



**REPUBLIC OF KENYA  
COUNTY GOVERNMENT OF NYANDARUA**



**NYANDARUA COUNTY DRAFT POLICY FRAMEWORK FOR CONTRACTED  
CORPORATE OUTPATIENT CLINICS AND CERTIFIED DIAGNOSTIC SERVICES**

**JULY 2025**

## **FOREWORD**

It is with great honor that I present the Nyandarua County Draft Policy Framework for Contracted Corporate Outpatient Clinics and Certified Diagnostic Services 2025. This framework reflects the County Government's commitment to achieving Universal Health Coverage (UHC) and ensuring equitable access to quality healthcare, as envisioned in the County Integrated Development Plan (CIDP III, 2023–2027) and the constitutional guarantee of the right to health.

As the County continues to advance Universal Health Coverage (UHC) in line with the County Integrated Development Plan (CIDP III, 2023–2027), there is an urgent need to diversify funding sources, reduce system inefficiencies, and attract private investment into health service delivery. Through the establishment of Strategic Business Units (SBUs) within public hospitals, this framework enables the County to contract private parties to deliver high-quality outpatient and diagnostic services under a transparent, performance-based revenue-sharing model.

Aligned with the Digital Health Act, 2023 and the County's Hub-and-Spoke model of healthcare delivery, all contracted facilities will be required to implement modern digital health solutions, including electronic medical records, telemedicine, and integrated health information systems. By embracing digital technologies, strengthening local capacity through training, and enhancing coordination across service levels, this framework aims to improve patient outcomes and operational efficiency across the health system.

This policy is fully aligned with our legal and strategic frameworks, including the Constitution of Kenya, the Kenya Health Act (2017), the Digital Health Act (2023), and the Facility Improvement Financing Act (2023). Provisions of the Social Health Insurance framework have also been incorporated to support long-term financial sustainability.

To ensure effective implementation, clear oversight mechanisms have been established. These include a multi-sectoral Steering Committee, chaired by my office, responsible for guiding rollout, addressing emerging challenges, and ensuring accountability. Working in close collaboration with the County Assembly and public stakeholders, the County Government will uphold transparent procurement practices, enforce performance-based contracts, and ensure robust monitoring and evaluation systems are in place.

I am confident that the implementation of this comprehensive policy framework will significantly expand health service coverage, elevate the quality of care, and accelerate Nyandarua County's progress toward achieving Universal Health Coverage, as envisioned in both our national and county development plans.

I commend this framework to all partners and citizens, and I look forward to the healthier future it will help us build for every resident of Nyandarua County.

**Hon. Juliana S. Tisnanga, HSC**  
**County Executive Committee Member – Health Services**  
**Nyandarua County Government**

## **PREFACE**

The formulation of this Draft Policy Framework for Contracted Corporate Outpatient Clinics and Certified Diagnostic Services marks a significant milestone in Nyandarua County's commitment to achieving sustainable, inclusive, and equitable healthcare transformation. This policy is a product of deliberate planning aimed at addressing service delivery gaps in healthcare delivery particularly in outpatient care and access to diagnostic services by facilitating structured collaboration between the County Government and private health sector actors.

As the County responds to growing demand for specialized care driven by population dynamics and evolving disease patterns, this framework provides clear policy guidance and institutional direction for strengthening outpatient and diagnostic services. It sets out detailed mechanisms for contracting, operational governance, infrastructure and quality standards, revenue models, and performance monitoring for participating clinics and diagnostic centers.

The framework is aligned with strategic county and national health instruments, including Nyandarua County's Integrated Development Plan (CIDP III, 2023–2027), the Kenya Health Act (2017), the Digital Health Act (2023), and the Facility Improvement Financing Act (2023). It also incorporates quality assurance principles under the Kenya Quality Model for Health (KQMH), ensuring that all contracted services meet nationally recognized healthcare standards. Through this policy, the County sets a strong foundation for engaging health sector stakeholders in a manner that ensures services remain equitable, affordable, and accountable to the public.

Implementation of this policy will enable the County to adopt innovative models of care, particularly in digital health, while expanding decentralized, client-centered service delivery through the Hub-and-Spoke model. Contracted outpatient clinics and diagnostic facilities will strengthen the existing public health system and operate under strict quality control, performance-based evaluations, and regulatory oversight.

With oversight from the established governance structures including the Steering Committee, Contract Implementation Team, and other County Health Service Units this framework ensures strong oversight, legal compliance, and service continuity.

As the Chief Officer for Medical Services, I affirm our Department's full commitment to realizing the aspirations of this policy. I call upon all stakeholders within and beyond the county health ecosystem to align with this framework and collaborate in bringing health services closer to our people. The future of healthcare in Nyandarua County is one of inclusion, resilience, and innovation, and this policy framework is a vital toward that vision.

**Julius Ng'ambi**  
**Chief Officer, Medical Services**  
**Nyandarua County Government**

## **ACKNOWLEDGEMENT**

The development of the Nyandarua County Draft Policy Framework for Contracted Corporate Outpatient Clinics and Certified Diagnostic Services is the result of a thoughtful, evidence-informed process aimed at strengthening healthcare delivery through sustainable and strategic collaboration. This policy addresses identified service delivery gaps in outpatient and diagnostic care across the county and proposes a structured approach for integrating corporate service providers into the broader county health system.

This framework is informed by the strategic priorities outlined in the County Integrated Development Plan (CIDP III, 2023–2027) and aligns with key national legislation. In framing this policy, we aimed to ensure that it is not only legally grounded, but also practical, responsive, and implementable within the realities of our county health system.

I wish to express my sincere appreciation to the Department of Health Services technical team for their invaluable contributions throughout the drafting process. Their deep understanding of the county’s health system, combined with their commitment to the vision of Universal Health Coverage, ensured that the policy is tailored to the lived healthcare needs of Nyandarua residents.

This framework is also the product of broad stakeholder engagement, intergovernmental alignment, and an incorporation of best practices in health governance. It will serve as a guiding tool for the contracting, regulation, and oversight of outpatient and diagnostic service providers, ensuring that service delivery remains patient-centered, quality-focused, and aligned with our county health priorities.

As we move toward implementation, I call upon our healthcare managers, facility in-charges, health service providers, and health financing stakeholders to actively embrace and translate its principles into tangible outcomes for our communities.

**Dr. Gachara Ndegwa**  
**County Director of Health Services**  
**Nyandarua County Government**

## **ACRONYMS AND ABBREVIATIONS**

CBO	Community-Based Organization
CECM	County Executive Committee Member for Health Services
CIDP	County Integrated Development Plan
CSO	Civil Society Organization
KHIS	Kenya Health Information System
EIA	Environmental Impact Assessment
EMR	Electronic Medical Records
FIF	Facility Improvement Financing
GoK	Government of Kenya
HMT	Health Management Team
HMIS	Health Management Information System
HSC	Head of State Commendation
ICT	Information and Communication Technology
IHIS	Integrated Health Information System
KHF	Kenya Healthcare Federation
KQMH	Kenya Quality Model for Health
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NGO	Non-Governmental Organization
SHA	Social Health Authority
SBU	Strategic Business Unit
NPHC	National Public Health Consortium
RFP	Request for Proposal
SOPs	Standard Operating Procedures
TWG	Technical Working Group
UHC	Universal Health Coverage
WHO	World Health Organization

## **DEFINITIONS OF TERMS**

In this Policy, unless otherwise stated: -

**Accreditation:** A formal process by which a recognized body evaluates and certifies that a healthcare facility, diagnostic center, or service provider meets predefined standards of quality and safety, such as those outlined in the Kenya Quality Model for Health (KQMH).

**Certified Diagnostic Services:** Diagnostic services (e.g. laboratory, radiology, imaging) that have been formally licensed and accredited by the appropriate regulatory authorities and meet all standards for service delivery, equipment, and personnel.

**Corporate Outpatient Clinic:** A private health facility or chain of facilities contracted by the County Government to provide a defined range of outpatient services, such as maternal health, chronic disease management, and minor procedures, under agreed performance and financial terms.

**County Integrated Development Plan (CDIP):** A medium-term strategic plan prepared every five years by a county government to guide development priorities and public investment. CIDP III (2023–2027) is the current plan guiding Nyandarua County’s development agenda.

**Digital Health:** The use of information and communication technologies (ICT), such as electronic medical records, telemedicine, and mobile health applications, to improve healthcare delivery, patient outcomes, and system efficiency in accordance with the Digital Health Act, 2023.

**Facility Improvement Financing (FIF):** A financial arrangement where revenues generated at the facility level are retained or reinvested to improve health infrastructure, purchase equipment, and support service delivery as per the Facility Improvement Financing Act, 2023.

**Health Information System (HIS):** A digital or paper-based system used to collect, store, manage, and transmit patient-level or aggregated health data for planning, monitoring, and decision-making at local or national levels.

**Hub-and-Spoke Model:** A healthcare service delivery model in which central (hub) facilities provide specialized care and give support to smaller (spoke) facilities, allowing for coordinated referrals and more efficient service distribution across a geographic area.

**Key Performance Indicators (KPIs):** Specific, measurable benchmarks used to evaluate the effectiveness, efficiency, and quality of contracted services. Examples include patient satisfaction, diagnostic turnaround time, and compliance with revenue-sharing obligations.

**Lease Agreement:** A legally binding contract between the County Government and a private provider granting use of county land or premises for a defined period, subject to terms and conditions including service obligations and reversion clauses.

**Outpatient Services:** Healthcare services provided to patients who do not require admission to a hospital, including consultations, diagnostics, minor procedures, and chronic disease management.

**Performance-Based Contracting:** A contractual arrangement in which payments or benefits to a service provider are tied to the achievement of specified results or service standards, with penalties or rewards based on performance.

**PESTEL:** Is a strategic analysis tool used to identify and assess the **external factors** that can influence an organization, project, or policy.

**Private Party:** Any private entity (individual, firm, or corporate body) that enters into a contractual agreement with the County Government to provide outpatient or diagnostic services

**Social Health Authority (SHA):** A national entity established to manage social health insurance in Kenya, including revenue pooling, benefit administration, and empanelment of health service providers under UHC.

**SWOT:** is a strategic planning framework used to identify and evaluate the **internal and external factors** that can affect the success of a project, organization, or policy.

**Universal Health Coverage (UHC):** A policy goal whereby all individuals and communities receive the health services they need without suffering financial hardship, encompassing promotive, preventive, curative, rehabilitative, and palliative care.

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## **CHAPTER ONE: INTRODUCTION**

### **1.1. Background**

Nyandarua County’s commitment to Universal Health Coverage (UHC) is firmly grounded in its County Integrated Development Plan (CIDP), which prioritizes equitable access to healthcare. The County continues to face critical challenges, including limited specialized healthcare infrastructure, geographic and logistical barriers, a high burden on public outpatient services and constrained fiscal resources for facility expansion and modernization.

This policy framework provides a strategic response to these challenges by enabling the contracting of corporate outpatient clinics and certified diagnostic service providers. It is designed to support CIDP’s goal of “improving healthcare quality and accessibility” through structured and regulated integration of additional health service capacity into the existing county health system.

As part of this broader strategy, the County will establish Strategic Business Units (SBUs) in its referral hospitals, operated by competitively selected private parties under a revenue-sharing model. This approach leverages private investment to expand outpatient and diagnostic services while reinvesting part of the revenue into the public health system.

This framework outlines the governance, operational, and financial mechanisms for contracting corporate outpatient and certified diagnostic service providers to enhance access to quality healthcare services and support sustainable revenue generation.

### **1.2. Objectives of the policy**

This policy will be guided by the following objectives:

- i. Expand equitable access to affordable, high-quality outpatient and diagnostic services;
- ii. Mobilize private investment by leveraging additional financial and technical resources to complement public funding and accelerate service delivery;
- iii. Improve quality and innovation by requiring high service standards and promoting the use of digital health technologies to enhance care and operational efficiency;
- iv. Build local capacity by expanding local health services and support continuous professional development through training and knowledge transfer;
- v. Promote accountability by implementing performance-based contracts with clear targets, regular audits, and enforceable quality and financial safeguards; and
- vi. Align with legal frameworks by ensuring full compliance with county and national health laws, policies, and strategic development plans.

### **1.3. Policy Statement**

The County Government of Nyandarua is committed to expanding access to quality and affordable healthcare by partnering with qualified private providers. This policy establishes a transparent framework for contracting outpatient and diagnostic services to address service gaps, improve efficiency, and advance Universal Health Coverage. All partnerships will be guided by principles of equity, accountability, and alignment with county and national health goals.

### **1.4. Rationale**

This framework builds on Nyandarua County's commitment to Universal Health Coverage (UHC) and equitable service delivery, as outlined in the CIDP and aligned with national health strategies. The County continues to face systemic challenges in ensuring access to specialized outpatient and diagnostic services and sustainability.

To address these gaps, the policy introduces a structured approach for contracting corporate outpatient clinics and certified diagnostic service providers as part of an expanded, integrated health service network. This model enables the County to mobilize additional resources, introduce innovation, and share service delivery responsibilities, particularly in areas where the public health system alone may be overstretched.

By doing so, the County can scale up access to quality healthcare while maintaining strong oversight, legal compliance, and alignment with broader development goals.

### **1.5. Scope**

This Policy aims at providing guidelines to the following categories of contracted health service providers:

- (a) Corporate Outpatient Clinics
- (b) Certified Diagnostic Centers
- (c) Contracted Pharmacies

This Policy shall apply to any private provider that meets Nyandarua County's pre-qualification criteria and enters into a formal agreement with the County to provide the services defined above. It establishes the full scope of contractual, regulatory, financial, and oversight mechanisms necessary for implementation and service continuity. It does not apply to standalone private practices operating without a county agreement, nor to services provided exclusively by national referral hospitals.

## **1.6. Legal and Regulatory Framework**

The following national laws and policies were applicable in the formulation of this policy:

- i. Constitution of Kenya ,2010;
- ii. The County Integrated Development Plan (CIDP);
- iii. Office of the County Attorneys Act,2020;
- iv. Health Act ,2017;
- v. Public Procurement and Asset Disposal Act ,2015;
- vi. Data Protection Act ,2019;
- vii. Digital Health Act ,2023;
- viii. Public Finance Management Act ,2020;
- ix. Facility Improvement Financing Act ,2023;
- x. Kenya Quality Model for Health (KQMH);
- xi. Insurance Regulatory Authority Act ,2006;
- xii. Public Finance Management (Public Investment Management) Regulations, 2022; and any other laws that may be applicable.

## CHAPTER TWO: SITUATIONAL ANALYSIS

### 2.1 Introduction

Nyandarua County remains firmly committed to fulfilling the constitutional right to health by enhancing access to quality healthcare services for all residents. The two main referral hospitals that is, JM Kariuki Hospital in Ol Kalou and Engineer County Hospital in South Kinangop are vital to regional healthcare delivery but continue to face systemic challenges. These include frequent stock-outs of essential medicines, delayed diagnostics, underutilized infrastructure, and overreliance on manual systems for billing and inventory management. Budgetary constraints limit the County's ability to upgrade facilities, scale services, or invest in digital health systems, leading to inefficiencies that affect both operational performance and patient satisfaction.

Demand for quality outpatient and diagnostic services continues to rise, particularly from the growing number of corporate clients such as SACCOs, civil servants, and employers whose members are increasingly seeking care outside the County. This outbound patient flow represents both a service gap and a missed revenue opportunity for Nyandarua. With appropriate facilities, the County can attract and retain these clients by offering high-quality, reliable services within its borders.

To bridge this gap, the County proposes the establishment of a Corporate Outpatient, Pharmacy and Diagnostics Center at JM Kariuki Hospital and Engineer County Hospital as a Strategic Business Unit (SBU). Operated by a private firm(s) under a competitive, performance-based, revenue-sharing agreement, the SBU will focus on serving corporate and insured clients while remaining accessible to public referrals. This approach enables modernization without public capital expenditure, improves service quality, and creates a new, sustainable revenue stream for reinvestment into the wider health system aligning with the County's goals of equity, innovation, and financial resilience.

This policy framework has been developed in response to these evolving needs and priorities. It provides a structured approach for enhancing outpatient and diagnostic care by expanding service access points, improving quality, and integrating innovations in healthcare delivery.

## 2.2 Situational Analysis for Nyandarua County’s Corporate Outpatient Services

### 2.2.1. PESTEL Analysis

The **PESTEL Analysis** is included to provide a comprehensive overview of the external macro-environmental factors influencing the viability and sustainability of corporate outpatient services. By examining **Political, Economic, Social, Technological, Environmental, and Legal** dimensions, the analysis helps identify both opportunities and constraints in the policy, funding, and operational landscape. This structured scan ensures that the proposed Strategic Business Unit (SBU) aligns with broader legislative frameworks, financial realities, social expectations, and technological trends—thus supporting informed and resilient decision-making.

Factor	Key Insights	Implications for Corporate Outpatient Services
<b>Political</b>	<ul style="list-style-type: none"> <li>- CIDP III (2023–2027) prioritizes healthcare public-private partnerships (PPPs).</li> <li>- National policies (e.g., PPP Act 2021, UHC) support private sector involvement.</li> <li>- County Assembly oversight ensures accountability.</li> </ul>	Opportunities for structured PPPs but requires alignment with procurement laws (PPADA 2015).
<b>Economic</b>	<ul style="list-style-type: none"> <li>- Limited county health budget (~KES 1.2B annually for health).</li> <li>- Growing corporate sector (SACCOs, agribusinesses) with demand for insured outpatient services.</li> <li>- Revenue-sharing model can supplement public funding.</li> </ul>	Private investment can bridge funding gaps. Target corporate clients (e.g., 15,000+ insured employees in county SACCOs).
<b>Social</b>	<ul style="list-style-type: none"> <li>- High outpatient demand (JM Kariuki Hospital serves 500+ daily).</li> <li>- Resistance from public health workers fearing job displacement.</li> <li>- Corporate clients seek faster, higher-quality services.</li> </ul>	Need for stakeholder engagement and local hiring clauses to mitigate resistance.
<b>Technological</b>	<ul style="list-style-type: none"> <li>- Limited EMR adoption in public facilities.</li> <li>- Digital Health Act 2023 mandates ICT integration.</li> <li>- Private providers can leverage telemedicine/diagnostics.</li> </ul>	Contracted clinics must adopt EMRs and integrate with KHIS for monitoring.
<b>Environmental</b>	<ul style="list-style-type: none"> <li>- Rural geography limits access to specialized care.</li> </ul>	Hub-and-spoke model can decentralize services.

Factor	Key Insights	Implications for Corporate Outpatient Services
	- Climate-related health risks (e.g., respiratory diseases).	
<b>Legal</b>	- PPADA 2015 governs procurement. - FIF Act 2023 allows revenue retention for facility upgrades. - Data Protection Act 2019 requires compliance.	Contracts must include data governance and revenue-sharing clauses.

### 2.2.2. SWOT Analysis

The **SWOT Analysis** serves to evaluate the internal and external factors that can influence the success of the proposed outpatient services. It identifies key **Strengths** (such as existing infrastructure and policy support), **Weaknesses** (like staffing shortages and manual systems), **Opportunities** (including untapped corporate clientele), and **Threats** (such as political interference or resistance from public sector staff). Including this table enables the County and potential private partners to anticipate challenges, leverage existing assets, and strategically plan interventions that are both realistic and impactful.

Category	Strengths	Weaknesses	Opportunities	Threats
<b>Internal</b>	- Existing infrastructure (e.g., JM Kariuki Hospital and Engineer Hospital). - CIDP III mandates PPPs for healthcare. - Revenue-sharing model incentivizes private investment.	- Understaffed public facilities. - Manual record-keeping delays diagnostics. - Limited county budget for health.	- Corporate clients (e.g., 20+ SACCOs with 15,000+ insured members). - FIF Act enables reinvestment of private revenues.	- Political interference in contracts. - Resistance from public health workers.
<b>External</b>	- Support from national UHC policies. - Private sector interest in healthcare investments.	- High competition for skilled healthcare workers. - Regulatory complexity	- Partnerships with insurers (e.g., SHA and Private Insurers). - Telemedicine can expand reach.	- Economic volatility affecting private investment. - Legal disputes over revenue sharing.

Category	Strengths	Weaknesses	Opportunities	Threats
		(PPP vs. PPADA).		

### 2.2.3 Key Statistics and Justification for Corporate Outpatient Services

This table provides **quantitative justification** for the proposed Corporate Outpatient, Pharmacy, and Diagnostic Centers. It summarizes critical data such as the size of the target market, existing service utilization gaps, infrastructure constraints, and potential revenue generation. These statistics validate the business case for the initiative and demonstrate both the **demand-side need** (patient flow and service gaps) and the **supply-side opportunity** (financial returns and reinvestment potential). This data ensures that the proposal is grounded in evidence and aligns with the county’s financial and service delivery objectives.

Category	Details
<b>Target Corporate Clientele</b>	Government and institutional entities, 20+ SACCOs and agribusinesses in Nyandarua- which have approximately 15,000 insured employees
<b>Service Utilization Gap</b>	30% of county residents seek care outside Nyandarua due to gaps in specialized services (CIDP III)
<b>Health Infrastructure Gaps</b>	Only 2 referral hospitals (JM Kariuki and Engineer County) serve 650,000+ residents- 60% of diagnostic referrals are outsourced due to lack of equipment
<b>Revenue Potential</b>	Pilot corporate outpatient clinic at JM Kariuki could generate ~KES 50 million annually from the 15,000 insured employees utilizing approximately Kshs 3,500 per year for outpatient services. Consequently, with 30% county share = KES 15 million for Facility Improvement Financing (FIF), this is a worthwhile venture.

#### 2.2.3.1 Survey-Based Validation

The estimates of corporate demand, service utilization gaps, and potential revenue were further validated through a stakeholders’ questionnaire administered to twenty-one (21) corporate organisations within Olkalou Town. Responses from corporate entities, government institutions, and SACCO managers confirmed substantial demand for in-county outpatient and diagnostic services. These findings reinforce the viability of piloting a corporate clinic at JM Kariuki Hospital and Engineer County Hospital. Summary results from the survey are presented in the table below, with the complete set of results provided in the annex..

## Summary of Key Findings, Proposed Centre’s Value Proposition, and Strategic Impact

<p><b>1. Significant Outflow of Patients</b></p> <ul style="list-style-type: none"> <li>• <b>95.2%</b> of organizations report employees seek healthcare outside Nyandarua.</li> <li>• Median <b>55%</b> of staff receive care elsewhere.</li> <li>• Main reasons: <ul style="list-style-type: none"> <li>❖ Lack of specialized services (<b>38.9%</b>)</li> <li>❖ Limited diagnostic capacity (<b>25.0%</b>)</li> <li>❖ Poor quality of care (<b>19.4%</b>)</li> <li>❖ Long waiting times (<b>16.7%</b>)</li> </ul> </li> </ul>	<p><b>2. Strong Market, Service Alignment, and Operational Expectations</b></p> <ul style="list-style-type: none"> <li>• <b>76–100%</b> of employees insured in <b>90.5%</b> of organizations.</li> <li>• Insurance covers outpatient, inpatient, diagnostics, pharmacy, and chronic care; ensuring a ready-to-pay market.</li> <li>• Top needed services: <ul style="list-style-type: none"> <li>❖ Outpatient (<b>30%</b>)</li> <li>❖ Specialized services (<b>23.3%</b>)</li> <li>❖ Pharmacy (<b>15%</b>)</li> <li>❖ Laboratory (<b>13.3%</b>)</li> </ul> </li> <li>• <b>89.5%</b> expect diagnostics turnaround within <b>1 hour</b>, demanding efficient, modern equipment and processes.</li> </ul>
<p><b>3. Proposed Centre’s Value Proposition</b></p> <ul style="list-style-type: none"> <li>• <b>Corporate Outpatient Unit</b> – Dedicated, fast-track consultations for corporate clients.</li> <li>• <b>Pharmacy Services</b> – Full range of essential medicines with assured availability.</li> <li>• <b>Diagnostic Centre</b> – State-of-the-art laboratory and imaging for rapid results.</li> <li>• <b>Specialist Clinics</b> – Regular visiting specialist services to minimize referrals.</li> </ul>	<p><b>4. Strategic Impact</b></p> <ul style="list-style-type: none"> <li>• <b>Reduce patient leakage</b> to other counties.</li> <li>• <b>Improve healthcare quality</b> and corporate satisfaction.</li> <li>• <b>Boost local economy</b> by retaining health spending within Nyandarua.</li> <li>• <b>Leverage existing insurance coverage</b> for sustainable revenue.</li> </ul>
<p><b>Conclusion:</b> The market conditions are optimal for establishing this centre. With high interest, clear service gaps, and a financially capable insured population, this investment promises both social impact and sustainable returns.</p>	

### 2.2.4 Key Systemic Challenges

Despite increased budget allocations and policy support, Nyandarua County’s healthcare system continues to face several interrelated challenges:

#### (a) Infrastructure and Resource Gaps

Many county health centers lack advanced diagnostic equipment such as modern laboratories, X-ray machines, and ultrasound units. Existing hospitals often operate at or beyond capacity, leading to referrals outside the county.

### **(b) Workforce and Capacity Constraints**

There is a persistent shortage of medical specialists, laboratory technicians, and skilled health workers. Challenges in recruitment and retention reduce service continuity and overburden existing staff. High outpatient volumes in understaffed facilities compromise the quality of care and reduce the time available for proper diagnosis, treatment, and follow-up.

### **(c) Financial Constraints**

The County's health budget remains limited in proportion to population growth and rising service demand. Expanding health infrastructure and equipping existing facilities require significant capital investments. Reliance on public funding alone could delay critical improvements, creating an urgent need for innovative and sustainable financing models that can support expansion without overburdening the County budget.

### **(d) Data and Technology Integration**

Many county facilities still rely on manual record-keeping, which limits disease surveillance, operational efficiency, and planning. Integration with national digital health systems such as the Kenya Health Information System (KHIS) remains incomplete, and the absence of robust electronic medical records (EMRs) hinders continuity of care and weakens the overall Health Management Information System (HMIS).

These challenges underscore the urgent need for a robust and well-regulated policy framework that enables the contracting of qualified outpatient clinics and accredited diagnostic centers. While designed as a revenue-generating Strategic Business Unit targeting insured and corporate clients, the center will also support broader public health goals by relieving pressure on public systems, improving diagnostic capacity and contributing to the County's progress toward Universal Health Coverage.

## **CHAPTER THREE: GOVERNANCE AND OVERSIGHT**

### **3.1 Governance and Oversight Structure**

To ensure accountability, transparency, and effective implementation, the following governance structures shall oversee the application of this policy:

#### **3.1.1 Steering Committee**

Chaired by the County Executive Committee Member (CECM) for Health, this committee provides strategic leadership and high-level oversight of all contracted outpatient and diagnostic service initiatives.

The Steering Committee will:

- i) Recommend approval of all contracts and service agreements, ensuring alignment with CIDP's objectives.
- ii) Set performance targets and key performance indicators (KPIs) (e.g. service coverage, quality benchmarks).
- iii) Oversee budgetary aspects including the County's revenue share and allocations through the Facility Improvement Financing mechanism.
- iv) Resolve major issues or disputes escalated by implementation teams, including enforcement of penalties for non-compliance.
- v) Integrating contract outcomes into the county health sector reviews and reports.
- vi) Report progress to the County Executive Committee for Health and County Assembly.

#### **3.1.2 Contract Implementation Team**

A multi-disciplinary team appointed as per the PPADA, 2015 that is responsible for operational implementation, consisting of senior health officials, representatives from legal and procurement departments, and selected technical experts.

The CIT will:

- i) Verify that all selected providers meet the required licenses, accreditations, and financial standards as part of quality assurance.
- ii) Manage engagements and liaise with external stakeholders.
- iii) Conduct routine monitoring, inspections, and compliance audits of contracted facilities.
- iv) Ensure integration of digital health systems, including Electronic Medical Records (EMRs) linked to the County's Health Information System.
- v) Provide monthly status reports to the Steering Committee, including Monitoring and Evaluation (M&E) data on performance and any needed contract amendments.

### **3.1.3 County Finance and Legal Departments**

These departments will ensure that all contracting processes comply with the Public Procurement and Asset Disposal Act (PPADA) 2015 and other applicable legal and regulatory frameworks. The Procurement Department will prepare tender documents and manage procurement using transparent and competitive criteria. The Legal Department will draft and review all contracts to ensure they contain standard clauses such as performance guarantees, force majeure, dispute resolution and termination provisions.

### **3.1.4 County Assembly Oversight**

The County Assembly's Health and Finance Committees will receive quarterly reports on all service agreements established under this policy. All major contracts and related financial reports will be presented to the County Assembly by the County Executive Committee Member for Health Services for review and ratification.

### **3.1.5 Community and Stakeholder Involvement**

To promote public participation and transparency, the County shall publish annual performance summaries on its website and may hold annual forums with community representatives to present progress and receive feedback. Grievance mechanisms such as suggestion boxes and public hotlines will be established to ensure that patients and community members have channels for voicing concerns and suggestions.

These governance arrangements align with CIDP's emphasis on performance-based management, transparency, and community accountability, ensuring that all contracted health services remain responsive to public health needs and deliver measurable value to the residents of Nyandarua County.

## **CHAPTER FOUR: LAND USE AND INFRASTRUCTURE**

#### **4.1 Land Use and Lease Agreements**

To support the physical establishment of health facilities, the County Government may allocate public land or repurpose existing health facility sites for use by contracted providers, in accordance with the land laws, spatial plans, policies and CIDP.

Any allocation of public land will involve:

- (a) Formal Leases or Concessions:** Land-use agreements will be structured as lease or concession contracts—typically ranging from 5 to 10 years, renewable. All leases must be approved by the County Assembly.
- (b) Contractual Conditions:** For example, any facility developed on public land must revert to County ownership upon contract termination. Leases shall include clauses defining:
  - i) Permissible land use
  - ii) Land reversion to county ownership upon contract expiration
  - iii) Penalties for breach or misuse

#### **4.2 Compliance and Facility Development Standards**

All contractors must comply with applicable laws and standards prior to commencement of any construction or renovation of facilities. These include:

- (a) Regulatory Compliance:** Contractors must obtain all necessary permits such as Environmental Impact Assessments (EIA), building approvals, and zoning permissions before initiating construction or facility fit-outs.
- (b) Design and Construction Standards:** All buildings must comply with national guidelines for health facilities. This includes:
  - i) Accessibility for persons with disabilities
  - ii) Infection prevention and control features
  - iii) Structural safety and sanitation systems
  - iv) Incorporation of green infrastructure (e.g., solar energy, rainwater harvesting), in line with the CIDP's infrastructure goals
- (c) Medical Equipment Provision:** The private party is required to install all essential medical equipment necessary for the contracted services such as X-ray machines for a radiology center that must be tested and operational prior to the commencement of service provision. The County may provide limited equipment or assets—such as donated laboratory equipment—as part of its capital input, with all such contributions clearly documented in the contract. All equipment must comply with applicable regulatory and quality standards.

**(d) Accreditation Requirements:** All facilities must obtain mandatory operational certifications before launch. Outpatient clinics must meet the Kenya Quality Model for Health (KQMH) standards, while diagnostic labs must be licensed according to national regulations.

### **4.3 ICT Infrastructure**

Each facility must have reliable internet connectivity, an EMR system, and backup power systems to support uninterrupted operations. The county will facilitate integration with its centralized health information systems.

### **4.4 Maintenance**

All contracts shall specify routine maintenance responsibilities. The private party will be responsible for the upkeep of the equipment and physical infrastructure. County engineers and health inspectors will conduct periodic inspections.

## **CHAPTER FIVE: CONTRACTING FRAMEWORK**

## 5.1 Introduction

The County shall engage private health service providers through a structured, transparent, and competitive contracting process. Establishing clear standards for selecting and contracting will improve service quality, expand access, and enhance operational efficiency of outpatient and diagnostic healthcare services across the county health system.

## 5.2 Call for Proposals

The County shall issue Requests for Proposals (RFPs) through dedicated government portals and other for as prescribed by PPADA 2015. Each RFP will outline the following elements:

- (a) The required service package (detailed list of clinical services or lab tests).
- (b) Location and facility specifications.
- (c) Pre-qualification criteria.
- (d) Expected revenue sharing model and any subsidies.
- (e) Evaluation criteria (technical capacity, financial and social value)

### 5.2.1 Shortlisting Requirements

Interested private parties will submit detailed proposals that include:

- (a) **Technical Proposal:** Organization profile, experience in health service delivery (e.g. clinics, labs), proposed staffing structure, workflows and patient outreach plans.
- (b) **Financial Proposal:** Funding sources, audited financial statements, and a proposed fee structure.
- (c) **Compliance Documentation:** Certificates of Incorporation, tax compliance certificates, professional licenses and accreditations.
- (d) **Social Commitments:** Local hiring plans, capacity building and community engagement initiatives.

The County and Procurement and Legal Departments will evaluate bids based on a published scoring rubric. Special consideration may be given to bidders who demonstrate strong financial viability and a strong commitment to hiring qualified local staff within Nyandarua County.

### 5.2.2 Evaluation and Award Process

A quality and cost-based selection method that entails both technical and financial evaluation will be used to determine the successful bidder, in accordance with Section 124 of PPADA

2015 and its regulations. The contract shall be awarded to the firm with the highest combined technical and financial score.

### 5.3 Key Contract Provisions

Contracts shall clearly define the terms, conditions, and obligations of the County and the contracted provider. Each agreement shall include the following components:

- (a) **Duration and Scope:** Initial term with renewal options. Clear definition of services to be delivered, facility responsibilities and patient eligibility (for example inclusion of SHA-insured patients).
- (b) **Performance Metrics:** Measurable targets (for example, number of patients served, lab test turnaround times, quality indicators) to be reviewed quarterly.
- (c) **Revenue Sharing:** A fixed revenue share (for example, 70% to the contracted provider, 30% to the County) on services rendered, in line with the CIDP strategy. The County's share shall be directed to the Facility Improvement Financing mechanism for health facility upgrades and community health programs.
- (d) **Service Guarantees:** The contracted provider must maintain agreed service levels and quality standards. Penalties may apply in cases of failure to meet the standards (for example, staffing levels, accreditation status).
- (e) **Pricing Controls:** Rates for key services shall be capped to prevent excessive charges to patients. Contracted providers must honor the reimbursement rates set by the Social Health Authority (SHA) and other applicable private insurance rates for covered services. Where the SHA does not fully cover the service cost, the patient will be required to pay the difference.
- (f) **Reporting and Audit:** Mandatory submission of quarterly reports detailing service volumes, patient outcomes, and financial performance. Contracted providers must undergo annual independent audits. All reporting and audit processes shall align with the relevant laws, regulatory frameworks and audit protocols.
- (g) **Training and Capacity Building:** Transfer of knowledge and the training of county staff as part of corporate social responsibility.
- (h) **Dispute Resolution:** Outline clear mechanisms for resolving disputes, including mediation and arbitration processes.
- (i) **Emergency Escalation:** In the event of urgent matters such as service shutdowns or public health risks the Contract Implementation Team may convene an emergency meeting with the contracted party to identify and implement immediate remedies to ensure the continuity of care.

- (j) **Termination:** The contract shall specify conditions under which the agreement may be terminated or the facility taken over by the County Government if necessary to minimize disruption.
- (k) **Notices:** Notices shall be in writing and addressed to the accounting officer responsible for health services.

#### 5.4 Private Party Obligations

The private party will be required to:

- (a) **Finance Operations:** Provide capital for construction, equipment, and initial operational costs. This approach ensures that projects proceed on the private party's financial capacity and long-term sustainability. The Private party shall recover their investment within the contract period.
- (b) **Quality Assurance and Regulatory Compliance:** Maintain services in accordance with all applicable professional and regulatory standards. A private party must recruit and retain qualified personnel, keep facilities in good condition, and comply with all health and safety requirements. Continuous quality improvement is expected, including adherence to the Kenya Quality Model for Health (KQMH) standards.
- (c) **Service Delivery:** Consistently deliver the agreed package of health services as outlined in their contracts. They must accept patients referred from county clinics and charge fees in line with approved standard rates ensuring that public patients receive care equitably. Any special schemes established by the County such as indigent patient waivers must be fully honored.
- (d) **Digital Integration and Data Sharing:** In line with the Digital Health Act, a private party shall maintain an Electronic Medical Records (EMR) for all patients and securely transmit de-identified, aggregate health data such as service volumes and outcomes to the Kenya Health Information Management System (KHIS) on a monthly basis. This enables effective monitoring of population health trends and tracks progress toward Universal Health Coverage (UHC). The system deployed by the Private Party must allow back-end visibility by the County Department for Health Services and also interoperability with the KHIS.
- (e) **Local Integration:** A private party shall hire a minimum percentage of staff from within Nyandarua County, as stipulated in the CIDP and ensure regional balance in recruitment in line with the National Cohesion and Integration Act. They are expected to support local health workforce development by offering internships, mentorship, and on-the-job training opportunities for county health workers. Regular community engagement forums will be held quarterly to report progress and receive feedback.

- (f) **Legal and Financial Obligations:** Remit the county’s revenue share accurately and on time, in accordance with contract terms. They must fully cooperate with county-led financial audits and any lawful investigations. All statutory obligations including taxes and Social Health Authority (SHA) contributions are the sole responsibility of the private party. These requirements ensure that private providers operate as collaborators within the county health system, reinforcing social objectives within a revenue-sharing model.
- (b) **Community Health Engagement:** Contracted providers will support county-led outreach programs by participating in scheduled mobile clinics and health promotion activities.

### 5.5 County Obligations

To support effective service delivery through contracted private providers, the County Government of Nyandarua shall undertake the following key responsibilities:

- (a) **Technical Support:** The County shall provide facilitative support, such as land leasing and expediting approvals but will not extend financial contributions.
- (b) **Capacity Building:** The County will strengthen the capabilities of its health managers, legal officers, and procurement teams through targeted training on service contracting and project oversight.
- (c) **Digital Health Roll Out:** Investments will be made to expand internet connectivity and link all contracted facilities to the County Health Information Systems. Select clinics will pilot telemedicine services in collaboration with public hospitals, aligned with the Digital Health Act.
- (d) **Insurance and Social Protection:** The County will work closely with the Social Health Authority (SHA) and other insurers to ensure that contracted services are covered under UHC schemes. This will reduce out-of-pocket costs for patients.

### 5.6 Revenue and Financing

A clear and transparent financial model will underpin the long-term sustainability and accountability as outlined below:

- (a) **Revenue-Sharing Model:** Contracted facilities will collect payments from patients or their insurers for services rendered. A portion of this revenue will be retained by the private party, while the remainder will be remitted to the allied county health facility through the Facility Improvement Financing (FIF) mechanism as per the agreed revenue sharing model. The county’s share will be deposited into the dedicated FIF account of the respective county health facility and used for reinvestments in health infrastructure

such as procuring new equipment, facility expansion and community health initiatives. This model mobilizes private capital while ensuring public benefit from every patient served.

- (b) Pricing and Payment:** The County in collaboration with the private party will set maximum user fees for key outpatient and diagnostic services to maintain affordability. Where the cover of publicly insured patients (SHA) does not fully cover the service costs, the patient will be required to pay the difference.
- (c) Initial Investment Incentives:** To attract early investment, the County may offer temporary incentives such as reduced lease fees during the initial two years or levies concessions as permitted by law. These incentives will be clearly defined in contractual agreements to ensure transparency and to prevent unintended long-term revenue implications.
- (d) Financial Oversight:** All contracted facilities will be subjected to biannual financial audits to verify the accuracy of reported revenues and remittances. Any discrepancies identified may trigger legal remedies in accordance with the contract.

By channeling a portion of private revenues back into the public health system, this model amplifies the county's health budget without direct expenditure, in line with the CIDP's vision for sustainable health financing.

## **CHAPTER SIX: MONITORING AND EVALUATION**

### **6.1 Approval and Implementation**

This Policy shall be approved by the County Executive Committee and the County Assembly. The policy shall then be implemented by the Department of Health Services.

### **6.2 Monitoring and Evaluation Framework**

Compliance with this policy will be monitored periodically by reviewing practices against the standards outlined:

#### **6.2.1 Key Performance Indicators**

Specific targets from the CIDP and other health plans will guide performance. Examples include:

- (a) Achieving  $\geq 80\%$  patient satisfaction by 2026
- (b) Ensuring 100% accreditation of all diagnostic centers by 2025
- (c) Maintaining diagnostic report turnaround times within 12 hours
- (d) Tracking equity metrics, such as the proportion of patients served
- (e) Equipment uptime of more than 95%
- (f) Monthly reporting in KHIS and monthly financial reporting

### **6.3 Reporting Mechanisms**

All contracted service providers shall submit monthly, quarterly and annual reports on service delivery volumes detailing patient volumes, health outcomes, and financial performance. The County's Health Monitoring & Evaluation Unit will consolidate these reports with data from public clinics to produce a comprehensive health sector performance report. Progress will be reviewed quarterly by the Contract Implementation Team with key findings reported to the Steering Committee.

### **6.4 Mid-Term Review**

A thorough evaluation will be conducted midway through the CIDP period (after three years). Independent evaluators will assess the impact of contracted health facilities on access, quality and financial performance. The review will incorporate feedback from key stakeholders, including patients, staff, and communities and compare actual outcomes against planned targets. Findings will inform necessary policy or implementation adjustments to strengthen future service delivery.

### **6.5 Community Feedback**

Patient satisfaction surveys and grievance logs at contracted health facilities will provide feedback into service quality. Complaints and suggestions will be reviewed and addressed promptly by joint county and private party teams. The feedback collected will be used to inform and implement service improvements.

### **6.6 Review**

This policy shall be reviewed as need arises but, in any event, not more than five years should lapse between the last review and the next.

## CHAPTER SEVEN: RECOMMENDATIONS AND WAY FORWARD

### 7.1 Strategic Actions for Implementation

To ensure effective implementation of this policy, the following actions are recommended:

- (a) **Formal Adoption:** Secure official endorsement from the County Assembly. Issue a County Executive Order to operationalize this policy signaling high-level political commitment.
- (b) **Stakeholder Engagement:** Convene consultations with members of the public, civil society organizations, community leaders and other key stakeholders. Incorporating their feedback will enhance policy relevance, foster transparency, and strengthen public trust.
- (c) **Budgetary Support:** Allocate funding for the initial operations and related capacity-building initiatives. Consider technical assistance grants for example from donors interested in UHC to bolster implementation, especially in pilot phases.
- (d) **Pilot Projects:** Launch a pilot program by mid-2026 in one sub-county (e.g., an outpatient clinic and diagnostic center). Apply lessons learned from the pilot to refine and streamline processes before scaling up across the county.
- (e) **Legislative Alignment:** Fast-track the finalization and enactment of the Nyandarua County Health Bill to include enabling provisions for leasing of public assets and service contracts with private service providers. Ensure county procurement processes align with the Public Procurement and Asset Disposal Act 2015 and applicable legal frameworks to support smooth contract implementation.
- (f) **Insurance Partnerships:** Collaborate with the Social Health Authority (SHA) and private insurers to empanel contracted facilities, ensuring early integration into existing health financing mechanisms. This will improve financial sustainability for providers and affordability for patients.
- (g) **Public Reporting:** Publish annual reports on the performance and financial status of contracted facilities. Transparent reporting on outcomes and challenges will promote accountability, community support and public confidence.

## **7.2 Conclusion**

By adopting this comprehensive policy framework, Nyandarua County will operationalize the health priorities outlined in the CIDP through well-structured partnerships with the private sector. This strategic approach mobilizes private investment, strengthens service delivery, and upholds transparency and accountability, all while aligning with national laws.

If implemented effectively, the policy will significantly reduce service delivery gaps, improve the quality and reach of outpatient and diagnostic services, and foster innovation in healthcare delivery. Ultimately, it will accelerate Nyandarua's progress toward Universal Health Coverage (UHC) and promote equitable health outcomes for all county residents.

## ANNEX 1: POLICY IMPLEMENTATION MATRIX

NO	Activity	2025–2026	2026–2027	2027–2028	2028–2029	2029–2030
1	Policy Finalization	✓County Assembly approval			-	Policy review initiated
2	Governance Structures Set-Up	✓	Oversight strengthened			-
3	Capacity Building Workshops	✓ All departments	Follow-up sessions	Refresher training	-	-
4	Develop RFP Templates	✓Clinics and Diagnostics		New round for expansion	-	-
5	Provider Pre-Qualification	✓Pilot projects	✓Expansion phase	✓Full rollout		
6	Initial RFP Issuance	✓2 clinics + 1 lab				
7	Award Pilot Contracts	✓Signed by Q2				
	Award Expansion Contracts		✓3 Clinics + 2 labs	✓5 Clinics + 3 labs		
5	Clinic Rollout	Phase 1:2 clinics	Phase 2: 5 clinics	Phase 3: 10 clinics	Full Rollout: 15 + clinics	Maintain/Expand
6	Diagnostic Center Accreditation	Phase 1:1 center	Phase 2: 3 centers	Phase 3: 6 centers	Full Rollout: 8 + centres	Maintain/Expand
7	EMR & Digital Health Integration	EMR framework	Pilot integration- All pilot sites	Full integration- All operational sites	Full County Network	System Upgrade and Optimization
8	Community Engagement		Forums launched in pilot zones	Expand county-wide participation	Digital/community scorecards	Grievance trends analysis
9	Monitoring & Evaluation	Baseline set	Regular quarterly M&E	KPIs updated post-review	Continued performance tracking	Final outcomes report
10	Mid-Term Review		Planning	Mid-term evaluation completed by Q4 2027	-	Lessons applied to next cycle
11	Policy Review				Begin review	Completed review & update by Q3 2029

## Annex 2: Results of Market Survey on Demand for Corporate Outpatient Services in Nyandarua County

### Section 1: Organization Profile

Type of Organization (N=21)	Number	Percentage (%)
Private	12	57.1
Public	9	42.9
Sector of the Organization (N=21)	Number	Percentage (%)
County Government	8	38.1
Financial Services	4	19.0
Education	3	14.3
Health	2	9.5
Supermarket	2	9.5
Building and Construction	1	4.8
Energy	1	4.8
Location (N=21)	Number	Percentage (%)
Olkalou	21	100.0

### Section 2: Workforce and Health Access

Total number of employees (N=21)	Number	
Range	8 -80	
Median	20	
Percentage of Employees Insured (N=21)	Number	Percentage (%)
26-50%	1	4.8
51-75%	1	4.8
76-100%	19	90.5
Seeking of services outside Nyandarua (21)	Number	Percentage (%)
No	1	4.8
Yes	20	95.2
Percentage of Employees Seeking Services Outside Nyandarua	Number	
Range	10-100	
Median	55	
Primary reason for seeking services outside the county (N=21)	Number	Percentage (%)
Lack of specialized services	14	38.9
Long waiting time	6	16.7
Poor quality of care	7	19.4
Limited diagnostic capacity	9	25.0

### Section 3: Insurance and Service Preference

<b>Insurance Provider (N=21)</b>	<b>Number</b>	<b>Percentage (%)</b>
SHA	13	50.0
Madison	6	23.1
MINET	3	11.5
CIC	2	7.7
APA	1	3.8
Jubilee	1	3.8

<b>Key services covered by insurance (N=111)</b>	<b>Number</b>	<b>Percentage (%)</b>
Outpatient consultations	20	18.0
Inpatient	20	18.0
Laboratory tests	18	16.2
Imaging (X-rays, Ultrasound)	18	16.2
Chronic disease management	18	16.2
Pharmacy	17	15.3

<b>Services required by employees (N=60)</b>	<b>Number</b>	<b>Percentage (%)</b>
Outpatient	18	30.0
Specialized Services	14	23.3
Inpatient	11	18.3
Pharmacy	9	15.0
Laboratory Services	8	13.3

### Section 4: Corporate Outpatient Services

<b>Level of interest in corporate outpatient services (N=21)</b>	<b>Number</b>	<b>Percentage (%)</b>
Very interested	19	90.5
Neutral	1	4.8
Not interested	1	4.8

<b>Preferred location of services (N=20)</b>	<b>Number</b>	<b>Percentage (%)</b>
JM Kariuki Memorial County Referral Hospital	20	100.0

<b>Willingness to partner with the county (N=19)</b>	<b>Number</b>	<b>Percentage (%)</b>
Yes	16	84.2
Maybe	2	10.5
No	1	5.3

<b>Expected turnaround time for diagnostics services (N=19)</b>	<b>Number</b>	<b>Percentage (%)</b>
Less than or equal to 1 hour	17	89.5
Less than or equal to 2 hours	2	10.5

## Section 5: Additional Feedback

<b>Suggestions for Improving health care access (N=38)</b>	<b>Number</b>	<b>Percentage (%)</b>
Ensure consistent availability of essential medicines and drugs	12	0.3
Reduce patient waiting time and improve outpatient service flow	9	0.2
Expand diagnostic capacity, including specialized services and laboratory testing	4	0.1
Provide online booking and appointment scheduling	3	0.1
Improve availability and accessibility of specialized healthcare professionals (e.g., cardiologists, oncologists, orthopedic surgeons)	3	0.1
Increase number of doctors and nurses, especially during nights and weekends	2	0.1
Establish dedicated facilities or service areas for corporate and specialized care	2	0.1
Enhance overall service quality and strengthen public relations	2	0.1
Partner with more insurance providers (e.g., Jubilee) to enhance service coverage	1	0.1