environment. In addition, consideration should be made on the effect of engaging skilled health professionals as casual workers on health outcomes.

The density of **primary health care facilities** nationally was high at 2.4 per 10,000 population. High availability of basic outpatient services was reported; Rehabilitative services, physiotherapy and mental services were the least readily available. Basic equipment like BP machine, weighing scale, examination couch, thermometer and stethoscope were available in most PHC facilities. On the other hand, most level 2 facilities lacked Oxygen cylinder and flow meter/oxygen concentrators, Nebulizers, Pulse oximeter, Examination light, Foot stepper, Updated and well stocked emergency tray, Privacy screen, Stadiometer Pedal bins and Drip stands.

A third (36%) of level 2 facilities and 79% of 3 facilities were providing laboratory services. PDT, Malaria and Dipstick for urinalysis were available in almost all level 2 and 3 facilities that provided laboratory services while sputum test for TB and hemogram were available in only a third of level 2 facilities and 55% and 47% of level 3 respectively.

Availability of most tracer drugs was lowest in level 2 facilities. More than half of level 2 facilities did not have benzypenicillin injection, insulin, metformin and magnesium sulphate. Drugs for the management of mental health conditions were missing in most primary facilities; carbamazepine was only available in 32% of level 2 and 45% of level 3 facilities. Drugs for management of non-communicable conditions and oxytocin for labor & delivery, were available in less than half of level 2 facilities while availability in level 3 was moderate (about 2 of every 3 facilities had these drugs). Whereas most non pharmaceutical commodities were available in most PHC facilities, only 4% of level 2 facilities and 18% of 3 had all the tracer non pharmaceuticals.

For effective primary healthcare services, equipment and supplies that are key in delivery of basic services should be provided in primary facilities. These must include the radiology equipment and maternity. In addition, human resource should be revamped in the primary facilities as this presents a threat in the delivery of Universal Health. Each facility should have (in addition to a nurse), at least a clinical officer/medical officer and a laboratory. Innovative ways of using/sharing specialist services at primary facilities should be explored as the country continues to train more specialists. Linkage of Community Health Units (CHU) to health facilities should be enhanced to attain at least 90% in the PHC facilities linked, leveraging in addition on the private sector to support community health.

**Results database & dashboard;** A database with readiness status for each facility/ sub/County and County available on this link; https://cema.shinyapps.io/kenya-hfa-app/.

This results dashboard has the following features;

- Displays summary of specific health services at National and County levels including availability and readiness for each service.
- For each service, geographical distribution of facilities offering the services (County and sub-county).
- Detailed table of facilities offering each service in each County, their readiness and gaps in Human Resources, equipment and infrastructure.
- Gaps at National, County and facility level.