

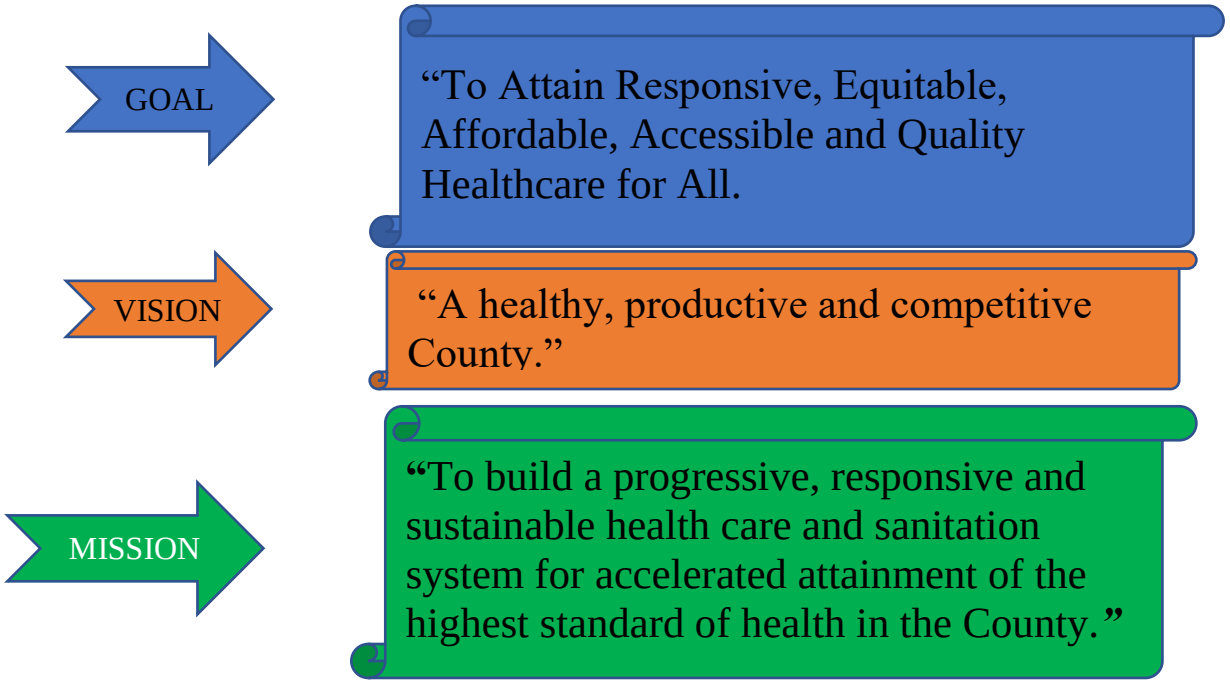
COUNTY GOVERNMENT OF BUNGOMA

DEPARTMENT OF HEALTH AND SANITATION

BUNGOMA COUNTY HEALTH AND SANITATION PLANNING, RESEARCH AND MONITORING & EVALUATION POLICY FOR 2026-2031

FEBRUARY, 2026

DEPARTMENTAL GOAL, VISION, MISSION AND CORE VALUES



Core Values

Integrity.
Transparency.
Accountability.
Professionalism.
Social Justice.

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ACRONYMS/ABBREVIATIONS

ADP	Annual Development Plan
AWP	Annual Work Plan
BUHREC	Bungoma Health Research Committee
CECM	County Executive Committee Member
CHMT	County Health Management Team
CHSSIP	County Health Sector Strategic and Investment Plan
CIDP	County Integrated Development Plan
DQAs	Data Quality Assessments
ERC	Ethics Review Committee
HMIS	Health Management Information System
ICT	Information and Communication Technologies
IRB	Institutional Review Board
KHIS	Kenya Health Information System
KNBS	Kenya National Bureau of Statistics
LFA	Logical Framework Approach
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NACOSTI	National Commission for Science, Technology and Innovation
NGO	Non-Governmental Organization
NCDs	Non-Communicable Diseases
PFM	Public Finance Management
PHC	Primary Health Care
PRM&E	Planning, Research, Monitoring & Evaluation
RFA	Request for Applications
RFP	Request for Proposals
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SCMOH	Sub-County Medical Officer of Health
SCHMT	Sub-County Health Management Team
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
UHC	Universal Health Coverage
WHO	World Health Organization

FOREWORD

The importance of an integrated Planning, Research, and Monitoring & Evaluation (PRM&E) Policy to the Department of Health and Sanitation cannot be overstated. The environment within which the health sector operates is dynamic, constantly presenting new opportunities and challenges that require innovative, evidence-based, and adaptive responses. To meet these demands, the Department must operate with a clear strategic direction, anchored in sound planning, informed by high-quality research, and guided by robust monitoring and evaluation systems.

This policy reaffirms our commitment to delivering comprehensive, accessible, and quality health services, with particular emphasis on Primary Health Care (PHC) as a pathway to achieving Universal Health Coverage (UHC). It positions PRM&E as the foundation for ensuring that our plans are realistic, our programs are relevant, and our results are measurable, transparent, and accountable.

Through effective planning, we will set priorities, allocate resources strategically, and anticipate future health needs. Through research, we will generate innovations, contextual solutions, and policy-relevant evidence to address current and emerging health challenges. Through monitoring and evaluation, we will track our performance, assess the effectiveness of interventions, identify areas for improvement, and ensure that lessons learned are fed back into the planning cycle.

The policy is the product of a participatory and consultative process, drawing on the insights of departmental staff, health facility managers, community representatives, academia, development partners, and other stakeholders. Their input has ensured that the policy reflects our local realities while aligning with national frameworks and global health priorities.

The Department's leadership is committed to creating and sustaining an enabling environment for implementing this policy—ensuring that human, financial, and infrastructural resources are allocated and used effectively, and that institutional capacity for planning, research, and M&E is continuously strengthened.

I therefore invite all health workers, partners, and stakeholders to embrace this policy as a collective tool for action. By integrating planning, research, and monitoring & evaluation into the very fabric of our health service delivery, we can build a resilient, responsive, and sustainable health system for Bungoma County—one that safeguards the health of our citizens today and secures it for generations to come.

CPA Crispinus Barasa
CECM - Health and Sanitation
County Government of Bungoma

PREAMBLE

As a guide to the Department of Health and Sanitation, this Planning, Research, and Monitoring & Evaluation (PRM&E) Policy has been developed to propel the Department's mission of building a progressive, responsive, and sustainable health care and sanitation system for the accelerated attainment of the highest possible standard of health in Bungoma County.

The policy is comprehensive and serves as the overarching framework for strategic planning, generation and application of research evidence, and continuous performance monitoring and evaluation across all levels of the health system. It provides a structured approach for implementation, coordination, and resource mobilization, ensuring that decisions and actions are grounded in credible data, sound analysis, and forward-looking planning.

The formulation of this policy was informed by an extensive participatory process that involved consultations and interviews with staff, management, facility teams, communities, and external stakeholders, including academic institutions and development partners. This inclusive process ensured alignment with national priorities, county development goals, and global health commitments.

The Department recognizes that planning provides the strategic direction and allocation of resources; research generates new knowledge, innovations, and solutions to health challenges; and monitoring and evaluation ensures accountability, measures performance, and facilitates adaptive learning. Together, these functions form a cycle of continuous improvement that will strengthen the health system and improve service delivery.

The PRM&E Policy will be periodically reviewed to integrate emerging innovations, programs, and policies, keeping it relevant to evolving health sector needs. All health workers and stakeholders are called upon to familiarize themselves with the policy and actively contribute to its implementation. The Department's leadership will provide the necessary stewardship, oversight, and coordination to ensure full realization of the policy's objectives.

In particular, this policy prioritizes the guiding principles, implementation mechanisms, and operational procedures necessary to embed planning, research, and M&E functions into routine departmental operations. The Department acknowledges the valuable contributions and synergies of all stakeholders in the development of this policy, particularly in mobilizing and coordinating resources for its successful execution.

Ultimately, the PRM&E Policy offers a clear orientation that seeks to transform perceptions about the value of planning, research, and M&E in the health sector—positioning them as essential drivers of evidence-based policy, effective service delivery, and sustained health improvements for the people of Bungoma County.

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David Maling'a
County Chief Officer - Health and Sanitation
County Government of Bungoma

EXECUTIVE SUMMARY

The Planning, Research, and Monitoring & Evaluation (PRM&E) Policy for 2026–2031 provides a comprehensive framework for evidence-based health sector management within the Bungoma County Department of Health and Sanitation. It integrates three interdependent functions—strategic planning, high-quality research, and robust monitoring & evaluation—into a unified system aimed at improving health outcomes, strengthening service delivery, and ensuring accountability.

The policy is anchored in the Constitution of Kenya (2010), the County Governments Act (2012), the Public Finance Management Act (2012), the Health Act (2017), and other national and international instruments that mandate counties to deliver quality health services, promote evidence-based decision-making, and uphold transparency in public administration. It also aligns with the Sustainable Development Goals (SDGs), the African Health Strategy, and the WHO's health metrics frameworks.

The PRM&E Policy addresses eight core policy areas:

a) Governance and Institutional Framework – Clarifies structures, roles, and accountability mechanisms for PRM&E at all levels.
b) Research Management – Establishes processes for research priority-setting, ethical clearance, dissemination, and application of findings.
c) Planning Processes – Institutionalizes structured, participatory, and data-driven planning cycles aligned with county and national health strategies.
d) Monitoring and Evaluation Systems – Standardizes tools, indicators, and performance review mechanisms.
e) Capacity Building and Human Resource Development – Strengthens technical skills, data literacy, and analytical capacity among staff.
f) Resource Mobilization and Financing – Secures sustainable funding and promotes prudent use of PRM&E resources.
g) Ethics, Accountability, and Compliance – Ensures adherence to ethical standards and legal requirements.
h) Knowledge Management and Utilization – Facilitates the systematic documentation, sharing, and application of evidence.

Implementation will be led by the PRM&E Unit, incorporating the Bungoma Health Research Committee (BUHREC), the County Health M&E Committee, and the County Health Planning and Policy Committee. These bodies will oversee research approvals, monitor program performance, and coordinate planning across county health structures. All research activities will require prior BUHREC authorization, with associated fees deposited into the County Referral Hospital account and used exclusively for approved research-related purposes.

The policy emphasizes stakeholder engagement, with contributions from government agencies, development partners, academic institutions, civil society, and communities. It promotes innovation, participatory approaches, and gender-responsive, equitable health service delivery. Monitoring indicators will track progress on policy implementation, research outputs, data quality, and use of evidence in decision-making.

The PRM&E Policy will be reviewed every three years or earlier in response to emerging health priorities, legislative changes, or significant sectoral developments. By institutionalizing planning, research, and M&E, the Department aims to build a resilient, responsive, and sustainable health system that advances Bungoma County's goal of delivering equitable, quality, and people-centered healthcare for all.

DEFINITION OF TERMS

Consultancy: Professional advice that provides expert opinion or advice within a particular area of interest or expertise, usually at a fee paid to the consultant or consulting firm. In the case of Department of Health and Sanitation, the consultant may be the individual or a group of individuals, the specific units, Monitoring and Evaluation, Research and Planning affiliates or Enterprise Services Ltd.

Extension: Formal and non-formal Health programs which are based on Monitoring and Evaluation, Research and Planning outputs taken to end users (such Patients) for the purpose of improving the end user ‘s output and benefits.

Monitoring and Evaluation:
Monitoring is the continuous process of systematically observing, tracking, and recording data about a project, program, or activity to assess its progress and performance against planned objectives, while Evaluation is periodic assessment the merit, worth, or significance of something, often by collecting and analysing data to make informed judgments

Planning: is a systematic process of making decisions about what actions are needed, how they will be carried out, who will be responsible, and what resources will be used to achieve specific health goals

Research: Research as used in this Policy implies scholarly or scientific inquiry or investigation into an area of Health interest which aims to contribute towards insight of Health Behavior, knowledge or theory.

Research Fund: A fund sourced and set aside for the purpose of supporting Research activities and Research committee within the Department will be expected to utilize.

Research Affiliate: A visiting Researcher/ institutions to the Department for a limited period to carry out a specific Research.

CHAPTER 1: INTRODUCTION TO THE MONITORING AND EVALUATION, RESEARCH AND PLANNING POLICY

1.1 Background and Context

The Department of Health and Sanitation plays a central role in safeguarding and improving the health of Bungoma County residents through effective service delivery, policy guidance, and strategic resource allocation. Achieving these mandates requires a coordinated approach that integrates Planning, Research, and Monitoring & Evaluation (M&E) as mutually reinforcing pillars of health system management.

Historically, Kenya's health sector planning has been shaped by public sector reforms, the adoption of the Medium-Term Expenditure Framework (MTEF), and the decentralization of service delivery under devolution. In Bungoma County, this transformation has necessitated a structured and evidence-based planning process anchored in the County Integrated Development Plan (CIDP), Annual Development Plans (ADPs), and aligned with national health priorities and global commitments such as the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC).

Planning in the Department ensures that annual work plans, budgets, and implementation schedules are informed by accurate data, research findings, and stakeholder input. These plans are developed through an inclusive process involving programme managers, service delivery unit heads, M&E officers, finance officers, and other technical staff, coordinated by the Departmental Planning Team. The team's role includes aligning departmental objectives with national and county health strategies, integrating research evidence into decision-making, and ensuring efficient use of available resources.

Research provides the evidence base for policy decisions and programme interventions. By generating new knowledge, assessing the effectiveness of health interventions, and analysing trends, research supports innovation and the continuous improvement of service delivery. The Department encourages operational, implementation, and policy research that directly addresses county health priorities.

Monitoring and Evaluation (M&E) serves as the feedback mechanism within the health system, enabling the Department to track progress, measure outcomes, and ensure accountability for resources. By systematically collecting, analysing, and reporting on performance data, M&E informs mid-course corrections, guides policy adjustments, and promotes transparency to stakeholders.

By integrating Planning, Research, and M&E into a unified framework, the Department aims to enhance evidence-based decision-making, improve service delivery outcomes, and strengthen accountability. This Policy provides the structure, standards, and processes to institutionalise these functions and ensure that they contribute to the County's vision of delivering equitable, quality, and sustainable healthcare for all.

1.2 The need for the Monitoring and Evaluation, Research and Planning Policy

The Department of Health and Sanitation plays a crucial role in advancing planning, research, and monitoring & evaluation (PRM&E) as core drivers of effective health service delivery and system strengthening. Beyond service provision, the Department has a responsibility to generate, synthesize, and apply evidence to inform its own operations, guide county health priorities, and provide policy advice to other government institutions on pressing health issues and emerging challenges.

In a rapidly evolving health landscape, innovation, research, monitoring and evaluation, and strategic planning are indispensable for ensuring that the Department remains relevant, responsive, and capable of addressing current and future health needs. They are also essential for expanding the frontiers of knowledge, improving operational efficiency, and enhancing the quality of care for the people of Bungoma County.

The integration of these three functions—planning to set clear priorities and allocate resources effectively; research to generate new knowledge, technologies, and approaches; and monitoring & evaluation to track progress, assess impact, and ensure accountability—creates a continuous improvement cycle that strengthens decision-making and policy implementation.

This can only be achieved through a responsive and comprehensive PRM&E Policy that provides clear guidance, establishes minimum standards, and promotes a culture of evidence-based action within the Department. Such a policy ensures that all activities are purpose-driven, ethically sound, and aligned with the Department's vision of delivering high-quality, equitable, and sustainable health services.

1.3 Purpose of the Monitoring and Evaluation, Research and Planning Policy

The Planning, Research, and Monitoring & Evaluation (PRM&E) Policy provides a unifying framework to guide the development, review, implementation, and continuous improvement of all PRM&E activities within the Department of Health and Sanitation. It is designed to ensure that the Department's actions are strategic, coordinated, and directly aligned with its vision, mission, and long-term health goals.

Through this policy, the Department will strengthen its contribution to the health and socio-economic development of Bungoma County, Kenya, and the global health community. It will ensure that planning processes are evidence-based and forward-looking, that research activities are purposeful and responsive to health needs, and that monitoring and evaluation systems produce timely, reliable information to guide decisions and measure impact.

The policy further establishes minimum standards and protocols for the conduct of planning, research, and M&E activities—promoting structured communication, transparency, accountability, and ethical practice. It ensures that all resources mobilized for PRM&E are used efficiently and directed toward initiatives that deliver measurable improvements in health outcomes and system performance.

By providing this clear operational framework, the PRM&E Policy fosters a culture of continuous learning, innovation, and accountability, enabling the Department to adapt to emerging challenges and seize opportunities for health system transformation.

1.4 Strategic Objectives of the Monitoring and Evaluation, Research and Planning Policy

The strategic objectives of this policy are to:

i. Strengthen Evidence-Based Health Planning

Institutionalize structured, participatory, and data-driven planning processes at all levels of the health system to ensure that policies, strategies, and interventions are relevant, achievable, and sustainable.

ii. Promote High-Quality and Relevant Research

Support, coordinate, and conduct health research that addresses priority health needs of Bungoma County, aligns with national and global health agendas, and generates actionable knowledge for policy and program improvement.

iii. Enhance Monitoring and Evaluation Systems

Establish and maintain robust M&E systems that enable timely collection, analysis, and use of high-quality data to track performance, assess results, and guide adaptive management.

iv. Foster Innovation and Knowledge Translation

Encourage the development, adaptation, and application of innovative approaches, technologies, and tools, and ensure that research and M&E findings are effectively disseminated and integrated into planning and decision-making.

v. Ensure Ethical, Transparent, and Accountable Practices

Uphold the highest standards of ethics, integrity, and accountability in all PRM&E activities, ensuring that human and animal subjects are protected, environmental safeguards are maintained, and resources are used efficiently.

vi. Build Institutional and Human Resource Capacity

Strengthen the skills, competencies, and resources of departmental staff and stakeholders to effectively implement planning, research, and M&E functions, including training, mentorship, and provision of adequate tools and infrastructure.

vii. Promote Stakeholder Engagement and Partnerships

Enhance collaboration with government agencies, development partners, academia, civil society, and communities to mobilize resources, share knowledge, and coordinate PRM&E initiatives for maximum impact.

viii. Measure and Demonstrate Impact

Use PRM&E systems to regularly assess the effectiveness, efficiency, and sustainability of health programs and services, and demonstrate results to stakeholders for accountability and continued support.

1.5 Scope

This policy applies to all planning, research, and monitoring & evaluation activities undertaken, commissioned, or supported by the Department of Health and Sanitation, across all levels of the health system—community, facility, sub-county, and county.

The scope of the policy covers:

Planning

- Development and review of County Sector Plans, County Integrated Development Plans (CIDP), Strategic Plans, Annual Work Plans, Program Operational Plans, Annual Development Plans, Procurement Plans and Budgets.
- Integration of evidence from Research and M&E into planning processes.
- Alignment of County Health Plans with the County Integrated Development Plan (CIDP), County Health Sector Strategic Plan and National and Global Health Frameworks.

Research

- Design, approval, coordination, and implementation of health-related research in Bungoma County.
- Both operational and academic research conducted by departmental staff, research affiliates, institutions, partners, or independent investigators.
- Research areas may include biomedical, clinical, epidemiological, public health, health systems, environmental health, and socio-cultural determinants of health.
- Dissemination and utilization of research findings to inform policy, practice, and community interventions.

Monitoring and Evaluation

- Establishment and use of M&E systems for data collection, analysis, reporting, and feedback.
- Tracking progress against departmental goals, strategic objectives, and program targets.
- Conducting performance reviews, evaluations, and learning exercises.
- Ensuring data quality, integrity, and accessibility for decision-making.

Ethics, Governance, and Compliance

- Adherence to ethical standards in research, planning, and M&E, including protection of human and animal subjects.
- Compliance with national laws, county regulations, and international best practices.

- Safeguarding environmental, cultural, and social considerations in PRM&E activities.

Stakeholder Engagement and Partnerships

- Collaboration with government agencies, development partners, academia, civil society, and communities in PRM&E initiatives.
- Resource mobilization, knowledge sharing, and joint implementation of priority health interventions.

This policy shall apply to all health programs and projects, whether funded by the county, national government, or external partners, and shall be reviewed periodically to accommodate emerging health priorities, innovations, and policy shifts.

CHAPTER 2: LEGAL AND INSTITUTIONAL FRAMEWORK

1. Legal Framework

The Planning, Research, and Monitoring & Evaluation (M&E) Policy for the Bungoma County Department of Health and Sanitation is anchored on key constitutional, legislative, and policy instruments at the national, county, and international levels. These instruments provide the legal authority, guiding principles, and accountability mechanisms for the planning, coordination, execution, and oversight of health-related research and M&E activities.

1.1 The Constitution of Kenya (2010)

The Constitution is the supreme law of Kenya and provides the overarching framework for health service delivery and governance.
Article 43(1)(a) guarantees every person the right to the highest attainable standard of health, including healthcare services. This provision forms the basis for evidence-based planning, research, and M&E as tools to improve service quality and equity.
Article 174 sets out the objects of devolution, promoting local decision-making, public participation, and accountability in health service planning and evaluation.
Fourth Schedule assigns county governments the function of delivering county health services, thereby placing planning, research, and M&E within the county's mandate.

1.2 The County Governments Act (2012)

This Act operationalizes devolution and provides the framework for county planning, performance management, and service delivery. It requires counties to prepare five-year County Integrated Development Plans (CIDPs), Annual Development Plans (ADPs), and sector-specific plans. These must be supported by robust M&E frameworks to track performance against set targets.

1.3 The Public Finance Management Act (2012) and PFM Regulations

The Act and its regulations ensure prudent, accountable, and transparent management of public resources. For this Policy, it underpins the budgeting and financial oversight of research and M&E activities. It also provides guidelines for resource mobilization, expenditure control, and reporting to ensure value for money.

1.4 The Health Act (2017)

This Act establishes a unified national health system and provides a framework for health governance, standards, and regulation. It emphasizes: The integration of research into health policy and practice; Use of data for decision-making and Strengthening health information systems to support M&E.

1.5 The Science, Technology and Innovation Act (2013)

The Act mandates the promotion, coordination, and regulation of research in Kenya. It reinforces the need for ethical standards, quality assurance, and stakeholder collaboration in all research activities undertaken within Bungoma County.

1.6 The Access to Information Act (2016)

This Act guarantees public access to information held by the state or other persons necessary for the exercise or protection of a right. It supports transparency and accountability by ensuring that research findings, M&E reports, and other data generated by the Department are accessible to the public, subject to confidentiality requirements.

1.7 Bungoma County Health Services Act, 2019

This County law provides the legislative framework for organizing, managing, and delivering health services. It empowers the County Department of Health and Sanitation to undertake planning, research, and M&E to strengthen service delivery.

1.8 International and Regional Instruments

Kenya is a signatory to several international and regional agreements that guide health sector planning, research, and M&E:

- Sustainable Development Goals (SDGs) – Particularly Goal 3 (Good Health and Well-being), which calls for universal health coverage, improved health systems, and data-driven decision-making.
- African Health Strategy – Advocates for evidence-based health policies, research capacity building, and strengthened M&E systems across African Union member states.
- WHO Health Metrics and M&E Frameworks – Provide global standards and indicators for monitoring health outcomes and evaluating interventions.

2. Institutional Framework

The successful implementation of the Planning, Research, and Monitoring & Evaluation (M&E) Policy for the Bungoma County Department of Health and Sanitation depends on a clear institutional framework that defines roles, responsibilities, and coordination mechanisms among relevant actors.

2.1 County Department of Health and Sanitation

The Department has the overall mandate to:

- Formulate, implement, and review planning, research, and M&E strategies.
- Provide policy direction and oversight for all health-related research and data management activities.
- Ensure alignment of departmental plans with the County Integrated Development Plan (CIDP) and national health priorities.

2.2 Bungoma Health Research, Planning and M&E Unit

This is the specialized unit within the Department responsible for:
Coordinating all research proposals and ensuring they meet ethical, technical, and operational standards.
Establishing and maintaining a county health information system for evidence-based decision-making.

Supporting departmental and sub-county teams in developing work plans, performance indicators, M&E frameworks and any other plans.

2.3 Bungoma Health Research Committee (BUHREC)

The BUHREC serves as the technical advisory body for research governance in the county. Its functions include:

- Reviewing and approving all research proposals conducted within county health facilities or involving county data.
- Monitoring compliance with research ethics, methodologies, and reporting requirements.
- Mobilizing resources for research and ensuring prudent utilization of research funds.

2.4 Sub-County Health Management Teams (SCHMTs)

These teams are responsible for operationalizing planning, research, and M&E activities at the sub-county level. Their roles include:

- Collecting and validating health data from facilities.
- Coordinating research approvals and supporting local implementation.
- Conducting performance reviews and reporting to the County Department.

2.5 Health Facilities

Health facilities serve as the primary points for data generation and research implementation. They are mandated to:

- Maintain accurate patient and service delivery records.
- Participate in approved research projects.
- Submit timely and accurate reports for M&E purposes.

2.6 Stakeholders and Partners

Development partners, NGOs, academic institutions, and community organizations play a key role in:

- Providing technical and financial support for research and M&E activities.
- Participating in data sharing, joint reviews, and dissemination of findings.
- Strengthening capacity through training and resource mobilization.

2.7 National Government Agencies

The Department shall work closely with the Ministry of Health, Kenya National Bureau of Statistics (KNBS), National Commission for Science, Technology, and Innovation (NACOSTI), and other relevant national bodies to ensure compliance with national research guidelines, alignment with national health information systems, and contribution to national data repositories.

CHAPTER 3: THE MONITORING AND EVALUATION, RESEARCH AND PLANNING POLICY AREAS

3.1 Introduction

One of the hallmarks of the Department of Health and Sanitation is the depth, quality, and relevance of its planning, research, and monitoring & evaluation (PRM&E) activities—undertaken by departmental staff, research affiliates, students, and partner institutions. These activities are central to driving innovation, improving service delivery, and ensuring that health policies and programs are informed by credible evidence.

The Department has already established foundational PRM&E structures, including governance mechanisms, technical committees, and resource mobilization systems. Sustainable funding, institutional capacity, and partnerships are key enablers that must be strengthened to ensure that PRM&E activities have measurable impact at the local, national, and international levels.

To maximize this impact, the Department will maintain and further develop structures that support PRM&E processes at all levels of the health system—from community and facility level to sub-county and county headquarters. This will include mechanisms for priority-setting, ethical review, quality assurance, stakeholder engagement, and dissemination of findings.

The PRM&E activities will be guided by clearly defined policy positions that establish standards, procedures, and responsibilities for each function—ensuring that planning is evidence-driven, research is ethically sound and relevant, and monitoring and evaluation are systematic and results-oriented. The following sections outline the key policy areas and guiding principles that will govern the effective implementation of PRM&E within the Department of Health and Sanitation.

3.2 Policy Areas

The Planning, Research, and Monitoring & Evaluation (PRM&E) Policy is structured around eight core policy areas. Each policy area provides a framework for action, ensuring that PRM&E functions are effectively planned, coordinated, implemented, and reviewed in line with the Department's mandate and strategic goals.

3.2.1 Policy Area 1: Governance and Institutional Framework

Policy Statement:

The Department shall maintain a functional governance framework that defines clear structures, roles, responsibilities, and accountability mechanisms for PRM&E at county, sub-county, and facility levels.

Scope:

- Establishment of the County PRM&E Committee and sub-county/facility focal persons.
- Approval processes for planning, research, and M&E activities.
- Integration of PRM&E within existing health governance systems and linkages to national structures.

3.2.2 Policy Area 2: Research Management

Policy Statement:

The Department shall promote, coordinate, and manage high-quality research that addresses priority health needs and contributes to evidence-based decision-making.

Scope:

- Research priority setting and annual updates.
- Proposal review, approval, and ethical clearance processes.
- Data collection, analysis, dissemination, and utilization protocols.
- Protection of intellectual property and recognition of contributors.

3.2.3 Policy Area 3: Planning and Policy Processes

Policy Statement:

The Department shall institutionalize structured, participatory, and evidence-based planning and policy processes to guide health service delivery and resource allocation.

Scope:

- Annual and multi-year planning cycles aligned with CIDP, CHSSIP, and national frameworks.
- Integration of research and M&E findings into plans.
- Stakeholder engagement in planning at all levels.
- Policy development, dissemination, implementation and review

3.2.3.1 Integrated Planning, Budgeting and Budget Execution Framework

Policy Statement:

The Department shall institutionalize an integrated planning, budgeting, and budget execution framework that ensures alignment between priorities, resource allocation, implementation, and performance monitoring across all levels of the health system.

Planning Cycle Framework

Planning shall follow a structured cycle:

a) Strategic Planning
- CIDP, CHSSIP, sector strategies, health facility strategic plans

b) Annual Planning
- Annual Development Plan (ADP)
- Annual Work Plans (AWPs)

c) Performance Review
- Annual Performance Review (APR) to inform the next cycle

Budgeting Framework

Budgeting shall be guided by the Medium-Term Expenditure Framework (MTEF), ensuring:

a) Multi-year planning and sustainability
b) Alignment with CIDP and ADP
c) Realistic resource allocation

Budget Cycle Phases:

a) Prioritization and ceilings
b) Budget preparation
c) Legislative approval
d) Budget execution and reporting

Budgeting at Different Levels

County Level
- Consolidation of departmental budgets
- Policy prioritization and resource allocation

- Alignment with County Treasury

Sub-County Level
- Coordination and aggregation of facility plans
- Performance monitoring

Facility Level
Facilities shall:
- Develop costed Annual Work Plans
- Prepare program-based budgets
- Estimate revenue (SHA, AIA, grants)
- Submit budgets for approval

Budget Execution Framework
Budget execution shall follow a structured financial management process for each health entity:
a) Procurement
- Shall be conducted at the departmental level for activities and programs funded through the exchequer budget.
- Other health entities shall carry out their own procurement based on confirmation of availability of funds at their level and subject to approval from the accounting officer.
- Based on approved procurement plans
- Linked to budgets and AWPs
- Governed by PPADA

b) Expenditure Management
- Initiated from approved work plans
- Follows requisition → procurement → verification and approval → payment

c) Cash and Revenue Management
- Daily revenue recording and banking
- SHA claims tracking and reconciliation
- Monthly bank reconciliation

d) Financial Reporting
Facilities shall produce:
- Monthly reports (income, expenditure, reconciliation)
- Quarterly budget performance reports
- Annual financial statements
- Any other reports as it shall be directed by the accounting officer from time to time.

Linkage to Monitoring & Evaluation
- Budget execution must be linked to outputs and indicators
- Variance analysis informs corrective action
- PRM&E Unit integrates financial and performance data

3.2.4 Policy Area 4: Monitoring and Evaluation Systems

Policy Statement:
The Department shall maintain robust M&E systems to track progress, assess outcomes, and provide timely feedback for program improvement.
Scope:
Development and review of M&E frameworks, indicators, and targets.
- Routine data collection, reporting, and analysis.

- Performance review meetings and feedback loops.
- Mid-term and end-term evaluations of major programs.

3.2.5 Policy Area 5: Capacity Building and Human Resource Development

Policy Statement:

The Department shall continuously strengthen the technical, managerial, and analytical capacities of personnel involved in PRM&E functions.

Scope:

- Training, mentorship, and peer learning opportunities.
- Skills development in data management, research methods, planning, and evidence use.
- Partnerships with academic and research institutions.

3.2.6 Policy Area 6: Resource Mobilization and Financing

Policy Statement:

The Department shall ensure sustainable financing for PRM&E functions and promote efficient and transparent use of resources.

Scope:

- Dedicated budget allocations for PRM&E in the annual health budget.
- Resource mobilization from government, partners, and the private sector.
- Financial accountability and expenditure tracking.

Budgeting and financial execution processes shall be guided by the Integrated Planning, Budgeting and Budget Execution Framework outlined under Policy Area 3

3.2.7 Policy Area 7: Ethics, Accountability, and Compliance

Policy Statement:

The Department shall uphold the highest ethical standards and ensure full compliance with legal, professional, and procedural requirements in all PRM&E activities.

Scope:

- Ethical approval processes for research and data collection.
- Protection of human and animal subjects.
- Misconduct prevention, reporting, and disciplinary actions.
- Transparency in processes and decision-making.

3.2.8 Policy Area 8: Knowledge Management and Utilization

Policy Statement:

The Department shall ensure that evidence generated through PRM&E is systematically documented, stored, shared, and applied to improve health outcomes.

Scope:

- Development of a central PRM&E knowledge repository.
- Translation of evidence into policy briefs, guidelines, and program improvements.
- Public dissemination of key findings for transparency and accountability.

3.2.9 Monitoring and Evaluation Tools, Standards, and Practices

Rationale:

Effective monitoring and evaluation (M&E) require the systematic use of standardized tools, accepted norms, and internationally recognized frameworks to ensure that health sector performance is tracked accurately, lessons are drawn, and decisions are evidence-based. The Department recognizes that the consistent application of such tools and standards will enhance accountability, transparency, and learning across all programmes.

Policy Statement:
The Department of Health and Sanitation shall adopt and institutionalize the use of standard monitoring and evaluation tools, frameworks, and criteria to guide the collection, analysis, interpretation, and utilisation of performance data across all service delivery units. The Department shall ensure that all health programmes apply these tools consistently and align them with county, national, and international reporting requirements.

Scope:
This policy area applies to all monitoring and evaluation activities undertaken by the Department, including programme performance tracking, project assessments, research monitoring, and sector-wide reviews.

Key Provisions:

3.2.9.1 Tools for Monitoring

The Department shall utilize the following standard tools for routine and specialized monitoring activities:

i. Facility registers and daily tally sheets.
ii. Health programme monitoring forms and templates.
iii. Kenya Health Information System (KHIS) reporting tools.
iv. Community health data collection tools.
v. Digital data entry platforms and dashboards approved by the Department.
vi. Specialized tools for thematic health areas (e.g., RMNCAH, HIV, NCDs).

3.2.9.2 Logical Framework Requirements

All departmental programmes and projects shall adopt a Logical Framework Approach (LFA) to define objectives, outputs, outcomes, and impact indicators. Logical frameworks shall be developed at project inception and shall guide planning, monitoring, and evaluation activities.

3.2.9.3 Monitoring Criteria (SMART)

All M&E indicators and objectives shall be:
i. Specific – Clearly defined and unambiguous.
ii. Measurable – Quantifiable or verifiable through qualitative assessment.
iii. Achievable – Realistic within available resources and capacities.
iv. Relevant – Directly linked to departmental objectives and priorities.
v. Time-bound – Having defined timelines for achievement.

3.2.9.4 Guiding Principles, Norms, and Standards

The Department shall adhere to the following principles in all M&E activities:

i. Utility – Ensuring information generated is relevant and useful to stakeholders.
ii. Credibility – Using credible data sources and validated methodologies.
iii. Feasibility – Designing M&E activities that are practical within the context.
iv. Transparency – Promoting open sharing of findings and methodologies.
v. Propriety – Ensuring ethical conduct, respect for privacy, and compliance with the Data Protection Act, 2019.

3.2.9.5 Purpose of Monitoring and Evaluation

The Department shall ensure that M&E systems are designed to:

i. Track progress against strategic plans, annual work plans, and programme objectives.
ii. Generate timely data for decision-making, policy formulation, and resource allocation.
iii. Enhance accountability to citizens, partners, and government agencies.
iv. Promote learning, innovation, and continuous improvement in service delivery.

3.2.9.6 Coverage and Scope

M&E activities shall cover all thematic areas and programmes within the Department, including preventive, promotive, curative, rehabilitative, and palliative care. The policy applies to both internal monitoring and external evaluations commissioned by the Department or its partners.

3.3 Logical Framework Requirements for Partner Projects and Undertakings

All partner-supported projects and county health undertakings shall adopt a logical framework or equivalent results-based tool as part of their proposal and implementation documents. The logical framework shall clearly outline major activities, expected outputs, outcomes, and intended impacts. Performance indicators, baselines, targets, means of verification, and key risks and assumptions shall be specified for output and outcome levels. Where impact evaluations are planned, indicators and means of verification shall also be provided at the impact level.

In cases where baseline information is not available at the proposal stage, project managers shall ensure baseline data is collected within a reasonable period from project start-up to guarantee evaluability of results. For joint initiatives, logical frameworks shall be discussed and agreed upon with all relevant partners to ensure coherence and alignment with county priorities.

3.4 Guiding Principles of Key Policy Areas

The implementation of the Planning, Research, and Monitoring & Evaluation Policy will be anchored on the following guiding principles:

Evidence-Based Decision-Making

All planning, resource allocation, and program adjustments will be informed by credible data, sound analysis, and relevant research findings.

Participatory and Inclusive Approach

PRM&E processes will involve active engagement of stakeholders at all levels—county leadership, health workers, partners, communities, and beneficiaries—to ensure ownership, relevance, and sustainability.

Equity and Gender Responsiveness

All PRM&E activities will be designed and implemented in a manner that promotes fairness, addresses health disparities, and considers the different needs of women, men, youth, and vulnerable populations.

Ethical and Professional Conduct
PRM&E will adhere to the highest standards of ethics, transparency, and accountability, ensuring respect for human rights, protection of participants, and integrity in data collection, analysis, and reporting.

Alignment with National and Global Frameworks
All PRM&E initiatives will be consistent with the County Integrated Development Plan (CIDP), County Health Sector Strategic and Investment Plan (CHSSIP), Kenya Health Policy, and relevant Sustainable Development Goals (SDGs).

Quality, Accuracy, and Timeliness
Data and research outputs will meet accepted standards of quality and reliability, and be produced within timelines that allow for their effective use in decision-making.

Transparency and Accountability
Processes, findings, and decisions will be documented, openly shared with relevant stakeholders, and subject to regular review to ensure proper use of resources and adherence to commitments.

Innovation and Continuous Learning
The Department will promote the use of innovative tools, technologies, and approaches in PRM&E, and foster a culture of reflection, learning, and adaptation.

Environmental and Cultural Sensitivity
PRM&E activities will respect and protect the natural environment and local cultural values, ensuring that interventions do not cause harm to communities or ecosystems.

Sustainability
PRM&E systems, processes, and capacities will be designed to be financially, institutionally, and operationally sustainable beyond individual projects or funding cycles.

CHAPTER 4: STRATEGIES TO ENHANCE MONITORING AND EVALUATION, RESEARCH AND PLANNING CAPACITY

4.1 Introduction

Effective planning, research, and monitoring & evaluation (PRM&E) require adequate capacity at institutional, technical, and operational levels. Strengthening these capacities will enable the Department of Health and Sanitation to produce high-quality evidence, plan strategically, and track progress toward its health goals. This chapter outlines the strategies to enhance PRM&E capacity across the County health system.

4.2 Institutional Strengthening

- Establish and maintain functional PRM&E structures at county, sub-county, and facility levels with clearly defined mandates, roles, and reporting lines.
- Develop and disseminate Standard Operating Procedures (SOPs) for planning, research, and M&E to guide consistent practice across all health programs.
- Integrate PRM&E functions into the County Health Sector Strategic and Investment Plan (CHSSIP) and County Integrated Development Plan (CIDP) to ensure alignment with broader development goals.

4.3 Human Resource Development

- Conduct regular capacity needs assessments to identify skills gaps in planning, research, and M&E.
- Provide training and mentorship programs on data collection, analysis, research methods, planning frameworks, and use of evidence for decision-making.
- Foster peer-learning platforms where health workers can share best practices and lessons learned from PRM&E activities.
- Facilitate linkages with academic and research institutions to enhance technical expertise and collaboration.

4.4 Resource Mobilization and Financing

- Allocate a dedicated budget line for PRM&E activities within the County Health Department's annual budget.
- Leverage partnerships with national government agencies, development partners, and the private sector to mobilize additional resources.
- Promote cost-efficient approaches such as integrating PRM&E activities across related health programs to maximize use of available funds.

4.5 Technology and Data Systems

- Strengthen the Health Management Information System (HMIS) to ensure accurate, timely, and complete data reporting.

- Adopt digital tools for data collection, storage, and visualization to improve efficiency and reduce errors.
- Develop a centralized PRM&E knowledge repository for research findings, reports, and planning documents to improve information access and use.

4.6 Quality Assurance and Standards

- Establish a Quality Assurance Unit within the PRM&E structure to oversee data verification, adherence to methodologies, and ethical compliance.
- Conduct routine data quality audits to ensure accuracy, consistency, and reliability of information used for decision-making.
- Develop performance benchmarks for PRM&E activities and regularly review them to identify gaps and improvement areas.
- Ensure health service delivery quality and clinical governance.

4.7 Partnerships and Stakeholder Engagement

- Strengthen multi-sectoral collaborations with government agencies, academia, civil society, community-based organizations, and development partners.
- Establish PRM&E stakeholder forums for joint planning, review of progress, and dissemination of findings.
- Encourage community participation in monitoring and evaluation to ensure that programs reflect local needs and priorities.

4.8 Knowledge Management and Learning

- Create a systematic process for translating research and M&E findings into policy briefs, guidelines, and practical recommendations.
- Organize annual PRM&E review meetings to share achievements, challenges, and lessons learned.
- Document and disseminate success stories and case studies to inspire replication and scaling of effective interventions.

CHAPTER 5: GOVERNANCE AND INSTITUTIONAL ARRANGEMENTS

5.0 The Planning, Research, and Monitoring & Evaluation (PRM&E) Unit

The Planning, Research, and Monitoring & Evaluation (PRM&E) Unit is the central coordinating entity within the Department of Health and Sanitation responsible for guiding evidence-based planning, overseeing health research, and ensuring systematic monitoring and evaluation of health programs. The unit's mandate is to ensure that decisions within the health sector are grounded in accurate data, relevant research, and strategic planning processes that align with County, national, and global health priorities.

The PRM&E Unit integrates three core functions:

- Health Research Governance – through the Bungoma Health Research Committee (BUHREC).
- Monitoring & Evaluation (M&E) Coordination – through the County Health M&E Committee.
- Health Planning and policy Leadership – through the County Health Planning Committee.

5.1 Structure and Composition

The PRM&E Unit shall be led by the head of the unit who shall be the Planning, Financing, and Policy Coordinator, supported by:

i. County Monitoring, Evaluation, and Research Coordinator
ii. Health Records and Information Officer
iii. Departmental Economist in charge
iv. Partner liasons officer
v. Departmental Procurement in charge
vi. Co-opted technical experts as required

Each of the three core functions shall operate through designated committees:

i. BUHREC
ii. County Health M&E Committee
iii. County Health Planning and policy Committee

5.2 Mandate and Terms of Reference

The PRM&E Unit shall:

A. Research Functions BUHREC

i. Develop, review, and implement the County Research Policy.
ii. BUHREC shall be the sole authority mandated to review, approve, and oversee all health research conducted within the department. No other entity, institution, or individual within the department shall approve or authorize research activities. All researchers and institutions must obtain prior clearance from BUHREC before commencing any study.
iii. BUHREC approval shall be required in addition to, not in place of, applicable national ethic review.
iv. Ensure compliance with ethical standards, methodological rigor, and alignment to health priorities.
v. Coordinate dissemination of research findings to inform policy and practice.
vi. Mobilize resources for research and manage research-related finances.

vii. Maintain an annual research registry and reporting framework.

B. Monitoring and Evaluation Functions

i. Develop and oversee the County Health M&E Framework.
ii. Standardize data collection tools, indicators, and reporting procedures.
iii. Conduct quarterly and annual health performance reviews.
iv. Validate routine health data and ensure data quality assurance.
v. Build M&E capacity for health staff at all levels.
vi. Facilitate integration of M&E findings into planning and decision-making.
vii. Performance management in human resource functions, project implementation and any other arising issues in the department.

C. Policy and Planning Functions

i. Coordinate the development of the County Health Sector Strategic and Investment Plan (CHSSIP), Annual Work Plans (AWPs), procurement plan, budgeting processes and other strategic plans.
ii. Review the implementation of County Health Sector plans
iii. Align health plans with available budgets, national policies, and County Integrated Development Plans (CIDPs).
iv. Ensure participatory planning involving all relevant stakeholders.
v. Integrate M&E results and research evidence into the planning process.
vi. Monitor implementation of health plans and make mid-term adjustments.
vii. Mobilize and coordinate resources for plan execution.
viii. Policy development, implementation and review
ix. Develop, disseminate and circulate strategic communications of policy in nature through guidelines, memos and circulars as appropriate.

5.3 Membership of Bungoma Health Research Committee

The Bungoma Health Research Committee shall be constituted as follows:

i. The County Director of Health and Sanitation-Chairperson
ii. The Deputy Director of Health
iii. County Monitoring, Evaluation and Research Coordinator- Secretary
iv. Planning, Financing and Policy Coordinator
v. Representative of County Referral Hospital
vi. Representative of Laboratory Services
vii. Clinical Services Coordinator
viii. Representative from Nursing Department
ix. Representative from Public Health
x. Two co-opted members- Medical Superintendent of Bungoma County Referral and Webuye county Hospital
xi. An extra may be co-opted to provide specific expertise on need basis.
xii. Sub County, Level 4 and 5 facilities shall form Research Committee of Five members, Chaired by Sub county Medical Officers and Medical Superintendents respectively.
xiii. The members should have a minimum of Master's Degree and expertise in broader issues involving Research projects, such as cultural or racial diversity or health literacy.

5.4 Meeting Frequency

- Research Committee (BUHREC) – Monthly or *ad hoc*, as required by proposal review timelines.
- M&E Committee – Quarterly and *ad hoc* for urgent data quality or performance issues.
- Policy and Planning Committee – Bi-annually (planning cycle and mid-year review) and as required for adjustments.

5.5 Research Authorization Fees

All individuals or institutions intending to conduct research within Bungoma County's health facilities or communities must obtain prior approval from the Bungoma Health Research Committee (BUHREC) and shall be required to pay a research authorization fee. The applicable rates are as indicated in Annex 1.

5.6 Banking of Funds

All research authorization fees shall be deposited into the County Referral Hospital Account, details of which will be communicated by the secretary of the Research committee at the time of application. Proof of payment must be presented before an authorization letter is issued.

5.7 Utilization of Funds

The funds collected shall be used solely for research-related activities within the Department of Health and Sanitation. Any expenditure shall only be undertaken after obtaining necessary approvals from both:

The BUHREC;

The County Chief Officer of Health and Sanitation.

An annual financial report on collections and expenditures shall be prepared by BUHREC and submitted to the County Chief Officer of Health and Sanitation, and the County Executive Committee Member for Health.

5.8 Research Application Process

All individuals or institutions intending to conduct research within Bungoma County's health facilities or communities shall be required to complete the Standard Research Application Form prior to review by the Bungoma Health Research Committee (BUHREC).

5.8.1 Application Requirements

The application form shall capture, at minimum, the following details:

i. Applicant Details – Full name, contact information, and institutional affiliation.
ii. Research Title and Objectives – Summary of the study purpose, aims, and expected outcomes.
iii. Study Design and Methodology – Detailed description of the research approach, data collection methods, and sampling strategy.
iv. Study Location(s) – Specific health facilities, communities, or administrative areas where the research will be conducted.
v. Duration of Study – Proposed start and end dates.
vi. Ethical Clearance – Proof of approval from a recognized Ethics Review Committee (ERC) or Institutional Review Board (IRB), where applicable.
vii. Budget Summary – Estimated research costs and sources of funding.
viii. Data Use and Dissemination Plan – How data will be analyzed, stored, and shared with the Department of Health and Sanitation.
ix. Potential Benefits and Risks – Expected benefits to the County and mitigation measures for any risks to participants or facilities.
x. Research Authorization Fee Payment Proof – Receipt for payment of the applicable research authorization fee.

5.8.2 Submission and Review

The completed application form, together with all supporting documents, shall be submitted in hard copy and/or electronically to the BUHREC Secretariat. The BUHREC shall acknowledge receipt within five (5) working days and review the application during its scheduled or *ad hoc* meetings. Incomplete applications will be returned to the applicant for correction before being considered for review.

5.8.3 Issuance of Approval

Upon successful review, the BUHREC shall issue a Research Authorization Letter signed by the Chairperson. No research activities may commence prior to receipt of the authorization letter.

5.8.4 Standard Form Template

The Department shall maintain a standardized Research Application Form (Annex 2) which must be used by all applicants. The form shall be periodically reviewed and updated to align with policy changes and emerging research requirements.

5.9 Standards and Operating Principles

The PRM&E Unit shall operate under the following principles:

i. Evidence-Based Decision-Making – All recommendations must be backed by credible data or research evidence.
ii. Ethical Integrity – Adherence to research ethics, confidentiality, and transparency in all operations.
iii. Participation and Inclusivity – Active involvement of relevant stakeholders, including community representatives and partners.
iv. Alignment and Integration – Harmonization of planning, research, and M&E activities with County, national, and global frameworks.
v. Capacity Strengthening – Continuous skills development for health personnel involved in PRM&E functions.
vi. Professionalism- conduct their activities in accordance to acceptable professional expectations

CHAPTER 6: POLICY IMPLEMENTATION

6.0 Introduction

The successful implementation of the Planning, Research, and Monitoring & Evaluation (PRM&E) Policy depends on a well-structured operational framework, clear lines of accountability, adequate resources, and active engagement of stakeholders. This chapter outlines the strategic assumptions, institutional arrangements, and processes that will guide the roll-out of the policy across the Department of Health and Sanitation.

6.1 Strategic Assumptions

The following assumptions underpin the implementation of this policy:

i. Leadership Commitment – County leadership will provide political and managerial support for PRM&E initiatives.
ii. Sustainable Funding – Adequate financial resources will be allocated annually for PRM&E activities.
iii. Stakeholder Collaboration – Effective partnerships will be maintained with government agencies, development partners, academia, civil society, and communities.
iv. Skilled Workforce – Continuous investment will be made in building the skills and competencies of PRM&E personnel.
v. Technology Adoption – Digital tools and data systems will be used to improve efficiency, accuracy, and timeliness of PRM&E processes.

6.2 Implementation Structure

Implementation will occur at three interconnected levels:

County Level

- County Executive Committee Member (CECM) for Health – Provides overall policy direction, mobilizes resources, and ensures alignment with county and national development plans.
- Chief Officer for Health – Oversees operational implementation, interdepartmental coordination, and compliance with policy provisions.
- County Director of Health – Manages day-to-day execution of PRM&E activities, supervises the PRM&E Unit, and ensures timely reporting.
- County PRM&E Committee – Provides technical guidance, approves research proposals, reviews M&E reports, and monitors policy adherence.

Sub-County Level

- Sub-County Medical Officers of Health (SCMOHs) – Coordinate PRM&E activities within sub-counties, provide technical support to facilities, and consolidate reports for submission to the county level.
- Sub-County PRM&E Focal Persons – Ensure data quality, adherence to reporting timelines, and follow-up on implementation of recommendations.

Facility Level

- Facility In-Charges – Lead PRM&E activities within facilities, maintain accurate records, and use data for local decision-making.
- Health Unit PRM&E Teams – Support data collection, monitoring of service delivery indicators, and participate in facility performance reviews.

6.3 Implementation Processes

Annual PRM&E Work Plan

Developed by the PRM&E Unit in consultation with all directorates and stakeholders.
Aligns with the County Health Sector Strategic and Investment Plan (CHSSIP) and County Integrated Development Plan (CIDP).

Integration with Health Programs

PRM&E will be embedded into all health programs and projects to ensure a unified approach to planning, data collection, and performance tracking.

Capacity Building

- Ongoing training, mentorship, and peer-learning to strengthen technical capacity across all levels.

Data Use and Feedback Loops

Quarterly performance reviews at facility, sub-county, and county levels.
Findings will feed back into planning cycles to support evidence-based adjustments.

6.4 Performance Monitoring Indicators

i. To track implementation of this policy, the following indicators will be monitored:
ii. Percentage of health programs with an approved annual PRM&E plan.
iii. Proportion of research projects approved and completed according to guidelines.
iv. Timeliness and completeness of facility and sub-county reports.
v. Number of policy or program adjustments informed by PRM&E evidence.
vi. Percentage of staff trained in PRM&E functions.

6.5 Accountability and Reporting

i. Quarterly Reports – Prepared by sub-county and county PRM&E teams, reviewed by the PRM&E Committee.
ii. Annual PRM&E Review Report – Consolidated at the county level and shared with the County Health Management Team (CHMT), County Executive, and development partners.
iii. Public Dissemination – Summaries of key findings will be shared with communities and stakeholders to promote transparency.

CHAPTER 7: REWARDS, MONITORING AND EVALUTION & MISCONDUCT

7.1 Rewards and Incentives

To encourage excellence and innovation in Planning, Research, and Monitoring & Evaluation (PRM&E), the Department of Health and Sanitation will recognize and reward individuals, teams, and facilities that demonstrate outstanding performance in PRM&E-related activities.
Forms of Recognition may include:

- Certificates of merit and public commendations.
- Opportunities for professional development, training, and exchange programs.
- Priority consideration for research grants or special project funding.
- Awards during annual health sector review meetings or other official functions.

Eligibility Criteria:

- Demonstrated contribution to the generation, use, and dissemination of high-quality evidence.
- Measurable improvements in service delivery outcomes informed by PRM&E activities.
- Compliance with ethical, technical, and reporting standards set out in this policy.
- Evidence of innovation, problem-solving, or replication of best practices.

7.2 Monitoring of Policy Implementation

The implementation of this PRM&E Policy will be subject to continuous monitoring to ensure compliance, measure results, and identify opportunities for improvement.
Monitoring Mechanisms:

- Routine Progress Tracking – Quarterly and annual reviews of PRM&E activities against established work plans and indicators.
- Data Quality Assessments (DQAs) – Regular audits to verify the accuracy, completeness, and reliability of data.
- Field Supervision Visits – Targeted support and oversight at sub-county and facility levels to address implementation gaps.
- Stakeholder Review Forums – Periodic engagement with partners, communities, and other actors to share progress and gather feedback.

Reporting Structure:

- Facilities will submit monthly and quarterly PRM&E reports to their respective sub-county offices.
- Sub-counties will consolidate and submit quarterly reports to the County PRM&E Unit.
- The County PRM&E Committee will compile an Annual PRM&E Review Report for submission to the County Executive and other relevant authorities.

7.3 Misconduct in PRM&E

The following acts constitute misconduct under this policy and will result in disciplinary action in line with County Government regulations, applicable laws, and professional codes of conduct:

Data Manipulation and Falsification: Deliberate fabrication, alteration, or misrepresentation of data or findings.
Non-Compliance with Ethical Standards: Conducting research or evaluations without appropriate ethical approval or informed consent and breaching confidentiality agreements or exposing participants to harm.
Misuse of Resources: Unauthorized use or misappropriation of PRM&E funds, equipment, or materials.
Intellectual Property Violations: Failure to acknowledge contributors or sources and Unauthorized commercialization of PRM&E outputs.
Failure to Report or Share Findings: Withholding results from relevant stakeholders or the Department without justification.
Conflict of Interest: Failure to disclose personal or financial interests that may influence PRM&E processes or outcomes.

7.4 Disciplinary Measures

Depending on the nature and severity of the misconduct, disciplinary actions may include:
- Formal warning or reprimand.
- Withdrawal of research approval or termination of project.
- Recovery of misused funds and restitution for damages.
- Suspension from participation in PRM&E activities for a specified period.
- Referral to relevant professional bodies for further action.
- Legal proceedings in cases involving fraud or criminal offences.

7.5 Policy Compliance Commitment

All individuals and institutions engaged in PRM&E activities under this policy shall be required to comply with the provisions outlined in this policy.

7.6. Results Framework – PRM&E Policy 2026–2031 (With Mid-Term Targets)

Outcome Statement	**Indicator**	**Baseline (2025)**	**Mid-Term Target (2028)**	**End Target (2031)**
Impact: Improved health outcomes through strengthened planning, research, and M&E	UHC Service Coverage Index (%)	58%	67%	75%
	Under-5 mortality rate (per 1,000 live births)	45	40	35
	Maternal mortality ratio (per 100,000 live births)	268	230	200
Outcome 1: Institutionalized, participatory, and evidence-based health planning	% of county health plans informed by research/M&E data	35%	70%	100%
	Number of AWPs aligned to CIDP & CHSSIP	7/10	9/10	10/10
Outcome 2: Increased production and utilization of	Number of county-approved research studies per year	8	14	≥ 20

high-quality, relevant health research	% of approved research disseminated to stakeholders within 6 months	40%	70%	100%
Outcome 3: Strengthened M&E systems for accountability and learning	% of facilities submitting complete and timely KHIS reports	72%	85%	≥ 95%
	Number of program performance review meetings held annually	2	3	≥ 4
Outcome 4: Enhanced capacity of health workforce in PRM&E	% of PRM&E staff trained in last 2 years	30%	70%	100%
	Number of mentorship/coaching sessions conducted annually	4	8	≥ 12
Outcome 5: Sustainable financing for PRM&E	Annual budget allocation for PRM&E as % of total health budget	0.5%	1.2%	≥ 2%
	% of planned PRM&E activities funded	40%	70%	≥ 90%

7.7 M&E Matrix – PRM&E Policy 2026–2031 (With Mid-Term Targets)

Strategic Objective	Indicator	Baseline (2025)	Mid-Term Target (2028)	End Target (2031)	Data Source	Collection Frequency	Responsible Unit
1. Strengthen evidence-based health planning	% of county health plans informed by research/M&E data	35%	70%	100%	Approved county health plans; PRM&E reports	Annual	PRM&E Unit; Planning Committee
	Number of AWPs aligned to CIDP & CHSSIP	7/10	9/10	10/10	County AWP; CHSSIP	Annual	PRM&E Unit
2. Promote high-quality and relevant research	Number of county-approved research studies per year	8	14	≥ 20	BUHREC registry	Annual	BUHREC Secretariat
	% of approved research disseminated within 6 months	40%	70%	100%	Dissemination reports	Semi-annual	BUHREC Secretariat
3. Enhance M&E systems	% of facilities submitting complete and timely KHIS reports	72%	85%	≥ 95%	KHIS database	Monthly	Sub-County M&E Focal Persons
	Number of program performance review meetings held annually	2	3	≥ 4	Meeting minutes; reports	Quarterly	County M&E Committee
4. Build institutional	% of PRM&E staff trained in last 2 years	30%	70%	100%	Training reports; HR database	Annual	HR Department

and HR capacity							; PRM&E Unit
	Number of mentorship/coaching sessions annually	4	8	≥ 12	Mentorship records	Quarterly	PRM&E Unit
5. Secure sustainable financing	Annual budget allocation for PRM&E as % of total health budget	0.5%	1.2%	≥ 2%	Approved county budget	Annual	Finance Department ; PRM&E Unit
	% of planned PRM&E activities funded	40%	70%	≥ 90%	PRM&E work plans; financial reports	Annual	PRM&E Unit; Finance Department

CHAPTER 8 – REVIEW AND REVISION OF THE POLICY

The Planning, Research, and Monitoring & Evaluation Policy for the Bungoma County Department of Health and Sanitation shall be subject to periodic review to ensure its continued relevance, effectiveness, and alignment with emerging trends, legal provisions, and best practices in the health sector.

8.1 Review Cycle

The Department shall undertake a comprehensive review of the Policy after three (3) years, or earlier if necessitated by:

i. Changes in national or county legislation affecting planning, research, or M&E;

ii. Significant structural, epidemiological, or technological developments;

iii. New priorities arising from strategic plans, sectoral reforms, or emergency situations;

iv. Stakeholder feedback highlighting urgent areas for amendment.

8.2 Review Process

The review process shall be participatory and inclusive, involving:

i. Internal departmental leadership and technical teams;

ii. Relevant county departments and agencies;

iii. Development partners, civil society organizations, and research institutions;

iv. Representatives from community structures and professional associations.

The process shall include:

i. Assessment of implementation progress, challenges, and lessons learned;

ii. Documentation of emerging best practices;

iii. Alignment with national and international policy frameworks.

8.3 Approval of Revisions

Any proposed amendments shall undergo the established County Government policy approval process, culminating in formal adoption by the County Executive Committee Member (CECM) for Health and Sanitation

APPENDICES

Appendix 1 Research Authorization Fee Schedule

Applicant Category	Fee (KES)-Local	International (KES)
Diploma Level Researcher	1,000	2000
Degree Level Researcher	2,000	4000
Master's Level Researcher	5,000	10000
PhD Level Researcher	10,000	20000
Institutional Research	20,000	40000

NOTE

Theses fees are subject to reviews after 3 years, or when deemed necessary

ANNEX II: Standard Research Application Form

COUNTY GOVERNMENT OF BUNGOMA
DEPARTMENT OF HEALTH AND SANITATION
Bungoma Health Research Committee (BUHREC)

Research Application Form
(*To be completed by all individuals or institutions seeking approval to conduct research in Bungoma County*)

A. Administrative Details

Date of Application	
BUHREC Reference No. (For Official Use)	
Category of Applicant (Tick One): □ Individual – Diploma □ Individual – Degree □ Individual – Masters □ Individual – PhD □ Institution	
Research Authorization Fee Paid (Amount)	
Receipt/Payment Reference No.	
Payment Date	

B. Applicant Information

Full Name of Principal Investigator	
National ID/Passport Number	
Institution/Organization Affiliation	
Position/Designation	
Postal Address	
Telephone Number	
Email Address	
Names & Roles of Co-Investigators/Research Team	

C. Research Project Details

Research Title	
Research Objectives	
Brief Background/Rationale	
Study Design and Methodology	
Study Duration (Start Date – End Date)	
Study Location(s)	
Target Population and Sample Size	
Ethical Clearance (Attach copy) □ Attached □Not Applicable	
Anticipated Outputs/Deliverables	
Expected Benefits to Bungoma County	
Potential Risks and Mitigation Measures	
Data Use and Dissemination Plan	
Budget Summary (attach if needed)	
Funding Source(s)	

D. Budget Summary

Budget Item	Estimated Cost (KES)	Funding Source
Personnel		
Materials and Supplies		
Travel and Logistics		
Data Collection and Analysis		

Dissemination Activities		
Other (specify)		

E. Declarations

1. Declaration by Applicant

I hereby confirm that the information provided in this application is true and complete to the best of my knowledge...

Name: _____ Signature: _____ Date: _____

2. Institutional Endorsement (If applicable)

Name of Institution Official: _____Designation: _____

Signature: _____ Date: _____

For Official Use (BUHREC Secretariat)

Step	Remarks/Comments	Date	Signature
Receipt of Application			
Verification of Completeness			
Payment Verification			
BUHREC Review Outcome			
Authorization Letter Issued			
Chairperson Signature			

G. Submission Instructions

- Submit completed form in hard copy or via official email to BUHREC Secretariat.
- Attach all required documents including research proposal, ethics clearance, proof of payment.
- Incomplete applications will not be processed.