

UNICEF EASTERN AND SOUTHERN AFRICA REGIONAL OFFICE

# UNDERSTANDING COUNTY LEVEL PLANNING AND BUDGETING IN POST-DEVOLUTION KENYA: IMPLICATIONS FOR THE IMMUNIZATION PROGRAM

## Study Protocol

### Version

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## **1. INTRODUCTION**

### **1.1. Background**

Planning in the public sector helps to translate government policies and objectives into specific activities. Public sector planning involves long term planning that shapes the strategic vision of the sector, medium-term planning and short-term planning that converts the long term-plans into day-to-day activities. In many low- and middle-income countries, challenges in health sector priority setting, planning and budgeting affect resource allocation at micro, meso and macro-levels of government(1). Lack of capacities and political influence have been identified as some of the challenges facing planning, budgeting and priority setting in the health sector.

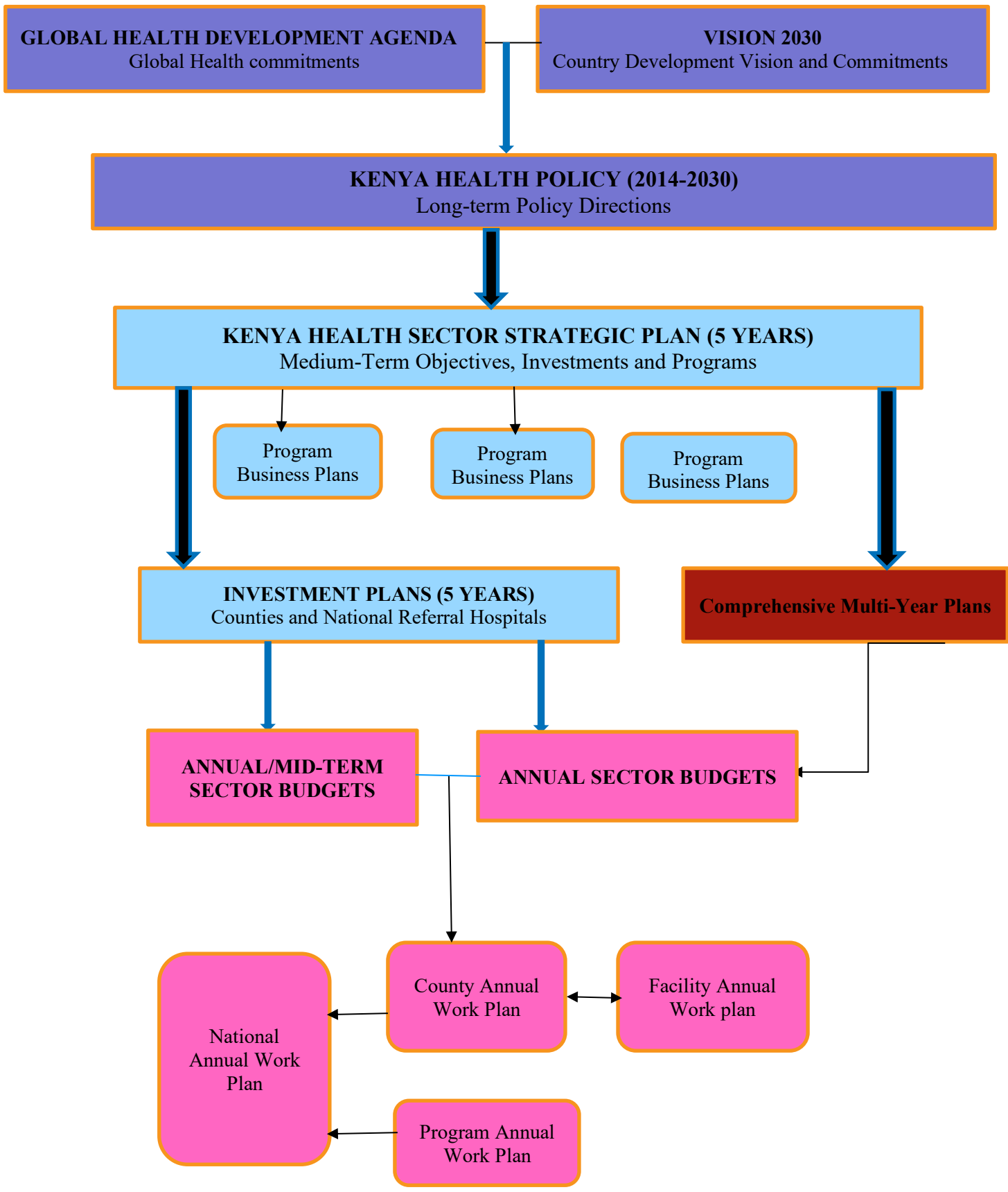
### **1.2. Overview of the Kenyan Health Sector**

Kenya has a devolved system of government that came into place in 2013 following the launch of the new constitution in 2010. This constitution created 47 autonomous regional governments and one central government. Health care became a devolved function of the county governments following the launch of the new constitution. At the national level, the ministry of health is responsible for health policy formulation, standard setting, training management of national referral health facilities. County governments are responsible for managing county health facilities and pharmacies, promotion of primary health care and other public health activities(2). County health sector management occurs through county health management teams (CHMTs) and sub-County Health Management Teams (SCHMTs).

### **1.3. Planning at national and county level**

The latest long-term priorities for the Kenyan health sector are defined in the Kenya Health Policy 2014-2030(3). From the long-term plan, health sector strategic (medium term) plans are developed. The medium-term resource allocation priorities for the ministry of health are contained in the medium-term expenditure framework (MTEF). MTEF is then translated into annual operational plans that detail the priority activities to be conducted over a year's period(4). At the county level, county integrated development plans (CIDPs) contain medium-term county priority areas for investment. CIDPs also detail estimated budget allocations for the period under consideration. Every year, counties develop annual development plans (CADPs) that contain annual county investment priorities that should contribute to county annual budgets. Figure 1 summarizes framework of health sector planning in Kenya.

**Figure 1: Health Sector Planning in Kenya**

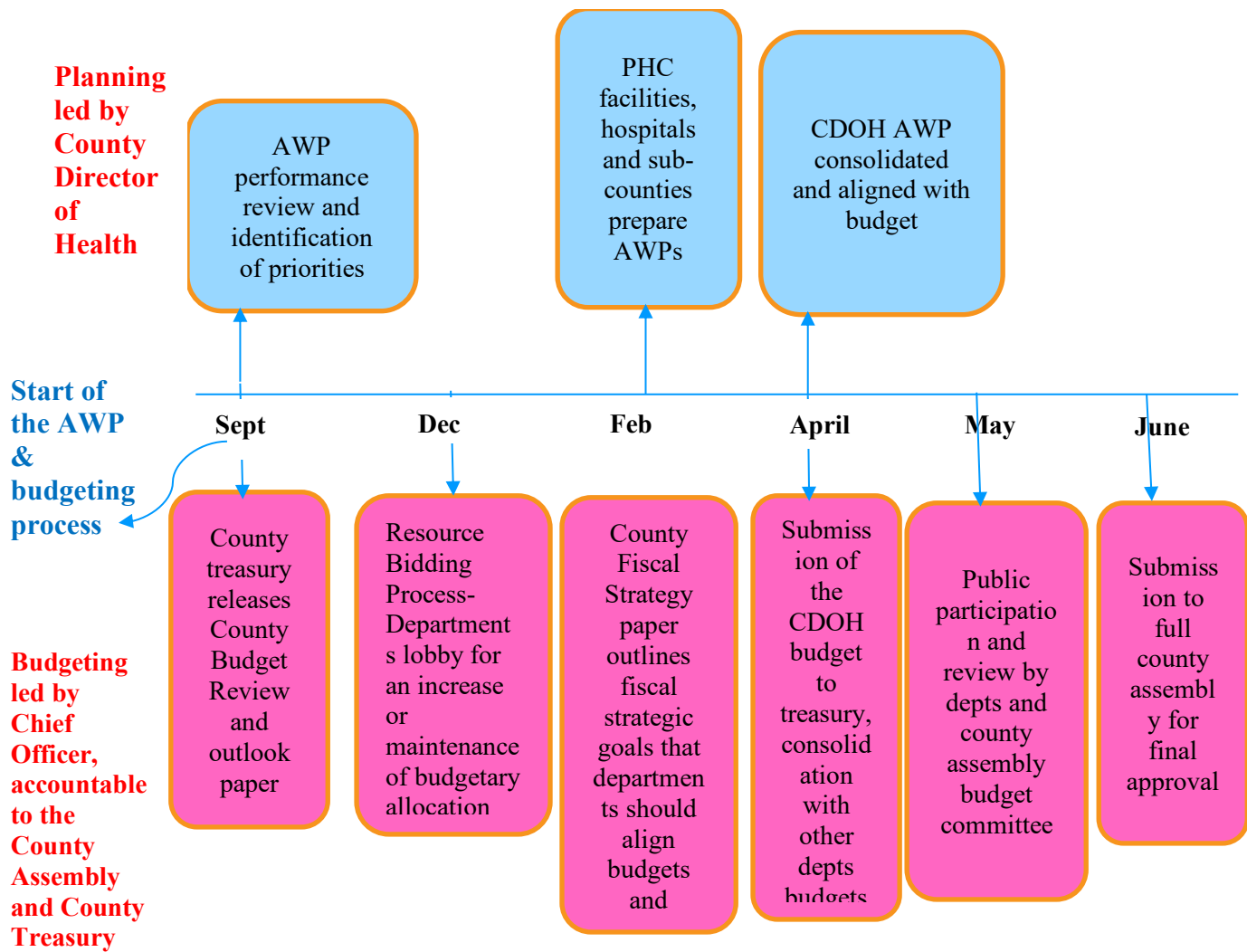


#### 1.4. County Budgeting Process

County budget process is outlined in the Public Financial Management (PFM) Act 2012(5). By August 30<sup>th</sup>, the county treasury issues a circular to all county departments informing them about the onset of the budget process for the departments to prepare their funding requests. On September 1, the county executive member for planning should also submit the county annual development plan (CADP) to the county assembly for approval. CADPs (which is derived from the CIDP) guides the priorities of the budget for the next fiscal year. Priorities of the County departments of health (CDOH) should contribute to the CADPs. In September, the county treasury should also release the county budget review and outlook paper (CBROP). The CBROP outlines the performance of the previous year's budget as well as revenue projections and departmental allocations for the next financial year.

In December, the CDOH participates in a resource bidding process based on its identified priorities. Resource bidding gives an opportunity for each county department to lobby for maintenance or increase in budgetary allocations based on the prioritized activities. County Fiscal Strategy paper is then released by the county treasury in February outlining the priority fiscal strategy goals that county departments should align their annual work plans and budgets to. By April, the CDOH is expected to have aligned its AWP with the budget and submitted to county treasury that consolidates all departmental budgets to form the county budget. The consolidated county budget is then subjected to public participation in May after which the budgets go back to the departments for alignment with public views. Once aligned, the consolidated budget is then presented to the county executive committee for approval before presentation to the county assembly budget committee. The county assembly committee then scrutinizes the budget allocations with public participation taking place throughout the process. The budget is then presented to the county assembly for the final approval by the end of June(5). Figure 2 summarizes the planning and budgeting cycle in county departments of health.

**Figure 2: County Planning and Budgeting Cycle**



## 1.5. Overview of the Immunization Program in Kenya

Following the devolution of health care, immunization became a function of the county governments. At the national level, the National Vaccine and Immunization Program (NVIP) is responsible for formulation of immunization policy, oversight, setting standards and technical support to counties on immunization(6). The NVIP also procures vaccines through UNICEF and distributes the vaccines to the regional depots. Counties are responsible for collecting vaccines from the regional depots and distributing them to the service delivery points (health facilities). Counties are also responsible for providing the requisite human resource to conduct immunization service delivery as well as provide vaccine logistics and finance immunization outreach activities. Since both levels of government are involved in immunization, the budget for immunization is thus done both at national and county level. At the national level, the budget is mostly composed of the costs of vaccines(7). County government budgets should thus contain allocations for the immunization service delivery logistics.

## 1.6. Problem Statement

Globally, there has been a push through the Global Vaccine Action Plan (GVAP) 2011-2020 for countries' commitment towards the prioritization of immunization services (8). GVAP aims at ensuring equitable distribution of the benefits of immunization to all people. Furthermore, GVAP advocates for a sustainable and predictable funding for immunization programs. All UN member states have committed towards the attainment of Universal Health Coverage (UHC) by 2030(9). Primary Health Care (PHC) has been identified as one of the key pillars towards the attainment of UHC. Ensuring that the population has access to immunization services is critical to the current global commitment to universal health coverage (UHC).

Universal Health Coverage (UHC) is one of the key pillars of the Kenyan President's Big Four Agenda launched in 2017(10). In December 2018, the president launched UHC pilot in four counties to test an effective model that would later be rolled out to the entire country. To ensure adequate access to immunization services and increased coverage, it is imperative that immunization is prioritized by both national and county government budgets. Comprehensive Expanded Program on Immunization review of 2018 revealed that 20% of health facilities in Kenya were unable to offer vaccination services on a daily basis due to interrupted supply of vaccines and injection devices(6). Most of the planned outreach activities at facility level were not conducted due to lack of funding. Budgeted operational and service delivery costs are usually lower than required with some counties unable to forecast, plan and budget for immunization.

From the most recent GAVI (The Vaccine Alliance)-Kenya Expanded Program on Immunization (EPI) joint appraisal (JA) conducted in December 2018, it was noted that there is a weak link between the prioritization of immunization in the CIDPs, budgets allocated, and the resources spent on immunization(6). Additionally, the joint appraisal noted that counties have limited capacity in planning, budgeting and execution of budgets. One sign of this weakness is the extensive use of supplementary budgets at county level where up to six supplementary budgets can be used in one financial year. Moreover, the budget process is many times rushed and hence may not allow for enough time for inputs from various programs (immunization included). Consequently, a rushed budget leads to low budget credibility evidenced by the numerous supplementary budgets. It is also difficult to estimate the resources invested in immunization. Since the actual domestic resource flows for immunization is not easily affirmed, there is a risk that initiatives to strengthen domestic resource flows might not be appropriate.

Understanding the roles of counties in immunization would thus be necessary to ensure that immunization targets are achieved. This study would thus seek to understand how counties conduct planning and budgeting for the immunization program. Additionally, the study would examine the existing mechanisms at county level to track the flow of resources through the

health system from allocation to execution. Identification of the bottlenecks in immunization financing would help identify specific technical support required to meet county needs with regards to immunization.

### 1.7. Study Objectives

The main objective of this study is to understand the process of planning and budgeting at county level and how this currently affects the immunization program. Specifically, the study will seek to identify the existing bottlenecks in the counties to inform on measures to strengthen immunization financing. In addition, the study would seek to establish the existing mechanisms of tracking immunization resources at county level. The study will seek to answer the following questions:

1. What roles do counties play in immunization?
2. How is planning for immunization activities conducted at county level?
3. How is budgeting for the immunization activities conducted at county level?
4. Have the immunization activities been included in county budgets since 2013?
5. How much of county resources have been allocated to the immunization activities since 2013?
6. To what extent do CIDPs and CADPs contribute to budget allocations?
7. What is the execution pattern of the allocated immunization budget?
8. What health/immunization expenditure tracking mechanisms exist at county level?
9. Are there any partners/stakeholders that support counties in immunization planning and budgeting?
10. How do the partners/stakeholders support immunization planning and budgeting at county level?

## 2. Summary of Empirical Literature on Health Sector Planning and Budgeting in Kenya

In Kenya, various studies have been conducted to explore priority setting, planning and budgeting at health facilities(11)(12)(13), county level(14)(13)(15)(16) and national level(17). Tsofa, et al, (2016) conducted a study to understand the factors that influenced health sector planning and budgeting processes at the national level. The researchers sought to examine the extent to which the annual operational planning process achieved alignment between planning and budgeting at the national level. Data was collected through document reviews, participant observation, and in-depth interviews. Findings from the study revealed a long journey that the health sector in Kenya still has towards alignment between planning and budgeting. Institutional Separation between planning and budgeting processes, poor leadership, unreliable data and poor stakeholder participation were identified as the main factors leading to the lack of alignment between planning and budgeting(17).

Between 2012 and 2014, a qualitative study was conducted in Kilifi county to explore the early effects of devolution on county health sector planning and financial management(15). Data was collected through document reviews, observations and 28 semi-structured interviews of key informants both at national level and Kilifi county. The study revealed lack of clarity in the roles of national MOH and CDOH, lack of capacity of key stakeholder to conduct effective planning and budgeting at county level and the centralization of financial management at the county level leading to lack of funding for health facility operations.

Barasa,et al, (2016) conducted a qualitative case study aimed at evaluating the planning and budgeting processes in two hospitals in Kenya to understand how priority setting is done. The researchers collected data through document reviews, non-participant observations and 72 in-depth interviews of hospital managers and front-line workers. The study revealed that there was non-alignment between hospital planning and budgeting processes. Whereas budgets were timely prepared at the beginning of every quarter, AWP's were always late meaning that no

AWPs were often used to prepare the first budgets of the hospitals. Moreover, informal decision-making criteria such as lobbying, and the bargaining power of departmental managers influenced resource allocation. In both hospitals, budget allocations were guided by historical allocations as hence did not reflect the changing needs of the hospital (12).

Waithaka, et al. (2018) conducted a comparative qualitative case study to examine the planning and budgeting processes in two counties (Kilifi and Kwale) in the coast region of Kenya. The authors conducted 23 in-depth interviews of senior managers, middle level managers and facility managers coupled with a review of various county documents. The study found a misalignment between county annual work planning (AWP) and the budgeting process. Since AWP were prepared at least one quarter late, they did not contribute to the priorities of the budget. One of the reasons for the misalignment included the fact that the two processes are initiated by different actors, budgets being considered legal requirements whereas AWP are not, and the fact that AWP timelines were donor driven hence depended on the availability and timelines of the donors. Informal considerations were also found to influence county health priorities especially political and donor interests (16).

McCollum et al., (2018) conducted a study to explore how devolution of health care affects priority setting for health equity and community health services. The study involved 269 individual interviews of health policy makers, politicians and health providers from 10 counties as well as 14 focus group discussions with community members in two counties. Devolution was found to have increased resource availability in previously neglected counties. However, political power and interests were found to influence resource allocation more than proper prioritization and decision making. Moreover, more resources were channeled towards curative health services than to preventive and promotive health interventions in most of the counties due to the perception that curative interventions are more tangible and visible to the electorate(14).

## 2.1. Research Gap

All the above studies have explored various aspects of the health care system with none focused on the immunization program. In addition, none of the studies have explored available immunization resource tracking mechanisms at county level. This study would thus be unique in that it would focus on the effects of county health sector planning and budgeting and implications on the with comparison of several counties with diverse typologies.

### 3. METHODOLOGY

#### 3.0 Study Setting

This study will involve selected counties in Kenya. Kenya is low-middle income country situated in East Africa. Kenya is governed by one national government and 47 semi-autonomous county governments. Figure below shows the location of various counties.

**Figure 3: Map of Kenyan counties**



#### 3.1. Study Design

Descriptive qualitative case study design will be used. It refers to an approach in research that enables exploration of a complex phenomenon using data from various sources. Use of various data sources gives a multifaceted perspective to the subject matter since data from one source is corroborated by the findings from other sources(18). Multiple case studies of different counties will be explored to enhance comparison between counties.

## 3.2. Data Collection Methods

### 3.2.1 Desk Reviews

Prior to visiting a county, the researcher will review existing key county planning, budgeting and immunization documents where they exist. This will provide the researcher with background information about the county planning and budgeting. Some of the documents to be reviewed will include the following:

- i. County Integrated Development Plans
- ii. County Annual Development Plans
- iii. County Approved Budgets
- iv. County Budget Execution Reports
- v. Any other relevant Documents

The above documents will be obtained from county websites. Where county documents are unavailable online, the researcher will request for the documents from the relevant office upon visiting the county.

### 3.2.2 In-Depth Interviews

The consultant will conduct face-to-face in-depth interviews of key informants at county level. Each interview is projected to take about 30-45 minutes. The interviewees will mainly be staff involved in the immunization planning, budgeting and execution and policy at county level. Other stakeholders(partners) involved at county level will also be interviewed on their roles in planning and budgeting for the immunization program. Interviews will be conducted in English and Swahili languages where necessary. Upon permission of the participants, interviews will be digitally recorded and uploaded onto password protected computers. The audio files on the recorder will be deleted after uploading them to the computer. Only members of the research team will have access to the datasets.

## 3.3. Sampling and Sample Size

Counties were grouped into regions (former provinces). Since the study targeted 14 counties for inclusion, the number of counties selected per region was based on sampling weight. North Eastern Region counties were omitted due to security reasons. Purposive sampling was used to select counties per region based on the average immunization coverage for the period 2014-2017(19). Nairobi County was included since it is not only a county but a region. The table below summarizes the sampling process:

<b>Region</b>	<b>Total Number of Counties</b>	<b>Selected Counties (Average Immunization Coverage 2014-2017)</b>
Coast	6	Mombasa (78%) Taita Taveta (70%)
North Eastern	3	None
Eastern	8	Tharaka Nithi (55%) Makueni (81%)
Central	5	Kiambu (100%) Muranga (79%)
Rift Valley	14	West Pokot (56%) Bomet (58%) Uasin Gishu (71%) Nakuru (86%)
Western	4	Kakamega (76%) Bungoma (67%)
Nyanza	6	Kisumu (76%)

		Kisii (65%)
Nairobi	1	Nairobi (77%)
<b>Total</b>	<b>47</b>	<b>15</b>

In each county the following participants will be selected for the in-depth interviews:

<b>Department/Office</b>	<b>Position</b>
County Department of Health	County Executive Member for Health Chief Officer of Health County Director of Health County EPI Logistician CDOH head of finance/accounting Any other CHMT member
County Department of Finance	County Director of Planning County Director of Budget County director of Accounting
Other Stakeholders/NGOs	County focal persons

### 3.4. Data Management and Analysis

Uploaded audio files and interview notes will be transcribed and analyzed using the framework approach. Framework approach is appropriate for thematic analysis of textual data (e.g. from interview transcripts) where there is need to compare and contrast data by themes across many cases(20). From a review of the first few transcripts, the research team will identify and agree on the analytical framework and codes to be applied to the rest of the transcripts. Charting of the coded data will be done to summarize findings from each transcript before interpretation. NVIVO 12 software will be used to facilitate the analysis.

### 3.5. Dissemination

Results from this study will be compiled in a report submitted to UNICEF. They will also be discussed in stakeholder forums (technical working group meetings) to inform strategies for supporting counties. Upon authorization from UNICEF, the findings from this study may be presented in conferences and published in peer-reviewed journals.

### 3.6. Ethical Considerations

This study may not require formal ethical approval since the work will be done as a routine program evaluation exercise. However, permission will be sought from the Director of Medical Services at the national level prior to visiting the counties. Furthermore, permission will also be sought from county leadership prior to the onset of data collection. Written or verbal informed consent will be sought from the participants before being interviewed. Confidentiality of participant information will be ensured. Participant's personal information will not be disclosed to any third parties.

### 3.7. Time Frame

<b>Date</b>	<b>County/Activity</b>	<b>Date</b>	<b>County/Activity</b>
April 1-5	Kiambu County Data Collection	June 24-28	Kisumu County
April 8-12	Nairobi County Data Collection	July 1-5	Kisii County
April 15-19	Uasin Gishu County Data Collection	July 8-12	Kakamega County
April 22-26	Nakuru County Data Collection	July 15-19	Bungoma County
April 29-May 10	<b>Data Analysis and Report Writing</b>	July 22-Aug 2	<b>Data Analysis and Report Writing</b>
May 13- May 17	Muranga County Data Collection	Aug 5-9	Tharaka-Nithi County Data Collection
May 20 – May 24	Makueni County Data Collection	Aug 12-16	Mombasa County Data Collection
May 27-May 31	West-Pokot County Data Collection	Aug 19-23	Taita Taveta County Data Collection
June 3-June 7	Bomet County Data Collection	Aug 26-Sept 6	<b>Data Analysis and Report Writing</b>
June 10-June 21	<b>Data Analysis and Report Writing</b>		

#### 4. REFERENCES

1. Hipgrave DB, Alderman KB, Anderson I, Soto EJ. Health sector priority setting at meso-level in lower and middle income countries: Lessons learned, available options and suggested steps. *Soc Sci Med* [Internet]. 2014;102:190–200. Available from: <http://dx.doi.org/10.1016/j.socscimed.2013.11.056>
2. GOK. Laws of Kenya: Constitution of Kenya 2010. *Natl Counc Law Report* [Internet]. 2010; Available from: [www.kenyalaw.org](http://www.kenyalaw.org)
3. Ministry of Health. Kenya Health Policy 2014 - 2030 [Internet]. Ministry of Health. 2014 [cited 2019 Mar 15]. Available from: [http://publications.universalhealth2030.org/uploads/kenya\\_health\\_policy\\_2014\\_to\\_2030.pdf](http://publications.universalhealth2030.org/uploads/kenya_health_policy_2014_to_2030.pdf)
4. Ministry of Health. Kenya Health Sector Strategic and Investment Plan (KHSSP) 2014-2018 [Internet]. 2014. Available from: <http://www.health.go.ke/wp-content/uploads/2016/03/KHSSP-BOOK.pdf> <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjL4PrEkorQAhXIA8AKHbaDAHgQFggcMAA&url=http://www.health.go.ke/?wpdmdl=272&ind=2&usg=AFQjCNHXGWAeP>
5. Government of Kenya. The Public Finance Management Act, 2012. 2012;94(94):1–172. Available from: [file:///C:/Users/Rosalind.McCollum/Downloads/The\\_Public\\_Finance\\_Management\\_Act\\_2012\\_1 \(1\).pdf](file:///C:/Users/Rosalind.McCollum/Downloads/The_Public_Finance_Management_Act_2012_1%20(1).pdf)
6. GAVI. Joint Appraisal Update report 2018 [Internet]. 2018. Available from: <https://www.gavi.org/country/kenya/documents/>
7. Ministry of Health Republic of Kenya. COMPREHENSIVE MULTI-YEAR PLAN FOR IMMUNIZATION [Internet]. 2013 [cited 2019 Mar 20]. Available from: [http://www.nationalplanningcycles.org/sites/default/files/planning\\_cycle\\_repository/kenya/kenya\\_cmypl\\_2015-2019.pdf](http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/kenya/kenya_cmypl_2015-2019.pdf)
8. WHO GVAP. Global Vaccine Action Plan 2011-2020. *WHO Libr Cat Data* [Internet]. 2013;8–80. Available from: [https://www.who.int/immunization/global\\_vaccine\\_action\\_plan/GVAP\\_doc\\_2011\\_2020/en/](https://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/)
9. World Health Organization. Universal health coverage (UHC) [Internet]. 2019 [cited 2019 Mar 20]. Available from: [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))
10. Government of the Republic of Kenya. “The Big Four” – Immediate priorities and actions. Specific Priorities for the new term. 2017;(December).
11. Barasa EW, Molyneux S, English M, Cleary S. Hospitals as complex adaptive systems: A case study of factors influencing priority setting practices at the hospital level in Kenya. *Soc Sci Med* [Internet]. 2017 Feb 1 [cited 2019 Mar 18];174:104–12. Available from: <https://www.sciencedirect.com/science/article/pii/S0277953616307067>
12. Barasa EW, Cleary S, Molyneux S, English M. Setting healthcare priorities: a description and evaluation of the budgeting and planning process in county hospitals in Kenya. *Health Policy Plan* [Internet]. 2016 Sep 26 [cited 2019 Mar 13];32(3):329–37. Available from: <https://academic.oup.com/heapol/article-lookup/doi/10.1093/heapol/czw132>
13. O’Meara WP, Tsofa B, Molyneux S, Goodman C, McKenzie FE. Community and facility-level engagement in planning and budgeting for the government health sector--a district perspective from Kenya. *Health Policy* [Internet]. 2011 Mar [cited 2019 Mar 18];99(3):234–43. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20888061>
14. McCollum R, Theobald S, Otiso L, Martineau T, Karuga R, Barasa E, et al. Priority setting for health in the context of devolution in Kenya: implications for health equity

- and community-based primary care. Health Policy Plan [Internet]. 2018 [cited 2019 Mar 18];33(6):729–42. Available from: <http://www.worldbank.org/en/country/kenya/overview>.
15. Tsofa B, Molyneux S, Gilson L, Goodman C. How does decentralisation affect health sector planning and financial management? a case study of early effects of devolution in Kilifi County, Kenya Lucy Gilson. *Int J Equity Health*. 2017;16(1):1–12.
  16. Waithaka D, Benjamintsofa |, Kabia E, Barasa | Edwine. Describing and evaluating healthcare priority setting practices at the county level in Kenya. 2018 [cited 2019 Mar 13]; Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6120533/pdf/HPM-33-e733.pdf>
  17. Tsofa B, Molyneux S, Goodman C. Health sector operational planning and budgeting processes in Kenya-“never the twain shall meet.” *Int J Health Plann Manage* [Internet]. 2016 Jul 1 [cited 2019 Mar 13];31(3):260–76. Available from: <http://doi.wiley.com/10.1002/hpm.2286>
  18. Baxter P, Jack S. The Qualitative Report Qualitative Case Study Methodology: Study Design and Implementation for Novice Researchers [Internet]. Vol. 13. [cited 2019 Mar 19]. Available from: <https://nsuworks.nova.edu/tqr/vol13/iss4/2>
  19. Kenya National Bureau of Statistics (KNBS). Economic survey 2018 [Internet]. 2018. Available from: <https://www.knbs.or.ke/download/economic-survey-2018/>
  20. Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Med Res Methodol* [Internet]. 2013 Sep 18 [cited 2019 Mar 19];13:117. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24047204>

## 5. APPENDIX 1: INTERVIEW GUIDE

### **COUNTY DEPARTMENT OF HEALTH OFFICIALS/ COUNTY HEALTH MANAGEMENT TEAM MEMBERS**

1. Which position do you hold and what are your responsibilities?
2. Do you participate in the planning process in the county? Please explain
3. Please describe the planning process within the county department of health? i.e. who initiates, people involved, timelines, meetings, prioritization.
4. Please give an overview of how the county planned for the last/ current fiscal year.
5. Are the plans always implemented? Please elaborate.
6. How does the county plan for the immunization program?
7. Please describe the budgeting process in your county.
8. Does the health team have influence over how much of the county budget is allocated for health? If so, how?
9. Do you participate in the budget making process at the county? Please explain.
10. In your opinion, to what extent do the approved budgets correspond with the plans?
11. What challenges do you face in planning and budgeting at the county level?
12. Are there any partners/organization supporting planning and budgeting at the county level? Please name them.
13. What determines amount of resources available for the health department? Who is most influential in this process?
14. When allocating health resources to various health programs, which criteria do you follow?
15. What determines amount of resources available for the immunization program?
16. How do you make decisions on the distribution of health resources among different sub-counties?
17. In your opinion what do you think should be put into consideration when allocating and/or distributing (health) resources to sub-counties/facilities?
18. What are the roles of your county in immunization?
19. What components of the immunization program does your county finance?
20. Does your county often finance immunization campaigns? How much was the funding for the last campaign? Please elaborate
21. How is the immunization program structured in your county?
22. Are the immunization program staff involved in the planning and budgeting at county level? Please explain.
23. Does the CDOH always receive funds on time?
24. Is the level of expenditure always equal to the amount budgeted? If not, what causes the variances?
25. In your opinion, is health expenditure well tracked in your county?
26. What mechanisms has the county put in place to track health/immunization expenditures?
27. How often is health/immunization expenditure tracking done?
28. What are the challenges facing tracking of health expenditures?
29. Do you have any other comments?

## **OFFICIALS OF COUNTY DEPARTMENT OF FINANCE**

1. Which position do you hold and what are your responsibilities?
2. Do you participate in the planning process in the county? Please explain
3. How does the county conduct its planning? i.e. who initiates, people involved, timelines, meetings, prioritization.
4. Please give an overview of how the county planned for the current fiscal year.
5. Are the plans always implemented? Please elaborate.
6. Do you participate in the budget making process at the county? Please explain.
7. Please describe the budgeting process in your county.
8. In your opinion, to what extent do the approved budgets correspond with the plans?
9. What challenges do you face in planning and budgeting at the county level?
10. Are there any partners/organization supporting planning and budgeting at the county level? Please name them.
11. When allocating resources to various departments, which criteria do you follow?
12. What determines amount of resources available for the health department?
13. How do you make decisions on the distribution of health resources among different sub-counties?
14. In your opinion what do you think should be put into consideration when allocating and/or distributing (health) resources?
15. Is the level of expenditure always equal to the amount budgeted? If not, what causes the variances?
16. In your opinion, is health expenditure well tracked in your county?
17. What mechanisms has the county put in place to track health/immunization expenditures?
18. How often is health/immunization expenditure tracking done?
19. What are the challenges facing tracking of health expenditures?
20. Do you have any other comments?

## **EPI LOGISTICIAN**

1. How is the immunization program structured in your county?
2. What are your responsibilities in the county?
3. What are the roles of your county in immunization?
4. What components of the immunization program does your county finance?
5. Does your county often finance immunization campaigns? How much was the funding for the last campaign? Please elaborate.
6. How many facilities offer immunization services in your county?
7. Are you involved in planning for the immunization program in the county?
8. How does the county plan for the immunization program? Please describe the process. (who initiates, people involved, timelines, meetings, prioritization)
9. Are the plans always implemented?
10. Do you participate in the budget making process at the county level? Please explain.
11. To what extent do the immunization budgets reflect the plans?
12. Were there any disruptions in immunization service delivery in your county facilities in 2018? If yes, please explain the causes
13. Did you have any vaccine stockouts at county level in 2018? If yes, please explain the causes
14. Did any of your facilities report vaccine stockouts in 2018? If yes, please explain the causes.
15. How many immunization outreach activities did each health facility conduct in 2018? Please provide data.
16. Did the health facilities meet their outreach targets?
17. What were the main reasons for the reported number of outreach activities?
18. What challenges does the immunization program face in your county?
19. In your opinion what do you think should be put into consideration when allocating and/or distributing (health) resources?
20. Is the level of expenditure on immunization always equal to the amount approved in the budget? If not, what causes the variances?
21. In your opinion, is health/immunization expenditure well tracked?
22. What mechanisms has the county put in place to track immunization/health expenditures?
23. How often is immunization/health expenditure tracking conducted?
24. What are the challenges facing tracking of immunization/health expenditures?
25. Do you have any other comments?

## 6. APPENDIX 2: CONSENT FORM

### **Introduction**

I am James Oguta, a Health Economist working with UNICEF, Kenya. On behalf of the National Vaccine and Immunization Program, I am undertaking a study entitled “County-Level Health Sector Planning and Budgeting in Kenya: Implications on the Immunization Program.” You are requested to participate in this study whose purpose is to evaluate the process of planning, resource allocation, budgeting and expenditure tracking in selected counties in Kenya. Your participation in this research will involve giving information on your roles, understanding, knowledge and perception on health sector planning, resource allocation, budgeting and resource tracking processes in your county and how these affect the immunization program. Finally, the study will seek to understand the challenges you experience in your daily duties as far as the above processes are concerned and possible solutions.

### **Procedures**

You will be asked to answer questions in one interview that will last approximately 30 to 60 minutes. We are interested in hearing about your opinions and experiences. We will record the interview using an audio recorder. We will take also written notes during the interview session. You will be able to read the notes from your interview if you would like to do that. You may choose for parts of your interview to be left out of the audio recording at any time during the study.

### **Risks and Potential benefits**

There is no known risk associated with this research. You may skip any question that you do not want to answer and may stop the interview at any time. The findings from this study will help in understanding how planning, resource allocation, budgeting and expenditure tracking is done in various counties in Kenya. The study will also help to understand how the above processes affect the delivery of quality health/immunization services and recommend possible and practical solutions to the challenges. It will also be used to advocate for policy changes in the allocation and management of resources in the health sector.

### **Privacy and Confidentiality**

Your privacy shall be protected during and after the research. You will not be identified in any report or publication of this study or its results. Your name will not be used on the transcript or audio recorded file. Computers containing your data will require a person to give a password, and data documents in Kenya will be securely transported and stored in locked cabinets accessible only to research staff. Your identity may only be known to the research team and shall not be revealed in any reports or publication resulting from this research.

### **Voluntary Participation**

Your participation in this research is voluntary. You may choose not to participate, and you may withdraw your consent to participate at any time.

### **Contact Information**

If you have any question or concern about this research, please contact James Oguta on +254 739 056 890

Participants' Signature..... Date.....

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