386	2,183
Dental Fillings Attendance							666	666
Dental clinic attendance others		18	219	109	110	259	3,100	3,815
ENT Clinic Attendance							4,038	4,038
Enhancement X-Rays with contact media							234	234
Eye Clinic Attendance				13			3,046	3,059
FP Attendance	577	266	691	1,365	1,625	1,121	7,169	12,814
Laboratory routine test	3,928	6,179	6,593	91	4,742	3,660	95,031	120,224
Laboratory special test	114	4	243		12	2,648	3,881	6,902
Major surgeries					152	7	1,004	1,163
Medical Examinations done except P3			110	85	15	181	4,332	4,723
Medical Reports Issued (incl. P3, compensation, insurance)	19	3		1	16	69	175	283
OPD Attendance <5yrs Female	8,401	4,237	12,809	15,983	15,701	8,433	36,435	101,999
OPD Attendance <5yrs Male	7,803	4,080	11,639	15,026	13,339	8,292	35,208	95,387
OPD Casualty attendance	1,271	1,467		11,196	807	1,963	6,888	23,592
OPD attendance >5yrs Female	17,603	6,997	23,929	26,256	30,037	17,680	72,716	195,218
OPD attendance >5yrs Male	12,680	5,867	18,951	21,658	23,865	14,917	61,347	159,285

Ministry of Health

2014

HEALTH SECTOR ANNUAL REPORT (2014)

REPUBLIC OF KENYA

MINISTRY OF HEALTH- COUNTY GOVERNMENT OF GARISSA