MINISTRY OF HEALTH

Kenya Community Health Strategy 2020-2025

Division of Community Health Services
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Kenya Community Health Strategy 2020 - 2025
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FOREWORD

In 2006 Kenya adopted a community-based approach (Community Health Strategy), as articulated in the second National Health Sector Strategic Plan (NHSSP II: 2005-2010), which defined a new approach for health care service delivery to Kenyans. This approach emphasized a more proactive approach of promoting individual's and community's health to prevent the occurrence of diseases. Community health is one of the flagship projects in Kenya's vision 2030 and is recognized as the level 1 of health care in the Kenya Health Act, 2017. The Kenya Community Health policy 2020-2030 provides policy direction for community health services.

Kenya is a signatory to Astana Declaration (2018) which highlighted the importance of community health services in advancing Universal Health Coverage. Kenya has adopted primary health care as the approach to deliver universal health coverage and this is well articulated in the Kenya Primary care strategic framework 2019-2024 which gives prominence to community based primary health care.

The third edition of the community health strategy 2020-2025 intends to build the capacity of individuals and households to know and progressively realize their rights to equitable, good quality health care and demand services as provided for in the constitution 2010. The development of this Strategy has been an all-inclusive process involving all community health stakeholders.

This strategy is aimed at providing a framework for all stakeholders to implement Community Health Services in a standardized manner.

Dr. Patrick Amoth

Ag. Director General for Health

PREFACE

The Community health approach is based on the concept of primary health care and focusses on the principles of partnership, community participation, empowerment and access to health care services. The goal of community health services is to bring health services closer to the households thereby improving preventive, promotive and rehabilitative health of communities.

Community health is implemented through a Community Health Unit which is the level 1 of health service delivery structure and serves a defined geographical area covering a population of approximately 5,000 people. Each unit is assigned one Community Health Assistant and 10 Community Health Volunteers who provide promotive, preventive, basic curative and rehabilitative services. The Community Health Units are linked to a health facility from where communities access essential health services. The Community Health Unit is governed by a community Health committee (CHC).

The development of this strategy is a culmination of efforts from various stakeholders. An initial assessment of the previous Community Health Strategy as well as the Community health system in Kenya was carried out to identify the strengths and challenges. The writing process entailed face to face and virtual meetings with community members, county health management teams, Ministry of Health, implementing and development partners. Validation and consensus building meetings helped to further refine the strategy.

This document will provide guidance to national, county Governments, development and implementing partners in strengthening and scaling up community health services.

Dr Pacifica Onyancha

Ag. Director Medical Services, Preventive & Promotive Health

ACKNOWLEDGEMENT

The Community Health Strategy 2020-2025 has been developed through a consultative and participatory process that included many partners and stakeholders involved in the implementation of Community Health Services. The Ministry of Health acknowledges the contributions, commitment and technical support from all stakeholders who participated in the face to face meetings and the many virtual meetings that culminated in this final Strategy.

Our appreciation goes to the officers at the Division of Community Health Services who steered the review and writing process including John Wanyungu, Daniel Kavoo, Beth Gikonyo, Samuel Kiogora, Hillary Chebon, Jane Koech and Charity Tauta under the leadership and coordination of Dr Maureen Kimani. Our gratitude also goes to national officers from various Divisions for their dedication and commitment during the writing process. In addition, we appreciate the technical support from UNICEF, Living Goods, AMREF and Population Council amongst others.

Our appreciation also goes to MoH leadership who provided an enabling environment for the development of this document and to the Council of Governors who convened county stakeholders to review and validate the document.

Finally, we are indebted to Living Goods, the Johnson and Johnson Foundation, UNICEF and AMREF who provided financial support for the development, design and layout of this Strategy.

Dr Salim Hussein

Head, Department of Primary Health Care

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ABBREVIATIONS

CH	Community Health
CHA	Community Health Assistants
CHC	Community Health Committee
CHDU	Community Health Development Unit
CHS	Community Health Services
CHU	Community Health Unit
CHVs	Community Health Volunteers
DHIS	District Health Information Software
GDP	Gross Domestic Product
GFF	Global Financing Facility
GGE	General Government Expenditure
GGHE	General Government Health Expenditure
HIV	Human Immunodeficiency Virus
KDHS	Kenya Demographic Health Survey
KEPH	Kenya Essential Health Package
KES	Kenya Shilling
MDG	Millennium Development Goals
MoH	Ministry of Health
NHIF	National Hospital Insurance Fund
PHC	Primary Health Care
SDG	Sustainable Development Goals
TB	Tuberculosis
ROI	Return on Investment
UHC	Universal Health Coverage
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

DEFINITION OF TERMS

Community Health is the first level of healthcare provision in Kenya that is constituted of: (i) Interventions focusing on building demand for existing health and related services, by improving community awareness and health seeking behaviours, and (ii) Taking defined interventions and services (as defined in the Kenya Health Sector Strategic and Investment Plan; KHSSP) closer to the community and households

Community Health Unit is a health service delivery structure within a defined geographical area covering a population of approximately 5,000 people. Each unit is assigned one Community Health Assistant/Officer and 10 community health volunteers who offer promotive preventative and basic curative services

Community Health Volunteer is a member of the community selected to serve in a community health unit. The Volunteer's recruitment, training and roles is as prescribed in the Kenya Community Health Policy (2020 – 2030)

Community Health Assistant / Officer (CHA / CHO) is a formal employee of the County Government forming the link between the community and the local health facility who is expected to perform tasks as prescribed in the Kenya Community Health Policy (2020 – 2030)

Community Health Committee refers to a committee that is charged with the coordination and management of a community health unit and whose membership, representation and tasks is as prescribed in the Kenya Community Health Policy (2020 – 2030)

Functionality of Community Health Unit refers to the extent to which a community health unit attains the eleven criteria as outlined in the Kenya Community Health Policy (2020 – 2030)

Community Dialogue is a forum that draws participants from as many segments of the community as possible to exchange information, share personal stories and experiences, honestly express perspectives, clarify viewpoints, and jointly develop solutions to community concerns.

Community Action Day are open events held to raise awareness about the health and other community development related issues and to implement the issues raised during the community dialogue and are geared towards building community resilience.

Primary Health Care: This is essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

Universal Health Coverage means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

EXECUTIVE SUMMARY

Kenya, with a population of 47.5 million and a gross domestic product (GDP) of KES 9.6 trillion is considered a lower middle-income country [1]**.** Whereas the country's economy has grown steadily in recent years, the fiscal space for health in Kenya remains limited with Government allocation towards health as a percentage of GDP remaining below thresholds that are considered requisite for the attainment of universal health coverage (UHC). With Kenya's growing population, emerging healthcare needs such as non-communicable diseases and the COVID-19 pandemic, over-stretched public funding and flat-lined or reducing international funding for health, the country needs to identify and sale healthcare systems and delivery models that will generate the best health outcomes using the available resources.

Empirical evidence from an investment case that was developed by the Division of Community Health shows that community health is one of the best buys in health in Kenya. That investment case demonstrated that for every(((9999(one shilling invested in community health, Kenya reaps the equivalent of KES 9.4 in economic and societal benefits – further justifying the adoption of community health as a critical driver of UHC in the country [1b].

The Kenya Community Health Strategy 2020 – 2025 (KCHS 2020 – 2025) was developed to build on the Community Health Strategy 2014 – 2019. The development of the KCHS 2020 – 2025 is based on the lessons learnt from the implementation of the Community Health Strategy 2014 – 2019 and findings of a situational analysis of community health in Kenya that was undertaken towards the end of the implementation on the Community Health Strategy 2014-2019. That situational analysis noted several aspects of community health systems that need to be strengthened and scaled to unlock the outsized potential of community health in Kenya. For instance, major gaps were identified in the distribution and coverage by the community health workforce across counties. Coverage ratios across the counties ranged from as low as 17% to as high as 90%, showing poor distribution of the workforce. Additionally, funding for community health was a key lesson gathered from the previous strategy. During the implementation, community health did not have an independent line in the budget for Ministry of Health. The KCHS 2020 – 2025 was developed through a multi-stakeholder and multi-sectoral participatory process led by the Ministry of Health and in collaboration with County Governments, Civil Society, Development Partners, and other stakeholders. The strategy has been aligned to the Kenya Health Sector Strategic and Investment Plan July 2018–June 2023, the Kenya Health Policy among other guiding documents.

The KCHS 2020 – 2025 is anchored on an ambitious vision, mission and goal whose realization is envisaged through eight strategic directions:

Vision: A healthy people living high quality lives within productive and vibrant communities in Kenya

Mission: To empower people to live healthy through transformative, responsive and sustainable community health services in Kenya, using the primary health care approach

Goal: To improve service delivery to all Kenyans through integrated, participatory and sustainable community health services, towards attainment of Universal Health Coverage (UHC)

Strategic directions (SD):

SD 1: Strengthen management and coordination of community health governance structures at all levels of government and across partners

SD 2: Build a motivated, skilled, equitably distributed community health workforce

SD 3: Increase sustainable financing for community health

SD 4: Strengthen the delivery of integrated comprehensive and high-quality community health services

SD 5: Increase availability, quality, demand and utilization of data

SD 6: Ensure the availability and rational distribution of safe and high-quality commodities and supplies

SD 7: Create a platform for strategic partnership and accountability among stakeholders and sectors at all levels within community health

The strategic directions and objectives of the KCHS 2020 – 2025 not only build on the Community Health Strategy 2014-2019 but makes several deliberate additions to community health systems in Kenya. Key among these is the aspiration to increase and sustain investments into community health anchored on innovative domestic resource mobilization strategies. Beyond this, KCHS 2020 – 2025 aims to integrate community health into the wider health system in part by fostering strategic partnerships and accountability among stakeholders at all levels of the health system in Kenya. This is in keeping with the global appreciation of integrated health systems and the compelling evidence in favour of a universal approach to healthcare delivery in line with UHC.

The implementation of the KCHS 2020 – 2025 will be guided by several principles that include: (i) health is a basic human right; (ii) integrated and collaborative service delivery approaches, including partnerships and collaboration with actors in and outside the health system; (iii) alignment to Primary Health Care (PHC) as a driver of UHC; (iv) attainment of highest standards of health in alignment to the Kenya Constitution; (v) increased community ownership, participation, and social accountability; and (vi) enhanced use of innovation and appropriate technology. It is envisaged that the Division of Community Health within the Department of PHC will provide overall strategic leadership and coordination in the implementation of KCHS 2020 – 2025 while liaising with County Governments to whom the critical health mandates have been devolved.

The KCHS 2020 – 2025 is presented in eight chapters. The first presents a background to the strategy document and gives an account of the current state of health in Kenya. Chapter two provides a synopsis of the key findings of the situational analysis of community health on which the present strategy is based in part. The third chapter outlines KCHS 2020 – 2025's overarching vision, mission and goal as well as the strategic directions, objectives and interventions that underpin it. Chapter four provides an implementation plan that will guide the implementation of KCHS 2020 – 2025 while chapter five puts forward the financing and sustainability considerations of the strategy. The sixth chapter outlines the monitoring and evaluation framework against which the implementation of the strategy will be appraised. Chapter seven outlines the key references cited in the development of KCHS 2020 – 2025 while chapter eight provides supporting information as annexes to the strategy.

Overall, while Kenya has made strides in advancing community health, a lot more remains to be done especially in terms of institutionalizing and scaling community health as a critical driver of UHC in Kenya. Further, the mainstreaming and anchoring community health in policy that has been done over the past years needs to be actualized by the commitment of resources towards community health and the implementation of this strategy over the next five years. Indeed, the full implementation of this strategy will not only enable Kenya to realize the outsized returns that community health portends but also catalyse the attainment of UHC as one of four drivers of Kenya's development over the coming years.

1. INTRODUCTION AND BACKGROUND

1.1. Country profile

Figure 1: Map of Kenya

The Republic of Kenya covers approximately 580,367 square kilometres. It is located in East Africa where it borders South Sudan to the northwest, Ethiopia to the north, Somalia to the east, Uganda to the west, and Tanzania to the south with the Indian Ocean on its south eastern coastal line (**Figure 1**). Kenya is administratively divided into 47 devolved County Governments led by a Governor and one National Government led by the President making a total of 48 Governments.

The population of Kenya is 47.5 million with 12.2 million households as per Kenya Population and Housing Census [1a]. The country's average household size is 3.9 people. Its official languages are English and Kiswahili with the populace speaking a wide range of indigenous languages. Kenya has a young population with about 73% of the populace below 30 years of age and having an average life expectancy of 66 years as of 2019. Kenya is a lower-middle-income country (LMIC) and has the largest economy in east and central Africa. It has a robust agricultural sector with tea and coffee being its main cash crops. Tourism is also one of the major economic drivers. The GDP growth rate in Kenya has been above 5% for most of the last decade and the percentage of persons living below the poverty line in Kenya has declined from 46.8% in 2005/2006 to 36.1% in 2015/2016 [2].

Kenya, like most countries across the world, is striving to attain the Sustainable Development Goal of Universal Health Coverage (UHC) by 2030. UHC aims to ensure that no one is left behind and that the entire population has access to quality healthcare services at a cost that does not lead them to financial hardship [3]. The Government of Kenya recently made UHC one of its main priorities thus bringing Kenya closer to the goal of UHC [4].

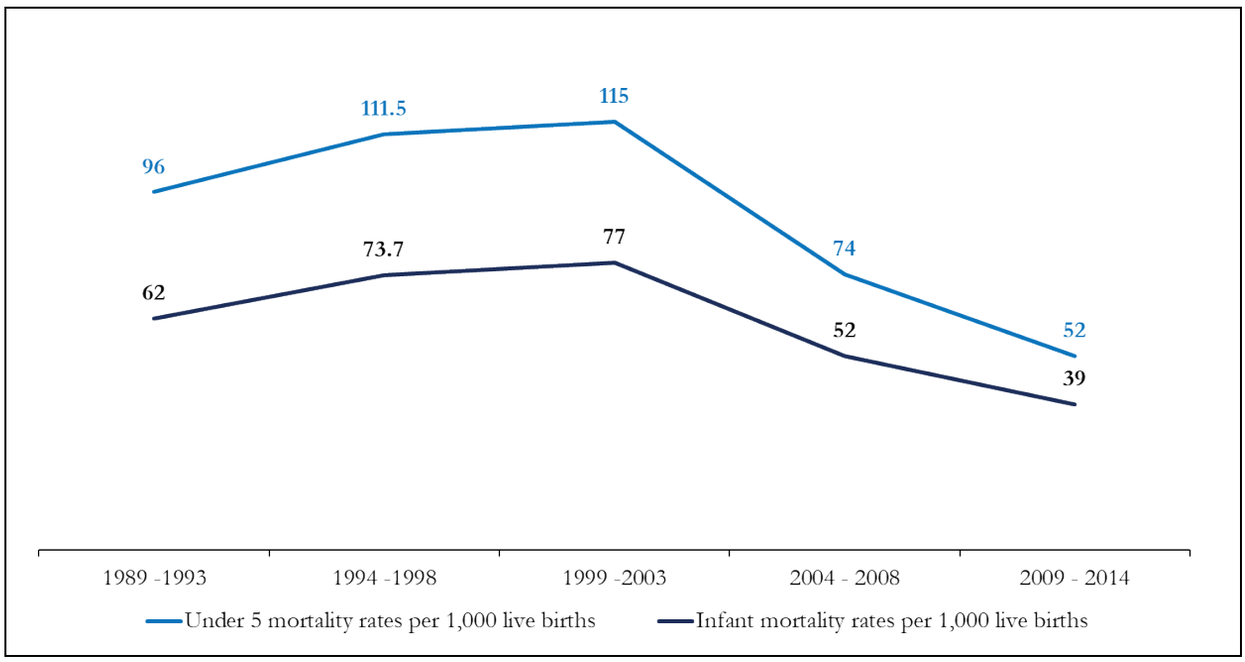
In 2010, the people of Kenya promulgated a new constitution which guaranteed citizens the right to the highest attainable standards of health. The new constitution also devolved the provision of healthcare services to the 47 counties in Kenya. Since then, the counties have allocated financial resources for healthcare and supported the provision of healthcare services at the community level though with varying levels of commitment. It is clearly imperative that a strong political will and increased sustainable financial resources will be needed from both national and county governments to bring Kenya closer to achieving UHC with the implementation of contextualized interventions at the community level.

1.2. Epidemiology

Over the last three decades, child health and maternal health have generally improved as evidenced by key indicators.

Before the dawn of the MDG adoption, child and maternal health indicators were at the peak of their adversities. Infant mortality rates and under 5 mortality rates, per 1,000 live births, were 77 and 115 respectively. Between 2003 and 2014, under-five mortality declined from 115 to 52 per 1,000 live births, with the infant mortality rate dropping from 77 to 39 per 1,000 live births (**Figure 2**) [5].

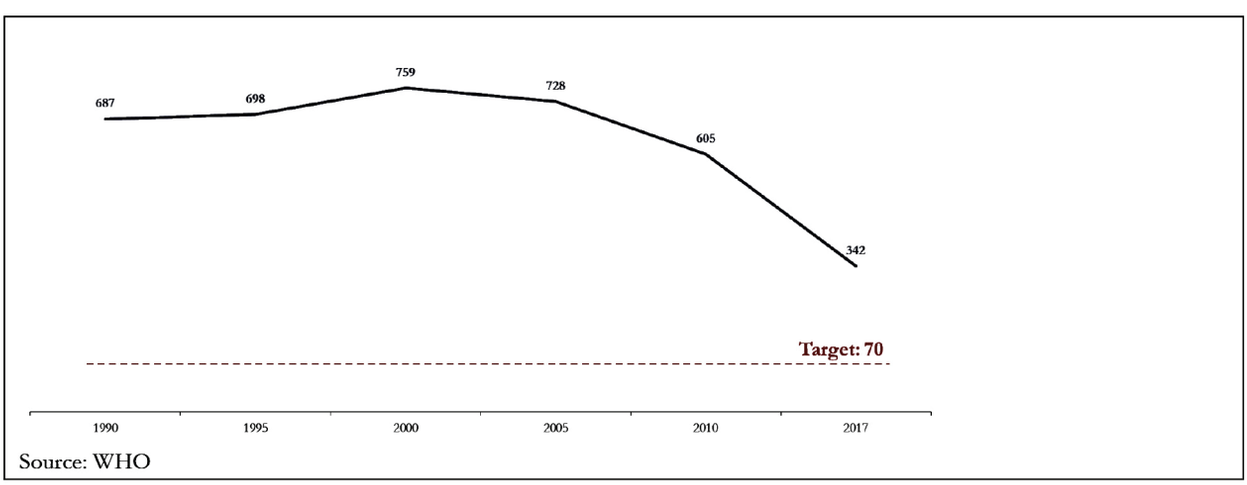
Figure 2: Child mortality trends in Kenya



Maternal mortality rate nearly halved, from 759 per 100,000 live births in the year 2000 to 342 per 100,000 live births in 2017 [6]. Disease indicators related to HIV/AIDS, malaria, and TB also experienced the gains since the year 2005, attesting to successful policy interventions on infectious diseases. For instance, the incidence rate of TB reduced from 630 to 317 (per 100,000 people) and the prevalence rate for HIV reduced from 7% to 5% (**Table 1**) [6]. The goal as envisaged by the Vision 2030 policy document is to end the epidemics in the country.

While significant improvements in maternal and child health have been realized, overall, infectious diseases remain a major problem. Pneumonia, malaria and diarrheal diseases are the top three leading causes of under-five mortality. Poor sanitation and hygiene, inadequate water supply, environmental factors and malnutrition have contributed to the sustained high prevalence of infectious diseases. This situation is further compounded by disparities in knowledge of and access to basic hygiene practices. This latter aspect speaks to inequity in access to basic hygiene and basic health services. Whilst this is a challenge, it presents an opportunity to leverage on community health to enhance universal access to water, sanitation and hygiene (WASH) services by bringing community health services to every household and community in keeping with the aspirations of UHC.

Figure 3: Trends in maternal mortality in Kenya, 1990-2015



Notably, however, is the rise in deaths due to non-communicable diseases (NCDs). Kenya is currently undergoing an epidemiological transition marked by a decline in morbidity and mortality due to communicable diseases and an increase in the burden of NCDs [7]. In 2005, mortality rate due to NCDs was 25% [8]. In 2017,

the proportion rose to 39%, and is expected to continue rising. Cancer and cardiovascular diseases are increasingly accounting for more hospital admissions and hospital deaths. Currently, 50% of hospital admissions and 55% of hospital deaths in Kenya are attributed to NCDs [9] (**Table 1**).

Table 1: Evolution of health indicators in Kenya

INDICATOR	2005	2009	2014	2017
Life expectancy (years)	54.7	59.9	64.1	65.9
HIV prevalence (% population 15-49)	7	6	5	4.7
Incidence of Tuberculosis (per 100,000 people)	630	566	423	317
Malaria incidence rate (per 1,000 people at risk)	127	68	83	70
Mortality rate due to NCD (%)	25	29	35	39
% of population with piped and non-piped drinking water	26.3	29.5	33.5	35.9
Children under 5 years, moderately or severely stunted ('000')	2,504	2,342	1,842	n.d.

1.3 Legal, political context and Policy landscape

a) Constitution of Kenya 2010

The constitution provides every Kenyan with a right to the highest attainable standard of health with access to emergency treatment when necessary and emphasizes the right of access to quality health services by all including children, persons with disabilities, minority and marginalized groups as well as the elderly. Article 174, recognizes the right of communities to manage their own affairs and to further their development, and protects & promotes the rights of minorities and marginalized communities. It also provides for the promotion of social and economic development and the provision of proximate easily accessible services in Kenya.

The provisions of the 4th Schedule of the constitution devolve the role of providing healthcare services to the county governments and outline the role of the national government to include provision of policies, guidelines, standards and technical assistance to the counties.

b) Kenya Vision 2030

Vision 2030 is designed to transform Kenya into a globally competitive and industrialized country by providing its citizens a high-quality life in a clean and secure environment by 2030. The Vision identifies economic, social and political pillars to drive the country towards realizing the goal. The first flagship project under Health in Vision 2030 is to "Revitalise Community Health Centres to promote preventive health care (as opposed to curative) and by promoting healthy individual lifestyles". Two approaches identified as key in pushing the agenda of an efficient and high-quality health care system are (i) devolution of funds and management to the communities and counties, and (ii) shifting the bias of national health from curative to preventive. This implies that Community Health sits [i]at the centre of Vision 2030's priority areas.

c) Kenya Third Medium Term Plan, 2018 – 2022

The third Medium Term Plan (MTP III), 2018 - 2022 identified key policy actions, reforms, and programmes that the Government will implement between 2018 and 2022, key Vision 2030 priorities and the constitution. MTP III emphasized the plan to implement high impact interventions outlined in the community health strategy. The

components to be focussed on include: National Integrated Community Case Management (iCCM), community health units which will be strengthened to promote healthcare interventions; nutrition interventions which will be scaled at community level; and health insurance coverage increase through use of the community health workforce.

A review of the preceding MTP II indicated that there had been good progress in scaling up of community health services during the period 2013 - 2017. Some counties had expanded coverage to entire population in the county or were at 80%.

d) Health Act 2017

Health Act 2017 is an Act of Parliament that establishes a unified health system, coordinates the inter-relationship between the national government and county government health systems, and provides the regulation of health care services, health care service providers and health technologies. The Act defines the Community Health Assistant (CHA) as the person in-charge of community health services (CHS). Additionally, the Act prescribes the function of the community health services as follows: (i) to facilitates individuals, households and communities to carry out appropriate healthy behaviours; (ii) to recognize signs and symptoms requiring referral services; (iii) to provide the agreed upon health services; and (iv) to facilitate community diagnosis, management and referral.

e) Universal Health Coverage

In Kenya, community health remains a key priority in the Kenya Vision 2030 and got a significant boost in 2018 when the Government of Kenya outlined its "Big Four Agenda". UHC was one of the "Big Four Agenda" priority areas and has remarkably increased the attention given to primary health care since 2018.

The community health system in Kenya benefited from this increased political will to improve healthcare delivery at the community level. The UHC pilot in four counties has increased visibility and funding to primary healthcare and community health services. UHC-pilot counties have provided a framework for the scale up of the UHC agenda to all other counties in Kenya. Beyond this, the Ministry of Health (MoH) constituted a panel of experts that developed an essential package of health that is envisaged to be made universally accessible to all Kenyans. In keeping with best practice, the MoH has prioritized primary healthcare and community health as critical drivers of UHC. This has been done, in part, by the development of the Kenya Primary Healthcare Strategic Framework (2019 – 2024) and the Kenya Community Health Policy (2020 – 2030).

f) Kenya Health Policy (2014 – 2030)

The Kenya Health Policy (2014-2030) provides guidelines for policy formulation and programme implementation in Kenya towards the actualization of all the health-related goals of the Government of Kenya by 2030. The policy framework takes a rights-based approach and aims to meet the constitutionally defined goal of "attaining the highest possible health standards in a manner responsive to the populations need" through the delivery of acceptable and affordable quality healthcare services across the entire population in Kenya. The main objectives of the policy are the elimination of communicable diseases, halting and reversing the rising burden on non-communicable diseases and mental disorders, reducing the burden of violence and injuries, providing essential healthcare, minimizing exposure to risk factors for health conditions and strengthening inter-sectoral collaborations towards improving population health in Kenya.

The policy defines the four tiers of the health system as community, primary care, primary referral and tertiary referral services. Tier one, comprises of the Community Unit, identified as the first level of health services provision. This should focus on creating appropriate demand for services, while primary care and referral services will focus on responding to this demand. In addition, the policy says that the community units should facilitate individuals, households and communities to carry out appropriate healthy behaviours, recognize signs and symptoms of conditions requiring health care and facilitate community diagnosis, management & referral. The government has also began providing health promotion and targeted disease prevention and curative services through community-based initiatives as defined in the 2006 Comprehensive Community Health Strategy.

g) Kenya Health Sector Strategic Plan 2018 – 2023

The Kenya Health Sector Strategic Plan (KHSSP) 2018 – 2023 provides a framework for investing in primary health care, following the Astana Declaration on Primary Health Care. The KHSSP identifies the need to strengthen community health systems to be responsive and resilient to public health emergencies and disease outbreaks.

The KHSSP identifies the following as key areas of action in strengthening community health:

1. Establishment of a special fund for the remuneration of community-level health workers
2. Strengthening of links with community facilities and the creation of a conducive work environment by providing appropriate tools or incentives, such as medicines, bicycles, motorcycles, data-collection tools, certificates and identification tags
3. Increase in the number of community health extension workers and community health volunteers to achieve optimum numbers according to the population served, as per WHO norms and standards
4. Alignment of the community health extension worker scheme of service with the community health strategy
5. Use of the Kenya Medical Training College curriculum, recently revised to incorporate UHC principles, to train and certify a critical mass of community health assistants with a view to ensuring provision of preventive and promotive health care at the community level

h) **Kenya Primary Health Care Strategic Framework (2019 – 2024)**

The Kenya Primary Health Care Strategic Framework (2019 – 2024) is aligned with the Kenyan Constitution and the Kenya Health Policy Framework (2014 -2030) and provides guidelines for the design and implementation of programmes targeted at strengthening the Primary Health Care system in Kenya. This document recognizes the role of the "Community" as key to the attainment of population health and acknowledges that community health units are the first level of healthcare delivery in Kenya. One of the strategic objectives of this framework is to strengthen Primary Healthcare Services. This strategy document envisages the transformation of the service delivery team through: (i) functionally linking all CHUs to primary health facilities (ii) introducing multi-disciplinary teams[1] which will comprise of CHVs and will focus on promotive and preventive health services.

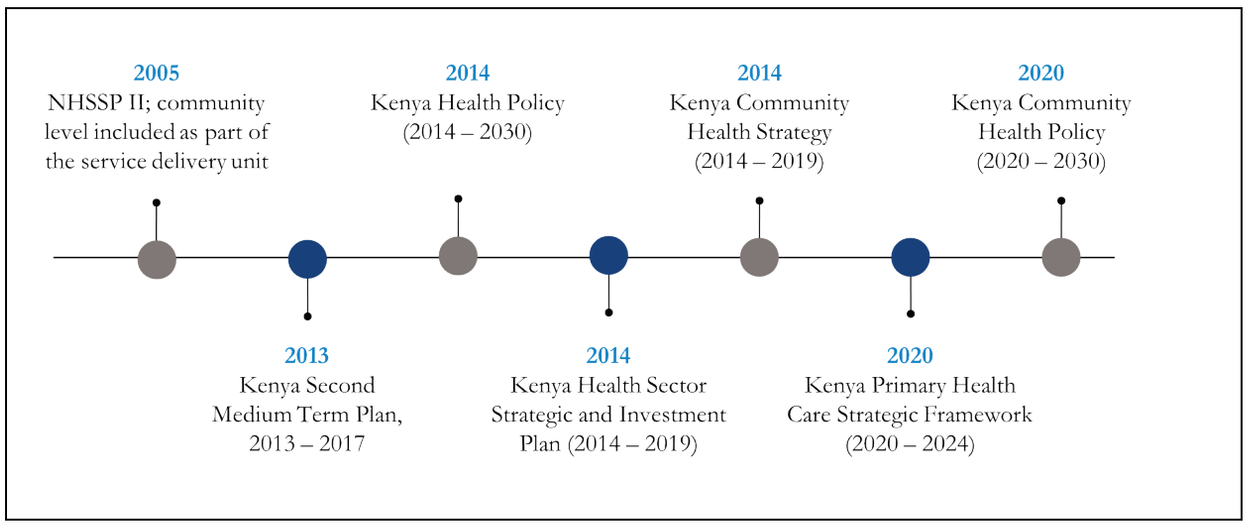
a) **Kenya Community Health Strategy 2014 – 2019**

The Kenya Community Health Policy (2020 – 2030) aims to streamline the implementation of community health services in Kenya and is one of the foremost backbones on which the Community Health Strategy (2020 – 2025) is built. The goal of the Community Health Policy is the empowerment of individuals, families and communities to attain the highest possible standard of health with the strengthening of community health service delivery across all health domains towards the attainment of a strong, equitable, holistic and sustainable community health structures. While addressing thematic areas such as Leadership, Coordination, Service Delivery, Supply Chain Management and Human Resources for Community Health; the policy also provides a roadmap for obtaining additional investments into the community health system in Kenya towards the actualization of Universal Health Coverage (UHC).

1 **Multi-Disciplinary Team:** A team of health care workers from different disciplines (professions/cadre) who together make decisions regarding recommended treatment of individual by each providing specific services to the individual, household and community. They co-ordinate services and work together towards a specific set of goals.

As a summary of the above, the policy landscape supporting community health has evolved over time as shown in (**Figure 4**).

Figure 4: Evolution of the health policy landscape



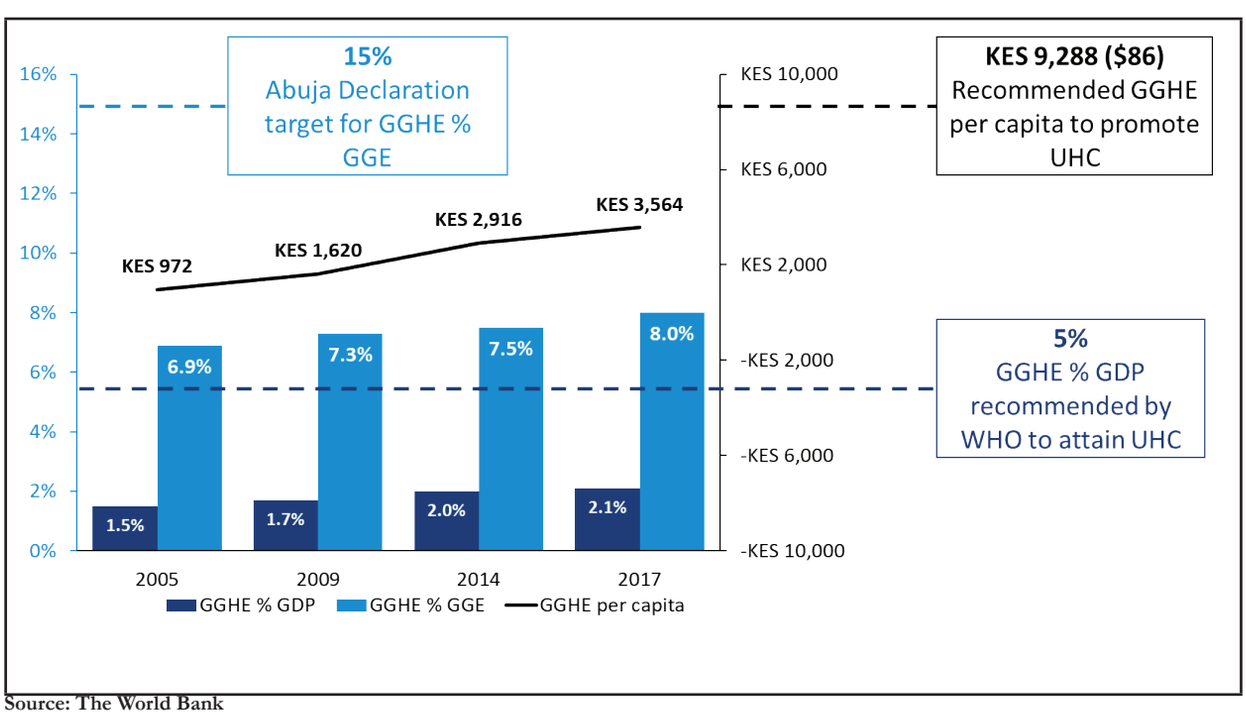
1.4. Health Finance

Financing for community health has experienced challenges during the implementation of the 2014 -2019 strategy. For instance, in the financial year 2016/17, only about 3.5% of MoH's budget for health was allocated to community health and primary health care (PHC) [10a].

The county community health coordinators have on various occasions fronted the idea of increasing funding towards community health to the county assembly but with little success. This is even after showing the county leadership the political advantage of having CHVs visiting each and every household at a regular basis.

Despite this, at a national level, the proportion of health budget to the total government budget has been on a steady increase. Most recent data shows general government health expenditure (GGHE) as a proportion of general government expenditure (GGE) was 8%, a percent higher than it was a decade ago. This is an indication of a positive stride towards the attainment of the Abuja Declaration target of 15%. However, Kenya is still lagging behind in allocating enough funds to attain universal health coverage (UHC) for its people. For instance, GGHE as a proportion of GDP of 2% which is less than half the recommended threshold of 5% (**Figure 5**) [10b].

Figure 5: Health Financing landscape in Kenya



Source: The World Bank

The GGHE per capita increased from KES 928 in 2005, to KES 3,531 in 2019, a far cry away from the recommended KES 9,288 [11]. Out-of-pocket expenditure for health as a proportion of current health expenditure declined over the same period (from 45% to 24%) whereas external funding for health flat-lined at approximately 20% of the total current health expenditure (**Table 2**).

Table 2: Indicators for fiscal space for health in Kenya

INDICATOR	2005	2009	2014	2019
GGHE per capita (in KES)	928.8	1,674	2,948.4	3,531.6
GGHE as a % of current health expenditure	27.9	27.9	37.4	42.7
Out-of-Pocket expenditure as a % of current health expenditure	44.9	31.5	29.2	24.0
External funding for health as % of current health expenditure	17.3	29.2	20.0	17.8

Source: The World Bank; dollar values converted at rates prevailing on August, 18th, 2020. USD 1: KES 108.

1.5. Human Resources for Health

Community Health Assistants/Officers (CHAs/CHOs) and Community Health Volunteers (CHVs) form a key constituent of human resources for community health. By the signing of this strategy, (August 2020) there were 3,250 CHAs and CHOs and 88,403 CHVs.

MoH is responsible for deployment of health professionals at the national and county levels in Kenya's public sector. The distribution of health workers across the country varies, and is influenced by demographics, number of healthcare facilities and the epidemiological profile of the specific counties (**Table 3**) [12]. Kenya has at least 9 health workers per facility with a majority serving in the urban centres (52.7%). Public facilities house the most health workers of a proportion of 58.1% compared to private facilities which have 41.9%. Approximately 90% of health workers are either nurses or clinical officers, leaving a disproportionate number of doctors. Relative to population, number of physicians per 1,000 people increased from 0.13 in 2002 to 0.2 in 2014 but later declined to 0.16 in 2018 [13]. Nurses and midwives per 1,000 people was 0.5 in 2004 and rose to 1.4 in 2014, but later declined to 1.2 in 2018 [14]. The growing demand for health workers has necessitated increased investments in training institutions.

Table 3: Human resources for health in Kenya

	Kenya	Public	Private	Urban	Rural
Size of Community Health Workforce	**88,403 CHVs, 3250 CHAs and CHOs**				
Number of health staff per facility	8.5	9.1	7.7	13.7	6.0
Doctors (%)	9.9	37.4	62.6	83.9	16.1
Clinical officers (%)	21.0	52.5	47.5	52.1	47.9
Nurses (%)	69.1	62.8	37.2	48.4	51.6
Total (%)	100	58.1	41.9	52.7	47.3

Source: Kenya Health Service Delivery Indicator Survey

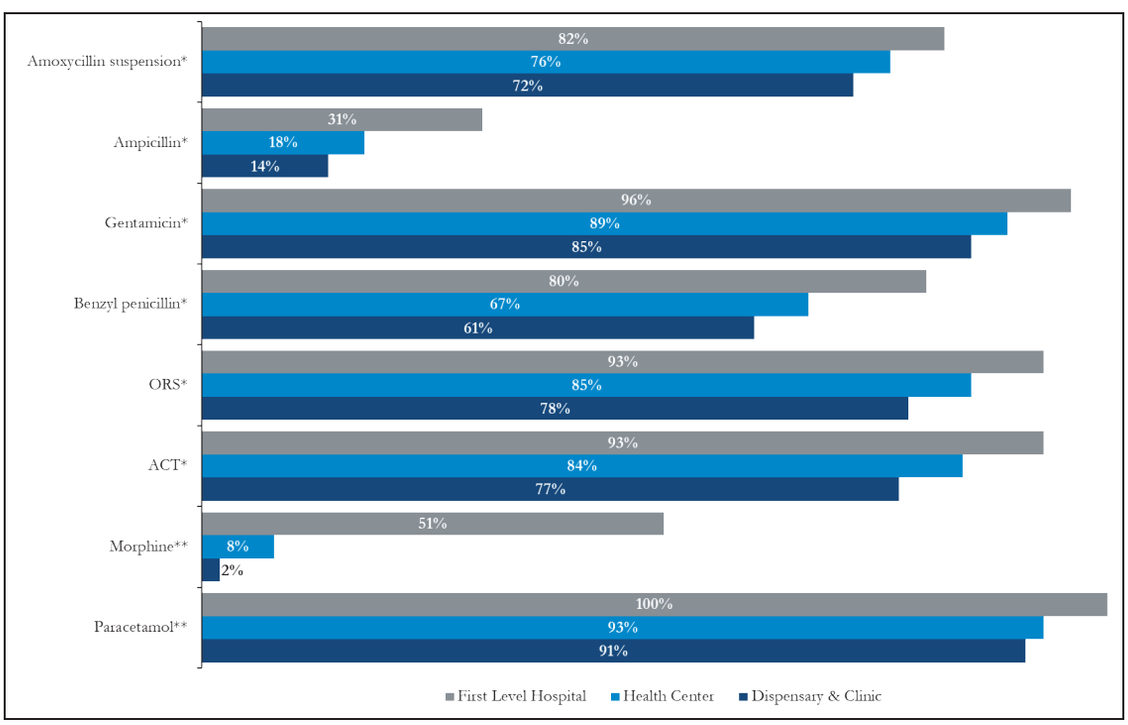
1.6. Health Information Systems

Health information was also identified as a key investment area in the Kenya Health Strategic and Investment Plan 2014-2018 and the Kenya Health Policy 2014-2030 also has one of its objectives in line with strengthening health information systems. The District Health Information System (DHIS-2) software was implemented in 2010 to address challenges of its predecessor, the File Protocol Transfer System. DHIS-2 is a cloud-based software that captures and stores individual facility information.

1.7. Access to Essential Medicines

Service readiness is defined as the capacity of the health facilities to provide the recommended health services. The Kenya Health Service Delivery Indicator Survey of 2018 showed that first level hospitals had better access to individual tracer drugs, followed by health centres and lastly dispensaries and clinics (**Figure 6**) [15].

Figure 6:Availability of individual tracer drugs by type of facility

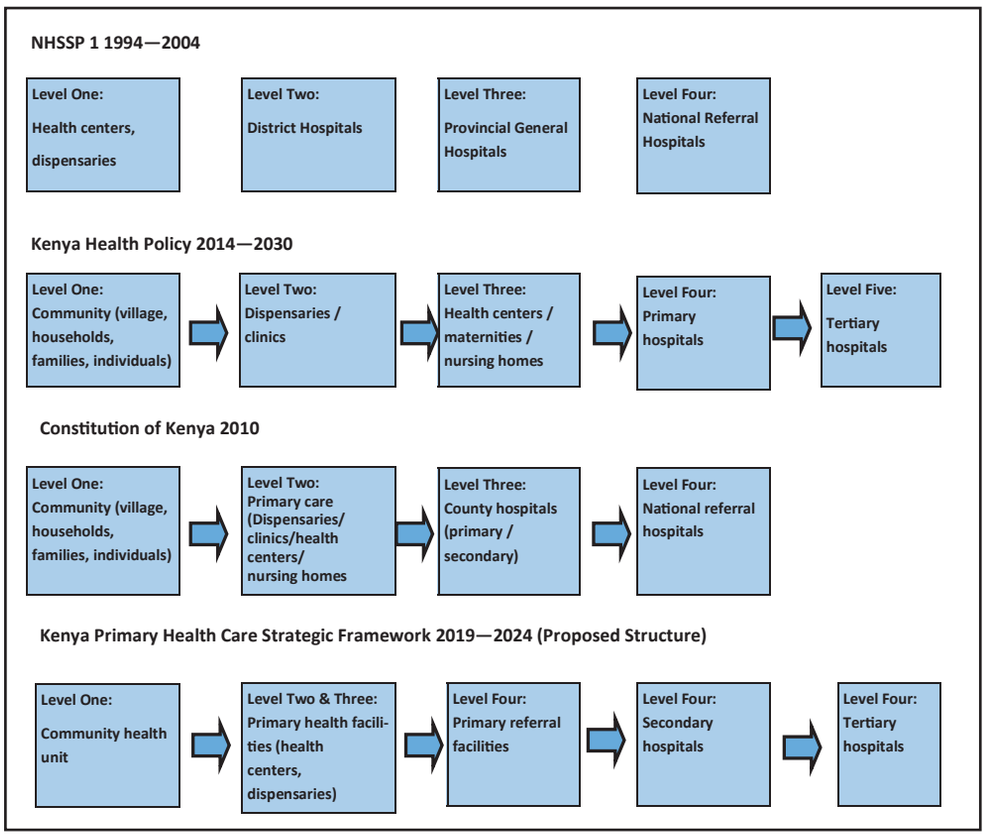


Note: Should be carried by * Dispensary/clinic and above, ** Health centres and above, *** First level hospitals according to KEML 2016

1.8. Service Delivery

Over the last two decades, the number of health facilities to serve Kenya's growing population has more than doubled. In 2001, Kenya had 4,421 health facilities [16], a far cry from the present 10,466 health facilities [17]. The health service delivery system in Kenya is currently undergoing a transition from the former six-tier system to a four-tier system (**Figure 7**). Following the new Constitution of 2010, service delivery functions (of all service units including community health) were delegated to county governments. The new delivery system was proposed in the KHPF 2014-2030, as a response to devolution of health functions from national government to county governments. In 2020, the Primary Health Care strategy document (2020-2024) proposed a new tiered system that combined dispensaries and health centres as level 2 facilities offering primary care services.

Figure 7: Evolution of the service delivery system in Kenya



2. KENYA COMMUNITY HEALTH SITUATIONAL ANALYSIS

2.1. Community Health Approach

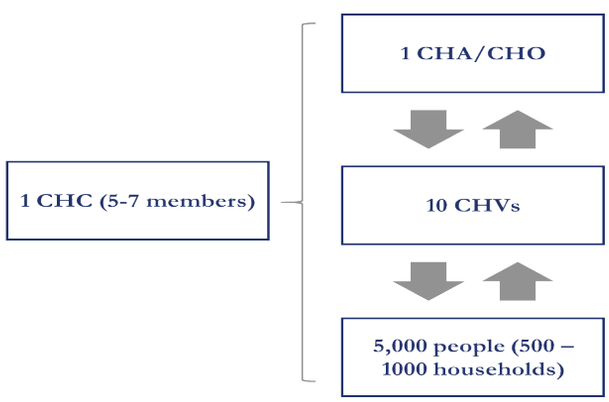
The global health architecture has been shaped by changes in its priorities and strategies, such as the Millennium Development Goals (MDGs), the Sustainable Development Goals (SDGs) and the global goal to deliver Universal Health Coverage (UHC).

Kenya has been keen on aligning itself to the global health priorities through adoption of policies such as its "Vision 2030" and "Big Four Agenda", which were premised on the MDGs and SDGs respectively. Kenya's health strategies have been driven by a primary healthcare concept, which focuses on the principles of equity, community participation, inter-sectoral action and appropriate technology and a decentralized role played by the health system.

Primary healthcare has been acknowledged by WHO as the gateway to achieving UHC. There is renewed focus on a people centred approach in delivery of health care which will be realised by strengthening community health systems.

The community health service is the first level of the health system. The Community Health Service workforce in a unit include: Community Health Committees (CHC), Community Health Assistant (CHA) or Community Health Officer (CHO), and Community Health Volunteers (CHVs). In addition, the multi-disciplinary team supports the community health unit and undertakes health outreaches in the community based on defined health challenges. One CHA/CHO oversees 10 CHVs who are in charge of up to 5,000 people (500 – 1000 households) while the CHC is the governing body for the unit (**Figure 8**).

Figure 8: Community health unit structure



Note: Although the average size of households in Kenya is 3.9, this strategy assumes an average of 5 people

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2.2. Leadership and governance of community health services

Leadership and governance of community health units is under the direct mandate of CHC. These committees have executed their leadership and oversight functions as defined in the Strategy for Community Health 2014 – 2019. However, during this execution there was low coverage of CHCs, low motivation and poor contextualization of the community health strategies which limited the execution of the functions by the CHC.

1. **Low motivation by CHC**

    a. The committee members felt overlooked during the implementation of community services especially in campaigns or other activities.

2. **Poor contextualization of the previous health strategy**

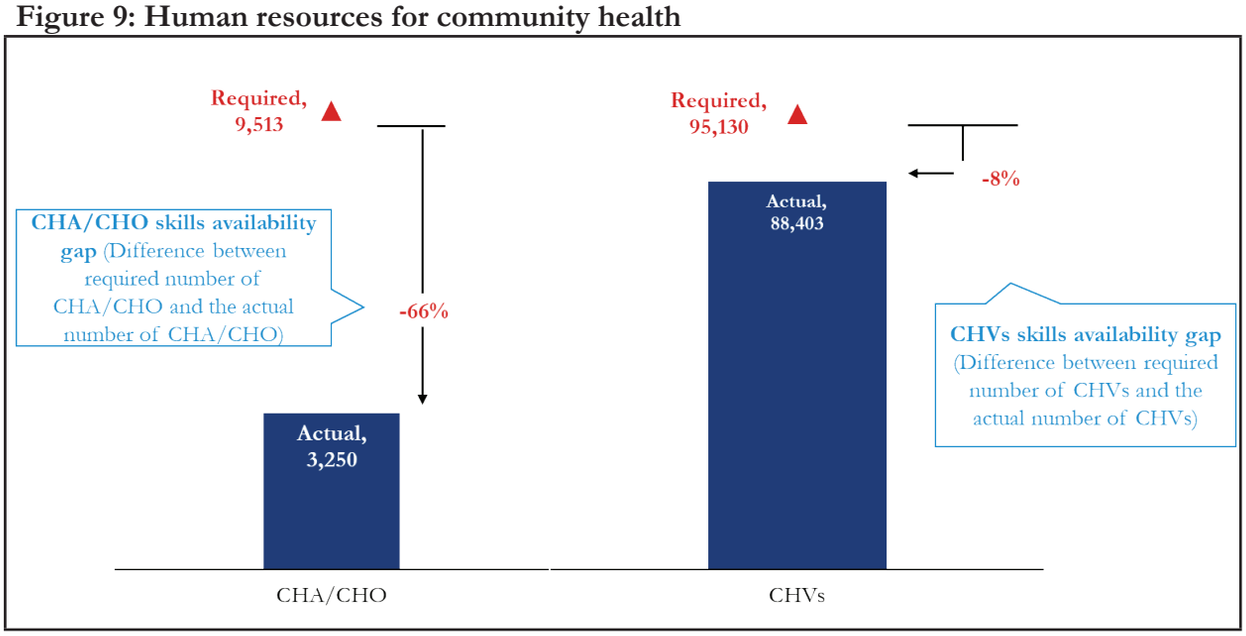
    a. Sub optimal dissemination and utilization of the Community Health Strategy by only about 58% of the counties.

    b. The implementation process of the strategy is fragmented and lacked strong inter-sectoral collaborations for joint advocacy and/or resource mobilization.

2.3. Human resources for community health

There are 9,150 CHUs (96% coverage) out of an expected 9,513 as per the 2019 population census. The additional CHUs have been established as one of the components in UHC roll out. There are 3,250 CHAs/CHOs compared to the expected 9,513, giving a coverage of 34%. The country currently has 88,403 CHVs out of an expected 95,130, giving a coverage of 93%. (**Figure 9**).

Figure 9: Human resources for community health



Challenges

1. **Low workforce numbers of the CHAs/CHOs**

    a. Despite growing Kenyan population and growing health needs, there exists a 66% gap in CHAs/CHOs to deliver community health services.

2. **Inadequate capacity building of community health workforce**

    a. Lack of an accreditation system for community health trainings in institutions.

    b. There is also inadequate training, supervision and mentorship of the community health workforce.

3. **Low motivation and retention of Community Health Workforce**

    a. Only 15 counties were remunerating CHVs this was however found not to be consistent. Additionally, the remuneration structures were reported to be non-standardized.

    b. There is absence of guidance on career dynamics e.g. office tenure, years before career advancement, career progression path for the community health workforce

    c. There is no performance management and reward structure in place to motivate performance.

2.4. Financing for community health

Inadequate resource allocation to community health has long been a limitation to implementation of previous strategies. Although 62% of counties reported that resources were allocated for community health, only 48%

reported that the resources had been disbursed from the county treasury. The resources provided were for activities ranging from support supervision, CHV feedback meetings and provision of supplies and commodities. It was further noted that there was heavy reliance on partners for implementation of community health services due to inadequate resources and unclear financing mechanism. Challenges experienced over financing for community health include:

1. **Funding limitations**
    a. Programmatic cost for community health at national and county level has been funded by Partners.
    b. Partner support is heavily skewed to geographical regions and certain vertical programs.
2. **Legislation to support financing community health services.**
    a. The absence of a legal framework is a barrier to county allocation of resources for community health services. The Community Health Services Bill 2020 that is currently before Parliament is envisaged to provide this legal framework.
    b. Some counties, e.g. Turkana, have already passed their Community Health Services Bill, 16 counties have Bills in draft forms.

2.5. Community health service delivery system

The level 1 is expected to deliver Primary Health Care services including promotive, preventive and rehabilitative health care including treatment of minor ailments and referrals.

1. **Service delivery**
    a. There was sub optimal supervision and refresher update provided by health facilities to community health personnel.
    b. Inadequate capacity building of CHVs, further limited the services that they could offer
2. **Referral system**
    a. There is a weak referral system between community health services and health facilities
    b. Inadequate knowledge and understanding of the role of community health workforce in the referral system.
3. **Range and quality of services provided**
    a. There was incomplete implementation of the full range of community health services offered by the community health workforce.
    b. There was limited monitoring of the quality of community health services.

2.6. Community health information systems

There is a community health information system whose uptake is low, threatening its further development and integration into the District Health Information system (DHIS). Specific challenges affecting the system were as follows:

1. **Availability**
    a. Data availability was limited and uploads to the DHIS system was poor
    b. The system lacked a fully functional coordination framework that would otherwise facilitate data collection

2. **Technology**

    a. There were gaps in data quality which was more pronounced during transfer from manual systems to DHIS

    b. The data collection system had an insufficient feedback loop to enable improved decision making

3. **Training**

    a. The limited training provides weak capacity of Community Health workforce to improve data quality

4. **Tools**

    a. Frequent stock outs of data collection tools

5. **Harmonization of data reports**

    a. Multiple reporting systems in existence.

6. **Research**

    a. There is limited operational research in community health

7. **M&E**

    a. There is need to implement the M&E plan and track the identified key metrics

2.7. Community health supply chain management

About 53% of counties provided funds for community health commodities and equipment. The impact of the limited health finance directly affected the supply chain. Below is a summary of the limiting factors that constrained the supply chain management for community health

1. **Drugs and commodities**

    a. Inadequate and inconsistent supply of the commodities in the CHV kits

2. **Training**

    a. There was limited capacity to forecast and provide logistical support for commodities

This strategy aims to address the challenges arising from implementation of previous strategies in order to strengthen community health systems which are a critical driver for UHC in Kenya.

3. KENYA COMMUNITY HEALTH STRATEGY 2020 – 2025

The KCHS 2020 – 2025 is anchored on an ambitious vision, mission and goal whose realization is envisaged through eight strategic directions.

Vision and Mission

Vision: A healthy people living high quality lives within productive and vibrant communities in Kenya

Mission: To empower people to live healthy through transformative, responsive and sustainable community health services in Kenya, using the primary health care approach

Goal: To improve service delivery to all Kenyans through integrated, participatory and sustainable community health services, towards attainment of Universal Health Coverage (UHC)

The Guiding Principles

i. Health is a basic human right

ii. Integrated and collaborative service delivery approaches, including partnerships and collaboration with actors in and outside the health system

iii. Alignment to Primary Health Care (PHC) as a driver of Universal Health Coverage

iv. Attainment of highest standards of Health in alignment to the Kenya Constitution

v. Increased community ownership, participation, and social accountability

vi. Enhanced use of innovation and appropriate technology

The Strategic Directions

Strategic Direction 1: Strengthen management and coordination of community health governance structures at all levels of government and across partners

Strategic Direction 2: Build a motivated, skilled, equitably distributed community health workforce

Strategic Direction 3: Increase sustainable financing for community health

Strategic Direction 4: Strengthen the delivery of integrated comprehensive and high-quality community health services

Strategic Direction 5: Increase availability, quality, demand and utilization of data

Strategic Direction 6: Ensure the availability and rational distribution of safe and high-quality commodities and supplies

Strategic Direction 7: Create a platform for strategic partnership and accountability among stakeholders and sectors at all levels within community health

Community Health Strategic Directions and Objectives

The implementation of the Community Health Strategy 2020 – 2025 will be guided by the strategic directions discussed below. These strategic directions were developed based on lessons learnt from the implementation of the previous strategy, a situation analysis conducted on the previous implementation and from a consultative meetings held with key stakeholders.

Strategic Direction 1: Strengthen management and coordination of community health governance structures at all levels

Strong leadership, institutional support, and coordination underpins a well-functioning community health system. It will result into a successful implementation of the community health services. This strategic direction focuses

on the strengthening of the CHCs, advocacy at all levels for community health and provision for legal frameworks for the funding and sustainability of community health services.

1.1. Strategic Objective 1: Review and institutionalize functional community health committees

Key interventions

1.1.1. Review, redesign and disseminate community health committee (CHC) guidelines in line with composition and selection criteria

1.1.2. Review training manual for CHCs

1.1.3. Involve sub-county health management to reconstitute community health committees for ownership of all community-led health activities

1.2. Strategic Objective 2: Strengthen and develop advocacy mechanisms for the prioritization and implementation of community health services at all levels

Key interventions

1.2.1. Finalize, launch and disseminate community health advocacy guidelines

1.2.2. Review and advocate for the implementation of community health communication strategy

1.2.3. Advocate for CHU-private sector partnerships for sustained community level services

1.2.4. Disseminate at national and county levels the Investment Case Report, 2018 for community health resource mobilization

1.2.5. Advocate and lobby various actors in the health space for regular national and county biannual Community Health Services convention

1.2.6. Advocate for the inclusion of community health within the administrative structures of the national and county governments

1.3. Strategic Objective 3: Strengthen performance monitoring mechanism for community health governance structures

Key interventions

1.3.1. Develop and operationalize an M&E structure for CHC performance

1.3.2. Develop an accountability framework to assess the CHC functionality

1.3.3. Conduct bi-annual meetings to review resource allocation and utilization

1.3.4. Conduct quarterly review meetings on CHC performance

1.4. Strategic Objective 4: Strengthen legal frameworks and legislations to support the delivery of community health services

Key interventions

1.4.1. Advocate for finalization and enactment of the national community health services bill into law

1.4.2. Develop a regulation framework for the implementation for Community Health Services Act

1.4.3. Advocate for counties to develop and pass community health services bills

Strategic Direction 2: Build a motivated, skilled, equitably distributed community health workforce

The delivery of health care services at community level in Kenya is largely determined by availability of an efficient, well trained, motivated community health workforce. With less than 40% coverage of CHAs, CHOs and over 90% coverage of CHVs, the following strategic interventions and activities are designed to build, motivate, and equitably distribute a skilled community health workforce.

2.1. Strategic Objective 1: Review and institutionalize the community health personnel scheme of service and career progression for community health personnel

Key interventions

2.1.1. Review and operationalize the scheme of service for community health personnel

2.1.2. Advocate for the implementation of the community health personnel scheme of service

2.1.3. Develop and disseminate an organogram showing how community health services fit in the community health structure

2.1.4. Develop and disseminate career progression framework for CHVs

2.2. Strategic Objective 2: Strengthen the capacity of the community health supervisors on mentorship and supervision

Key interventions

2.2.1. Advocate for supervisory and mentorship training for CHAs and CHOs for effective delivery of community health services

2.2.2. Develop and disseminate tool kits on mentorship and supervision for community health services

2.2.3. Hold quarterly supervisory visits in close collaboration with the multi-disciplinary teams as per defined health needs in the community health unit

2.3. Strategic Objective 3: Provide a harmonized and standardized framework for financial and non-financial remuneration and incentivizing of community health volunteers

Key interventions

2.3.1. Develop and disseminate a remuneration framework for CHVs

2.3.2. Advocate for remuneration of CHVs by counties

2.3.3. Develop and disseminate the performance-based incentives framework for CHVs

2.3.4. Advocate for the provision of non-financial incentives for CHVs

2.4. Strategic Objective 4: Ensure optimal recruitment and deployment of community health workforce

Key interventions

2.4.1 Establish a database of community health workforce

2.4.2 Advocate for appropriate recruitment and deployment of community health workforce

2.4.3 Establish a certification mechanism for community health workforce

2.4.4 Establish an accreditation system for community health units

Strategic Direction 3: Increase sustainable financing for community health

Results of the community health situational analysis highlighted gaps such as inadequate financing of community health as a result of poor linkage between plans and budgets, inadequate resource allocation, irregular funding flows, and poor coordination of funding streams.

To address the situation outlined above and increase sustainable financing for community health, the community health strategy will focus on the strategies and interventions described in this section.

3.1. Strategic Objective 1: Develop mechanisms for resource mobilization for financing community health

Key interventions

3.1.1. Review and update the investment case for community health

3.1.2. Advocate for increased MoH budgetary allocation for community health

3.1.3. Advocate for counties to allocate and disburse more funds to community health

3.1.4. Ensure regular participation of community health representatives in oversight committees made up of national and county governments and partners across sectors

3.1.5. Build the capacity of the national and county level MoH staff on resource mobilization for community health

3.2. Strategic Objective 2: Explore and scale up innovative financing and co-financing mechanisms

Key interventions

3.2.1. Map hybrid models for financing community health implementation

3.2.2. Identify community health Public Private Partnership models that have worked elsewhere and document lessons and successes

3.2.3. Support counties to do a phased roll-out of PPPs at the community level

3.2.4. Advocate for inclusion of a benefit package for community health in the NHIF

3.2.5. Advocate for private health insurance schemes to include community health interventions as part of their benefits package

Strategic Direction 4: Strengthen the delivery of integrated comprehensive and high-quality community health services

The Kenya Essential Package for Health in the community entails the provision of comprehensive promotive, preventive and essential curative health services in line with the standards for provision of community health services as envisaged in the Kenya Quality Model for Health (KQMH for level 1). In order to deliver comprehensive community health services in the country, access and coverage are critical. Based on population density and geographical location, this strategy divides the country into four zones. A breakdown of allocation of CHVs to the population based on population density is as follow:

- **Nairobi, Central, Nyanza and Western** with a population density ranging from 351 to 6,247 persons per square kilometre, the recommended CHV to persons' ratio will be 1:500
- **Rift valley and parts of Eastern region** with a population density ranging from 126 to 350 persons per square kilometre, the recommended CHV to persons' ratio will be 1:200
- **Coast and parts of Eastern region**, with a population density from 31 to 125 persons per square kilometre, the recommended CHV to persons' ratio will be 1:100
- **North Eastern and parts of Coast region**, with a population density from 6 to 30 persons per square kilometre, the recommended CHV to persons' ratio will be 1:50

The scope of community health services addressed in this strategy will increase the utilization and coverage of health services provided at community level with a goal of improving health outcomes for the communities. These essential community health services include:

1. Education concerning prevailing health problems and the methods of preventing and controlling them
2. Promotion of food supply and proper nutrition
3. An adequate supply of safe water and basic sanitation
4. Maternal and child health care, including family planning
5. Immunization against major infectious diseases
6. Prevention and control of locally endemic diseases
7. Appropriate treatment of common illnesses and injuries
8. Provision of essential medicines
9. Strengthening of referrals between the community health services and the health facilities
10. Home based care for patients with chronic health conditions and those on palliative care, as well as Home based isolation for infectious diseases such as Corona virus disease and others
11. Community based surveillance

The strategic objectives outlined here are geared towards strengthening the delivery of community health services.

4.1. Strategic Objective 1: Increase coverage for community health services

Key interventions

4.1.1. Develop and operationalize workload ratios based on population density and ensure that the adequate numbers of community health workforce are deployed

4.1.2. Operationalize/strengthen refresher updates for community health workforce

4.1.3. Define the scope of community health services to include other health services at community level e.g. basic oral health services and Home-Based Care

4.1.4. Define the scope of cadres for community health to include the multi-disciplinary teams who are engaged in outreaches at community level

4.2. Strategic Objective 2: Increase demand and utilization of community health services

Key interventions

4.2.1. Strengthen the capacity of community health units to conduct quarterly dialogue and monthly action days

4.2.2. Establish a reward system for best practices at the county and national levels

4.2.3. Identify and nominate competent community champions and build their capacity to promote healthy behaviours and address barriers to social determinants of health

4.2.4. Undertake integrated outreach and awareness campaigns on community health services

4.3. Strategic Objective 3: Increase community owned and led innovations for sustainability of community health services

Key interventions

4.3.1. Build intra-sectoral and multi-sectoral linkages with community actors and build their capacity to mobilize, organize and coordinate community health actions

4.3.2. Engage with community actors to develop and implement innovative models of demand creation and community health service utilization

4.3.3. Build partnership with private sector actors towards addressing social determinants of health

4.4. Strategic Objective 4: Strengthen referral and linkages between community and health facilities

Key interventions

4.4.1. Build capacity of community health workforce and primary health care workers on the referral pathways and facility linkages

4.4.2. Strengthen existing and other innovative referral mechanism from community to the primary health care facilities and back to the community

4.4.3. Strengthen referrals and follow up of patients referred from the facility to the community

4.4.4. Develop and implement home-based care guidelines on eligibility, management, follow up and discharge of patients with diverse health conditions

4.4.5. Build capacity of the community health workforce to understand the linkages, coordination, service provision and monitoring of the primary care networks (PCNs)

4.5. Strategic Objective 5: Strengthen the capacity of community health workforce for the provision of high-quality community health services

Key interventions

4.5.1. Review and consolidate community modules from MoH technical divisions and departments and implement a master training curriculum for CHVs

4.5.2. Strengthen support mechanism for CHVs to reduce attrition rates and improve quality of community health services through mentoring and supervision

4.5.3. Build the capacity of community health workforce on early warning indicators and taking prompt action in preparedness against public health threats

4.5.4. Develop refresher training guidelines for community health workforce

4.5.5. Adopt and implement online-learning platform for community health trainings

4.5.6. Establish continuous capacity development mechanisms for community health workforce

4.6. Strategic Objective 6: Strengthen the provision of high-quality community health services

Key interventions

4.6.1. Develop, disseminate and institutionalize the standard operational guidelines for community health workforce

4.6.2. Conduct annual quality of community health service audits

4.6.3. Conduct monthly quality improvement team meetings at community, sub-county and county levels to review quality of community health services

Strategic Direction 5: Increase availability, quality, demand and utilization of data

The Kenya Community Health Policy (2020 - 2030) emphasizes the need to strengthen community-based health information system (CHIS). While the previous Kenya community health strategies have attempted to strengthen community health data management, there are several gaps that need to be addressed to improve the availability and quality of data for community health. The interventions listed below are geared at closing the identified gaps in this strategic direction.

5.1. Strategic Objective 1: Develop and implement a harmonized digital community health information system

Key interventions

5.1.1. Develop and disseminate framework with a roadmap for digitization of Community Health Information System

5.1.2. Develop and disseminate training manual for community health workforce on digital CHIS

5.1.3. Implement eCHIS in a phased approach

5.1.4. Capacity building of national and county level officers on the digitization process (roadmap & training activities of digital community health platform)

5.1.5. Build capacity of community health workforce on digitization process in a phased approach

5.2. Strategic Objective 2: Enhance the capacity of community health workforce to effectively collect, collate and report quality community health data

Key interventions

5.2.1. Develop community health data management manual and indicator compendium and train community health workforce

5.2.2. Revise and update the data module in the current CHVs training manual to include digital component and conduct refresher training

5.2.3. Print and distribute relevant community health data collection and reporting tools

5.2.4. Develop community health data quality audit guidelines and tools

5.2.5. Conduct community health data quality audits and strengthen data review meetings

5.2.6. Conduct joint support supervision and mentorship activities

5.2.7. Advocate for integration of community health into the other MoH data quality improvement processes

5.2.8. Strengthen the Monitoring and Evaluation (M&E) unit at the community health division

5.3. Strategic Objective 3: Strengthen capacity for community level research and increase utilization of evidence for decision-making in the community health system

Key interventions

5.3.1. Map and review previous and current community health researches to support development of community health research agenda

5.3.2. Create a digital research repository to host all community health research reports

5.3.3. Build capacity and mentor counties on community health research

5.3.4. Hold forums for community health research and innovation learning sessions

5.4. Strategic objective 4: Establish community-based surveillance system

Key interventions

5.4.1. Develop and disseminate community-based surveillance guidelines and integrate into the national disease surveillance system

5.4.2. Build capacity of community health workforce to implement CBS

5.4.3. Implement CBS in a phased approach in selected sites

5.5. Strategic objective 5: Institutionalize social accountability in the quality of primary health services using community health data

Key interventions

5.5.1. Finalize and disseminate the social accountability manual

5.5.2. Develop community score card

5.5.3. Train national and county teams on community score card

5.5.4. Implement community score card

Strategic Direction 6: Ensure the availability and rational distribution of safe and high-quality commodities and supplies

According to Community Health Policy 2020 - 2030, community health workforce is supposed to be provided with the necessary commodities, supplies and tools to help them carry out their duties effectively. All community health personnel are required to account for usage of supplies and commodities using appropriate reporting mechanisms. There exists a CHV kit with prescribed items.

Based on the supply chain situation analysis, several financial, operational and planning issues hamper commodity availability at the community level. The interventions listed below are aimed at resolving the challenges hindering transfer of commodities and supplies to the community health workforce.

6.1. Strategic Objective 1: Ensure commodity security, quality and safety of community health supplies

Key interventions

6.1.1. Develop and review the community level commodity management processes for alignment with existing guidelines and procedures

6.1.2. Develop and disseminate guidelines for forecasting and quantification of community health commodities

6.1.3. Develop a community commodity management training module

6.1.4. Capacity build community health workforce on commodity management

6.1.5. Integrate community level commodities into LMIS

6.1.6. Implement safety surveillance mechanism for community health commodities

6.1.7. In collaboration with the MoH-health products team, implement innovative community drug distribution mechanisms for essential health commodities

6.1.8. Purchase and distribution of CHV kits

6.2. Strategic Objective 2: Digitize and integrate community health supply chain into the national commodity management system

Key interventions

6.2.1. Develop and digitize commodity tools on reporting, re-supply and forecasting

6.2.2. Build the capacity of community health workforce on the digital platform

Strategic Direction 7: Create a platform for strategic partnership and accountability among stakeholders and sectors at all levels within community health

There are multiple partner organizations involved in community health in Kenya, at both the national and county level, who contribute resources to community health and implement diverse activities. These activities include developing policies, tools, providing technical expertise, as well as training community health workers. To reduce this fragmentation and strengthen the community health system, there is a need to create a strong health partnership framework that emphasizes partnerships with both partners and inter-sectoral stakeholders, from the public and private sector.

To address the situation outlined above and increase partner and inter-sectoral coordination for community health, the community health strategy will focus on the strategies and interventions described below.

7.1. Strategic Objective 1: Strengthen the coordination mechanism for service delivery between national MoH, county governments and partners

Key interventions

7.1.1. Develop community health partnership engagement framework that encourages better alignment and collaboration

7.1.2. Hold quarterly coordination fora with stakeholders through the National Community Health Committee of Experts

7.1.3. Map all community health stakeholders, funding flows and intervention areas at the national and county level

7.1.4. Integrate community health agenda in the health sector inter-governmental forum

7.1.5. Disseminate the community health policy and strategy to all stakeholders

7.1.6. Build partnership with private sector actors towards addressing social determinants of health

7.2. Strategic Objective 2: Enhance inter/intra-sectoral collaboration and joint initiatives

Key interventions

7.2.1. Strengthen collaboration and coordination of other MoH Departments and Divisions with the Division of Community Health

7.2.2. Ensure regular representation of community health at the health sector intergovernmental forum

7.2.3. Ensure clear understanding of MOH departments and divisions, county, sub-county and health facility teams on how community health services delivery are to be organized, implemented and coordinated for better efficiency

7.2.4. Encourage cross-sectoral synergies that would enhance access to services e.g. "use of schools to provide preventive, promotive health services and use of community health structures to support school enrolment and retention"

7.3. Strategic objective 3: Strengthen communication and advocacy for community health systems

Key interventions

7.3.1. Develop Community Health website and activate the social media platforms for communication

7.3.2. Institutionalize annual community health reports and periodic newsletters

8. IMPLEMENTATION FRAMEWORK

The previous chapter described the objectives and strategies of community health in Kenya 2020–2025. **Table 4** below summarizes the community health strategic directions, objectives and their respective interventions, and implementation timelines.

Table 4: Strategic directions, objectives, interventions, and implementation timelines of the community health strategy

Objectives	Interventions	2020/21	2021/22	2022/23	2023/24	2024/25
Strategic Direction 1: Strengthen management and coordination of community health governance structures at all levels						
1.1. Review and institutionalize functional community health committees	1.1.1. Review, redesign and disseminat CHC guidelines in line with the new composition and selection criteria	X	X			
	1.1.2. Review training manual for CHC		X			
	1.1.3. Involve county health management to reconstitute community health committees for ownership of all community-led health activities		X			
1.2. Strengthen and develop advocacy mechanisms for the prioritization and implementation of community health services at all levels	1.2.1. Finalize, launch and disseminate community health advocacy guidelines		X			
	1.2.2. Review and advocate for the implementation of community health communication strategy		X			
	1.2.3. Advocate for CHU-private sector partnerships for sustained community level services	X	X	X	X	X
	1.2.4. Disseminate at national and county levels the Investment Case Report, 2018 for community health resource mobilization	X				
	1.2.5. Advocate and lobby various actors in the health space for regular national and county biannual Community Health Services convention 1.2.6 Advocate for the inclusion of community health within the administrate structures of the national and county governments		X		X	

1.3. Strengthen performance monitoring mechanism for community health governance structures	1.3.1. Develop and operationalize an M&E framework for CHC performance		X			
	1.3.2. Develop an accountability framework to assess the CHC functionality	X				
	1.3.4. Conduct bi-annual meetings to review resource allocation and utilization	X	X	X	X	X
	1.3.5. Conduct quarterly review meetings on CHC performance	X	X	X	X	X
1.4. Strengthen legal frameworks and legislations to support the delivery of community health services	1.4.1. Advocate for finalization and enactment of community health services bill into law	X				
	1.4.2. Develop a regulation framework for the implementation for Community Health Services Acts	X				
	1.4.3. Advocate for counties to develop and pass community health services bills		X	X		

Objectives	Interventions	2020/21	2021/22	2022/23	2023/24	2024/25
Strategic Direction 2: Build a motivated, skilled, equitably distributed community health workforce						
2.1. Review and institutionalize the community health personnel scheme of service and career progression for community health personnel	2.1.1. Review and operationalize the scheme of service for community health personnel		X			
	2.1.2. Advocate for the implementation of the community health personnel scheme of service		X			
	2.1.3. Develop and disseminate an organogram showing how community health services fit in the community health structure		X	X	X	
	2.1.4. Develop and disseminate career progression framework for CHVs	X	X			

2.2. Strengthen the capacity of the community health supervisors on mentorship and supervision	2.2.1. Advocate for supervisory and mentorship training for CHAs and CHOs for effective delivery of community health services	X	X	X	X	X
	2.2.2. Develop and disseminate tool kits on mentorship and supervision for community health services		X			
	2.2.3. Hold quarterly supervisory visits in close collaboration with the multi-disciplinary teams as per defined health needs in the community health unit	X	X	X	X	X
2.3. Provide a harmonized and standardized framework for financial and non-financial remuneration and incentivizing of CHVs	2.3.1. Develop and disseminate a remuneration framework for CHVs	X	X	X	X	X
	2.3.2. Advocate for remuneration of CHVs by counties	X	X	X	X	X
	2.3.3. Develop and disseminate the performance-based incentives framework for CHVs		X	X	X	X
	2.3.4. Advocate for the provision of non-financial incentives for CHVs	X	X	X	X	X
2.4. Ensure optimal recruitment and deployment of community health workforce	2.4.1. Establish a database of community health workforce	X	X	X	X	X
	2.4.2. Advocate for appropriate recruitment and deployment of community health workforce	X	X	X	X	X
	2.4.3. Establish a certification mechanism for community health workforce		X			
	2.4.4. Establish an accreditation system for community health units		X			

Objectives	Interventions	2020/21	2021/22	2022/23	2023/24	2024/25
Strategic Direction 3: Increase sustainable financing for community health						
3.1. Develop mechanisms for resource mobilization for financing community health	3.1.1. Review and update the investment case for community health	X				
	3.1.2. Advocate for increased MoH budgetary allocation for community health	X	X	X	X	X
	3.1.3. Advocate for counties to allocate and disburse more funds to community health	X	X	X	X	X
	3.1.4. Ensure regular participation of community health representatives in oversight committees made up of national and county governments and partners across sectors	X	X	X	X	X
	3.1.5. Build the capacity of the national and county level MoH staff on resource mobilization for community health	X	X	X	X	X
3.2. Explore and scale up innovative financing and co- financing mechanisms	3.2.1. Map hybrid models for financing community health implementation	X	X			
	3.2.2. Identify community health Public Private Partnership models that have worked elsewhere and document lessons and successes	X	X			
	3.2.3. Support counties to do a phased roll-out of PPPs at the community level		X	X	X	X
	3.2.4. Advocate for inclusion of a benefit package for community health in the NHIF	X	X			
	3.2.5. Advocate for private health insurance schemes to include community health interventions as part of their benefits package	X	X			

Objectives	Interventions	2020/21	2021/22	2022/23	2023/24	2024/25
Strategic Direction 4: Strengthen the delivery of integrated comprehensive and high-quality community health services						
4.1. Increase coverage for community health services	**4.1.1.** Develop and operationalize workload ratios based on population density and ensure that the adequate numbers of community health workforce are deployed	X	X	X		
	4.1.2. Operationalize/strengthen refresher updates for community health workforce	X	X	X	X	X
	4.1.3. Define the scope of community health services to include other health services at community level e.g. basic oral health services and Home-Based Care services	X	X	X	X	X
	4.1.4. Define the scope of cadres for community health to include the multi-disciplinary teams who are engaged in outreaches at community level	X	X	X	X	X
4.2. Increase demand and utilization of community health services	**4.2.1.** Strengthen the capacity of community health units to conduct quarterly dialogue and monthly action days	X	X	X	X	X
	4.2.2. Establish a reward system for best practices at the county and national levels		X			
	4.2.3. Identify and nominate competent community champions and build their capacity to promote healthy behaviours and address barriers to social determinants of health	X	X	X	X	X
	4.2.4. Undertake integrated outreach and awareness campaigns on community health services	X	X	X	X	X

4.3. Increase community owned and led innovations for sustainability of community health services	**4.3.1.**	Build intra-sectoral and multi-sectoral linkages with community actors and build their capacity to mobilize, organize and coordinate community health actions	X	X	X	X	X
	4.3.2.	Engage with community actors to develop and implement innovative models of demand creation and community health service utilization	X	X	X	X	X
	4.3.3.	Build partnership with private sector actors towards addressing social determinants of health	X	X	X	X	X
4.4. Strengthen referral linkages between community and health facilities	**4.4.1.**	Build capacity of community health workforce and primary health care workers on the referral pathways and facility linkages	X	X	X	X	X
	4.4.2.	Strengthen existing and other innovative referral mechanism from community to the primary health care facilities and back to the community	X	X	X	X	X
	4.4.3.	Strengthen referrals and follow up of patients referred from the facility to the community	X	X	X	X	X
	4.4.4.	Develop and implement home-based care guidelines on eligibility, management, follow up and discharge of patients with diverse health conditions	X				
	4.4.5.	Build capacity of the community health workforce to understand the linkages, coordination, service provision and monitoring of the primary care networks (PCNs)	X	X	X	X	X

4.5. Strengthen the capacity of community health workforce for the provision of high-quality community health services	**4.5.1.** Review and consolidate community modules from MoH technical divisions and departments and implement a master training curriculum for CHVs	X				
	4.5.2. Strengthen support mechanism for CHVs to reduce attrition rates and improve quality of community health services through mentoring and supervision	X	X	X	X	X
	4.5.3. Build the capacity of community health workforce on early warning indicators and taking prompt action in preparedness against public health threats	X				
	4.5.4. Develop refresher training guidelines for community health workforce	X				
	4.5.5. Adopt and implement online-learning platform for community health trainings	X				
	4.5.6. Establish continuous capacity development mechanisms for community health workforce	X	X	X	X	X
4.6. Strengthen the provision of high-quality community health services	**4.6.1.** Develop, disseminate and institutionalize the standard operational guidelines for community health workforce	X	X			
	4.6.2. Conduct annual quality of community health service audits	X	X	X	X	X
	4.6.3. Conduct monthly quality improvement team meetings at community, sub-county and county levels to review quality of community health services	X	X	X	X	X

Objectives	Interventions	2020/21	2021/22	2022/23	2023/24	2024/25
Strategic Direction 5: Increase availability, quality, demand and utilization of data						
5.1. Develop and implement a harmonized digital community health information system	5.1.1. Develop and disseminate framework with a roadmap for digitization of Community Health Information System (CHIS)		X	X	X	X
	5.1.2 Develop and disseminate training manual for community health workforce on digital CHIS		X	X	X	X
	5.1.3 Implement eCHIS in a phased approach		X	X	X	X
	5.1.4 Capacity building of national and county level officers on the digitization process (roadmap & training activities of digital community health platform)		X	X	X	X
	5.1.5 Build capacity of community health workforce on digitization process in a phased approach		X	X	X	X

5.2. Enhance the capacity of community health workforce to effectively collect, collate and report quality community health data	5.2.1	Develop community health data management manual and indicator compendium and train community health workforce		X			
	5.2.2	Revise and update the data module in the current CHVs training manual to include digital component and conduct refresher training		X			
	5.2.3	Print and distribute relevant community health data collection and reporting tools	X	X	X	X	
	5.2.4	Develop community health data quality audit guidelines and tools		X			
	5.2.5	Conduct community health data quality audits and strengthen data review processes		X	X	X	X
	5.2.6	Conduct joint support supervision and mentorship activities		X	X	X	X
	5.2.7	Advocate for integration of community health data into the other MoH data quality improvement processes	X	X	X	X	X
	5.2.8	Strengthen the M&E unit at the community health division	X	X	X	X	X
5.3. Strengthen capacity for community level research and increase utilization of evidence for decision-making in the community health system	5.3.1	Map and review previous and current community health researches to support development of community health research agenda	X				
	5.3.2	Create a digital research repository to host all community health research reports	X				
	5.3.3.	Build capacity and mentor counties on community health research		X	X	X	X
	5.3.4.	Hold forums for community health research and innovation learning sessions		X	X	X	X

5.4. Establish community-based surveillance system	5.4.1. Develop and disseminate community-based surveillance guidelines and integrate into the national disease surveillance system	X				
	5.4.2. Build capacity of community health workforce to implement CBS		X	X	X	X
	5.4.3. Implement CBS in a phased approach		X	X	X	X
5.5. Institutionalize social accountability in the quality of primary health services using community health data	5.5.1. Finalize and disseminate the social accountability manual	X	X	X	X	X
	5.5.2. Develop community score card	X				
	5.5.3 Train national and county teams on community score card		X			
	5.5.4 Implement community score card		X	X	X	X

Objectives	Interventions	2020/21	2021/22	2022/23	2023/24	2024/25
Strategic Direction 6: Ensure the availability and rational distribution of safe and high-quality commodities and supplies						
6.1. Ensure commodity security, quality and safety of community health supplies	6.1.1. Develop and review the community level commodity management processes for alignment with existing guidelines and procedures	X				
	6.1.2. Develop and disseminate guidelines for forecasting and quantification of community health commodities		X			
	6.1.3. Develop a community commodity management training module		X			
	6.1.4 Capacity build community health workforce on commodity management		X	X	X	X
	6.1.5. Integrate community level commodities into LMIS		X			
	6.1.6. Implement safety surveillance mechanism for community health		X	X	X	X
	6.1.7. In collaboration with the MoH-Health products team, implement innovative community drug distribution mechanisms for essential health commodities		X	X	X	X
	6.1.8. Purchase and distribution of CHV kits	X				
6.2. Digitize and integrate community health supply chain into the national commodity management system	6.2.1. Develop and digitize commodity tools on reporting, re-supply and forecasting	X				
	6.2..2. Build the capacity of community health workforce on the digital platform		X			

Objectives	Interventions	2020/21	2021/22	2022/23	2023/24	2024/25
Strategic Direction 7: Create a platform for strategic partnership and accountability among stakeholders and sectors at all levels within community health						
7.1. Strengthen the coordination mechanism for service delivery between national MoH, county governments and partners	7.1.1. Develop community health partnership engagement framework that encourages better alignment and collaboration		X			
	7.1.2. Hold quarterly coordination fora with stakeholders through the National Community Health Committee of Experts	X	X	X	X	X
	7.1.3. Map all community health stakeholders, funding flows and intervention areas at the national and county level	X	X	X	X	X
	7.1.4. Integrate community health agenda in the health sector inter-governmental forum	X	X	X	X	X
	7.1.5. Disseminate the community health policy and strategy to all stakeholders		X			
	7.1.6. Build partnership with private sector actors towards addressing social determinants of health	X	X	X	X	X
7.2. Enhance inter/ intra-sectoral collaboration and joint initiatives	7.2.1. Strengthen collaboration and coordination of other MoH Departments and Divisions with the Division of Community Health	X	X	X	X	X
	7.2.2. Ensure regular representation of community health at the health sector inter-governmental forum	X	X	X	X	X
	7.2.3. Ensure clear understanding of MoH departments and divisions, county, sub-county and health facility teams on how community health services delivery are to be organized, implemented and coordinated for better efficiency	X	X	X	X	X
	7.2.4. Encourage cross-sectoral synergies that would enhance access to services	X	X	X	X	X

7.3. Strengthen communication and advocacy for community health systems	7.3.1.	Develop community health website and activate the social media platforms for communication	X	X	X	X	X
	7.3.2.	Institutionalize annual community health reports and periodic newsletters		X	X	X	X

9. FINANCIAL SUSTAINABILITY PLAN

9.1. Resource Need for the KCHS 2020 – 2024

The KCHS 2020 – 2025 resource need estimation is based on activity-based costing, which uses a bottom-up approach and is built for the cost of inputs required per intervention to achieve KCHS 2020 – 2025 strategic objectives and directions. The total resource need for the KCHS 2020 – 2025 is estimated at KES 44.2 billion for the five-year period. **Table 5** presents the budget plan as per the strategic directions.

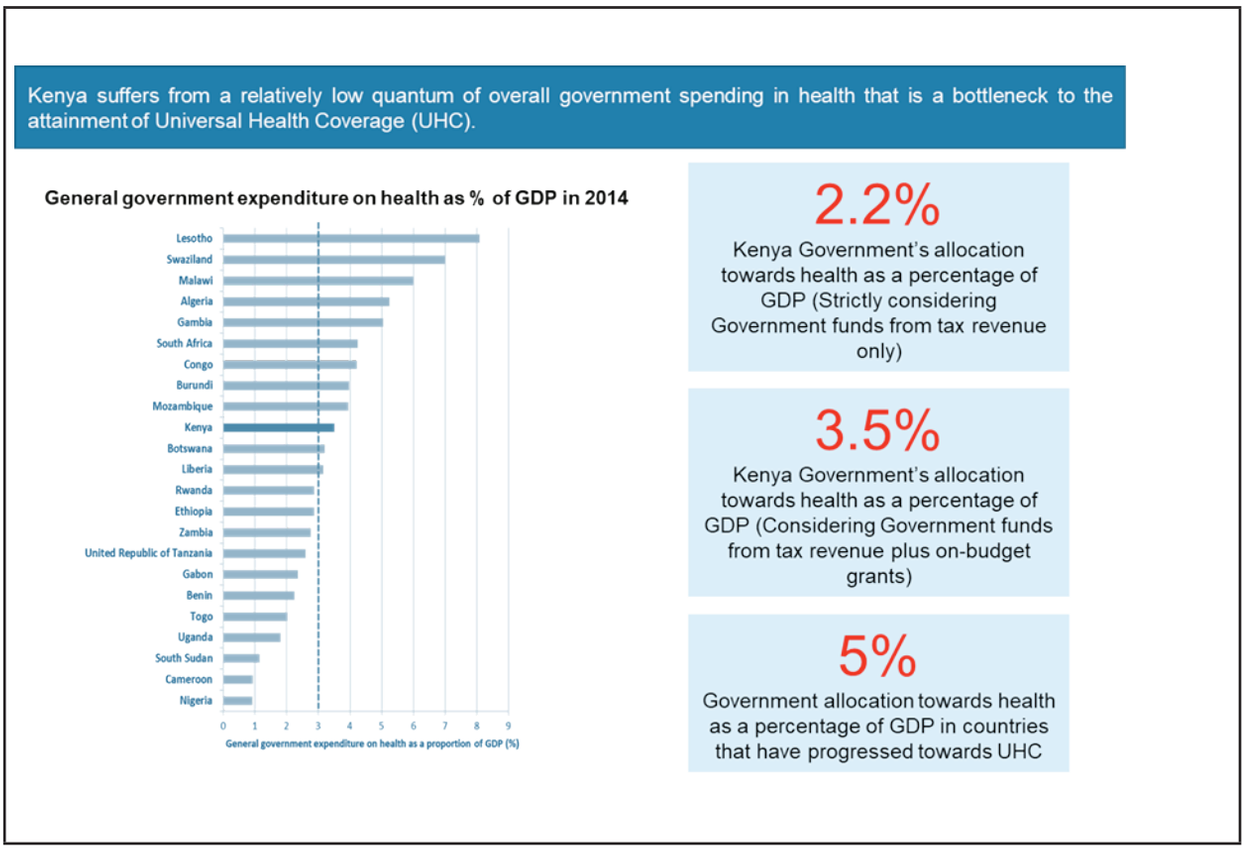
Table 5: Summary of required funding by strategic directions for KCHS 2020 – 2025 (in million, KES)

Strategic Direction	2020/21	2021/22	2022/23	2023/24	2024/25	Total
SD 1: Strengthen management and coordination of community health governance structures at all levels of government and across partners	19.0	11.3	9.3	12.2	10	61.8
SD 2: Build a motivated, skilled, equitably distributed community health workforce	3,583	3,728	3,869	4,013	4,158	19,352
SD 3: Increase sustainable financing for community health	3.8	3.3	0.6	0.6	0.7	9.0
SD 4: Strengthen the delivery of integrated comprehensive and high-quality community health services	625.4	595.2	616.7	639.7	662.7	3,140
SD 5: Increase availability, quality, demand and utilization of data	1,019	1,814	3,140	4,586	6,125	16,683
SD 6: Ensure the availability and rational distribution of safe and high-quality commodities and supplies	4,884	11.7	3.8	4.0	4.1	4,606
SD 7: Create a platform for strategic partnership and accountability among stakeholders and sectors at all levels within community health	1.8	3.6	1.8	1.8	1.9	10,835
Grand total	**10,134**	**6,167**	**7,642**	**9,258**	**10,962**	**44,164**

9.2. Financial sustainability plan

The fiscal space for health in Kenya is limited. Whereas Kenya's economy has grown steadily in recent years – with the gross domestic product (GDP) growing by 5.9%, 4.9%, 6.3% and 5.4% in 2016, 2017, 2018 and 2019 respectively, government's healthcare spending as a percent of GDP has generally flat-lined at about 2.1% over the past 5 years [21]. The government's expenditure on health as a proportion of total government expenditure has also been declining and is projected to decrease further to 4.4% by 2019 [22]. Relative to its total revenue, the Government's health-care expenditure falls far below the 15% target set by the Abuja Declaration as well as the global average of 9.9%. Importantly, Government allocation towards health as a percentage of GDP has only reached approximately 2.2% (computation based on data presented in the National Health Accounts 2015/16 report) yet it is known that countries that have made progress towards UHC spend public funds at around 5% of GDP (**Figure 10**) [23]. The limited fiscal space for health in Kenya heralds three key realities; (i) the increasing opportunities for enhanced domestic resource mobilization for health; (ii) the urgent need for pragmatic cost management strategies to allow for cost effective healthcare provision in Kenya as envisioned in the Vision 2030 and the Big 4 Agenda; and (iii) the need for innovative financing mechanisms that can bring more investments and mobilize domestic resources into the healthcare ecosystem (including community health systems) while increasing access to health especially to the yet to be reached.

Figure 10: Fiscal space for health in Kenya in relation to Universal Health Coverage (UHC)



In light of the limited fiscal space for health, Kenya's growing population; emerging healthcare needs such as non-communicable diseases and the Covid-19 pandemic; over-stretched public funding and flat-lined or reducing international funding for health, and the funding gap that characterizes the implementation of KCHS 2020-2025, there is need to explore and adopt financial sustainability strategies.

In developing these strategies, KCHS 2020 – 2025 has deliberately not put forward mechanisms that have been shown to be impractical or inefficient such as the establishment of dedicated funds (e.g. investment/ trust funds) that are ring-fenced to finance individual health programs. KCHS 2020 – 2025 has avoided these strategies because, on critical review, they have several fundamental shortcomings. First, these strategies have investigated individual priority programs in isolation – a fact that would enhance their vertical nature and negate efforts to integrate these programs into the wider health system. Second, the establishment of ring-fenced funds will exacerbate the fragmented nature of health systems in Kenya and promote inefficiencies. While there may be benefits of earmarking funds to a specific disease programs/sectors, international experiences indicate that that such represent a small percentage of general expenditure on health (<=1%) and are less popular with Ministries of Finance. Finally, this review also found that the proposed funding mechanisms (such as the establishment of an Immunization Trust Fund capitalized by a forward moving tax on pension contribution; and the introduction of income tax on people working in the informal sector to capitalize a HIV/AIDS trust fund) are incomplete in several respects, as they do not assess the revenue generating potential of the proposed taxes, their additionality (or lack of), the feasibility and acceptability.

In light of the aforementioned, KCHS 2020 – 2025 will explore the following strategies at both the national and county government levels to promote the financial sustainability of community health work in Kenya.

9.2.1. Enhancing Domestic Resources Mobilization

In keeping with empirical evidence on the financing of UHC, and in light of the pivotal role of community health in the attainment of UHC, the long-term financial sustainability of community health will be contingent, at least in part, on enhanced domestic resource mobilization for health. The KCHS 2020 – 2025 aims to achieve this through a series of inter-related activities. One is it adopt the Community Health Investment Case for Kenya [24] that is already developed. The investment case will be used as an advocacy tool, anchored on empirical

evidence to advocate for increased prioritization and investments towards community health in Kenya. Indeed, the demonstration that for every one shilling invested in community health, Kenya would realize the equivalent of KES 9.4 in economic and societal benefits is a strong starting point for future advocacy work on raising community health prioritization and investments.

In adopting the Community Health Investment Case for Kenya, KCHS 2020 – 2025 aims to package community health as an investment (rather than a cost item). The KCHS 2020 -2025 further aims to empower community health teams at the County and National levels to change the perception of decision makers with strong evidence on why there needs to be more investments in community health. These stakeholders could go beyond the healthcare sector as evidence presented in this report shows that investment in community health results in broad benefits that impact other sectors such as education, social and child protection.

The Public Finance Management Act (2012) proposed a programme-based budgeting (PBB) approach in which the budget is organised around specific programmes, with clear objectives and connections between inputs and outputs. PBB also promotes accountability by helping policymakers, planners, and other implementers track budget expenses along specific budget lines. Current budgeting approaches preclude the County Governments' ability to prioritize and earmark resources for specific health programmes, including community health. The Division of Community Health at the national level needs to work closely with other key stakeholders to build the capacity of counties in using the PBB approach to planning and budgeting, including priority setting around community health. Through this strategy, the KCHS 2020 -2025 envisaged to:

1. Finalize and adopt the Community Health Investment Case for Kenya
2. Disseminate the Community Health Investment Case for Kenya to County Governments and support County Governments to use it as an evidence base in decision making around resource allocation for health

9.2.2. Enhance efficiency by strengthening and integrating community across all health program

While raising more resources for community health is key, it is also imperative that available resources for community health are deployed efficiently. KCHS 2020 – 2025 aims to achieve this by promoting the integration of community health within existing health programs at both national and county levels. More integrated programs with leadership from the Division of Community Health at MoH is recommended in order to ensure that programs integrate or embed community health as part of their strategies. Integration would also mean that the Division of Community Health provides regular and clear guidelines on community health work in the country in order to optimize community health service delivery to make it cost effective while at the same delivering quality health services. One way this will be achieved is positioning community health as a cross-cutting horizontal component of the health systems on which existing vertical programs (e.g. HIV and Malaria) can plug in their community health related activities under the coordination of the MoH. There is consensus among key stakeholders that this would be a more cost-effective approach of delivering community health services as opposed to a vertical community health program. Previous studies suggest that an integrated (horizontal) community health program will generate greater value than a vertical (siloed) program. For instance, through a review of cost-effectiveness of community health programs, Vaughan et al [25] demonstrate that community health programs generate greater value when CHVs work across the vertical programs as opposed to working within siloed programs. In line with the policy on CHVs in South Africa, the CHW platform is an integrated platform where CHVs are generic workers covering a continuum of conditions hence delivering integrated interventions across what would be otherwise vertical/ siloed programs. For instance, since diabetics have an increased risk of contracting TB or being hypertensive, a single home visit by a CHW should ideally support case finding or adherence to treatment across all these three conditions**Error! Bookmark not defined.**.

9.2.3. Explore and scale innovative financing mechanisms

While the most sustainable mechanism to finance key aspects of UHC (such as community health) remains non-voluntary tax-based revenue collection mechanism, the KCHS 2020 – 2025 is alive to the reality that the attainment of optimal tax-based domestic resources will not be immediate. In light of this, KCHS 2020 – 2025 aims to complement the domestic resource mobilization outlined in 5.3.1. with innovative financing mechanisms.

The KCHS 2020 – 2025 aims to investigate the innovative financing mechanisms explored by various County

Governments in partnership with the NHIF for the enrolment of households within the UHC program. These mechanisms have explored the deployment of various performance –based compensation strategies that generate complementary revenue to community health workers and/or community health systems. Moving forward, the KCHS 2020 – 2025 aims to appraise these mechanisms (as a collaborative effort between the National and County Governments) with the view to scale those that have proven to be innovative and sustainable.

9.2.4. Leverage on community health systems to deliver value beyond the health sector and generate complementary revenue

The KCHS 2020 – 2025, in its second strategic direction, aims to build a motivated, skilled, equitably distributed community health workforce. Beyond this, the strategy aims to go beyond this to explore opportunities to leverage on community health to deliver wider societal value and generate complementary revenue. To do this, efforts to build a motivated, skilled, equitably distributed community health workforce will be considered as anchors to a more long-term effort to create a complement of CHVs that can add value beyond the health sector such as in public works, educational outreach and environmental management – all of which have an imperative on their core health mandate. In this way, the CHVs will be positioned not just as health workers but as change agents in society. The KCHS 2020 – 2025 to explore mechanisms to compensate these corps including, but not limited to, performance-based compensation strategies and compensation schemes that are blended public sector wages.

9.2.5. Advocacy to pivot existing financing mechanisms away from disease-centric verticals towards funding core UHC drivers such as PHC and community health

Several international and bilateral financing mechanisms that support the health sector in Kenya, such as the Global Fund and GAVI, have a strong disease-centric orientation. While these mechanisms have been invaluable for the country, there is growing evidence on the merit of re-structuring these mechanisms to pivot from funding specific disease areas towards funding health systems-wide initiatives that drive towards UHC and address the contemporary disease burden in beneficiary countries. In view of this, the KCHS 2020 – 2025 aims to advocate for the pivot of existing financing mechanisms away from disease-centric verticals towards funding core UHC drivers such as PHC and community health. The intention to incorporate significant resources towards improving PHC and community health systems in the up-coming global fund replenishment is a stride in this strategic direction.

10. MONITORING AND EVALUATION

10.1. Tracking Progress

The M&E plan envisions the following:

Monitoring: Quarterly performance monitoring meetings will be held to review progress of implementation against targets in the annual work plans. Semi-annual stakeholder performance monitoring and review meetings at the national and county levels will also review performance against targets, address any constraints in implementation, and re-focus activities if needed.

Control and audit: HIS remain the custodian of routine health information and provides access through the DHIS2 platform. Annual data quality audits will be conducted. Other programme generated data sets, including data from surveys, will be available from the Division of Community Health Services

Review and planning meetings: As part of the commitment to performance monitoring, all stakeholders will meet biannually to review achievements against targets and milestones in the strategic plan and annual work plans. These meetings will also define and finalize priorities for the new financial year.

10.2. Measuring Outcome and Impact

Midterm evaluation: A mid-term review of the KCHS 2020–2025 is scheduled for year 2022/23.

Final evaluation: The final evaluation of the KCHS 2020–2025 is scheduled for the final year (2024/25).

10.3. Performance Framework

Table 6: Performance framework

Indicators	Baseline			Target			
	Year	Value	2020/21	2021/22	2022/23	2023/24	2024/25
Strategic Direction 1: Strengthen management and coordination of community health governance structures at all levels of government and across partners							
1.1. Number of counties where the reviewed and redesigned CHC guidelines have been disseminated and where CHCs have been trained on the use of the revised guidelines			10	20	30	40	47
1.2. Number of counties in which the Investment Case Report, 2018 for Community Health in Kenya has been disseminated to support resource mobilization			10	20	30	40	47
1.3. Number of counties where the M&E structure for CHC performance has been adopted and operationalized			10	20	30	40	47
1.4. Number of counties in where CHCs hold quarterly community review and planning meetings			10	20	30	40	47

1.5.Number of counties in which CHCs are functional			10	20	30	40	47
Strategic Direction 2: Build a motivated, skilled, equitably distributed community health workforce							
2.1.Number of counties in which CHVs have been included in the county scheme of service and are remunerated			10	20	30	40	47
2.2.Number of counties in which the scheme of service incorporates a career progression framework for CHVs, on how to transition into CHA or CHO levels				10	25	35	47
2.3.Number of counties in which there are quarterly supervisory meetings between County and sub-County CHVs			10	20	30	40	47
2.4.Number of counties in which the remuneration framework for CHVs has been disseminated				10	25	35	47
Strategic Direction 3: Increase sustainable financing for community health							
3.1.Successful addition of community health services to the NHIF package			To be achieved by end of the third year of implementation (2022/23)				
3.2.Proportion of counties that have adopted the Kenya Community Health Investment Case as an advocacy tool for increased prioritization and investment in community health at county level			25%	50%	75%	90%	100%
3.3.Proportion of counties in which there has been increased budgetary allocation towards community health services relative to the baseline year (2020/21)			25%	50%	75%	90%	100%
3.4. Proportion of counties in which technical assistance has been provided for the development of financing models for CHUs to be self-sustaining			25%	50%	75%	90%	100%
3.5.Proportion of counties in which Performance Based Financing at the CHUs has been introduced			25%	50%	75%	90%	100%
Strategic Direction 4: Strengthen the delivery of integrated comprehensive and high-quality community health services							
4.1.Community health services coverage	2019	59%	70%	80%	90%	100%	100%
4.2.Proportion of community health units that are functional	2019	25%	50%	75%	90%	100%	100%

4.3. Proportion of counties where annual functionality assessments of community units using MOH community unit functionality checklist are done			25%	50%	75%	90%	100%
4.4. Proportion of counties where training of CHVs using the standardized technical curriculum has been implemented				25%	50%	75%	100%
Strategic Direction 5: Increase availability, quality, demand and utilization of data							
5.1. Number of counties implementing eCHIS			1	11	31	41	47
5.2. Number of counties that participate community health data quality review meetings			0	11	31	41	47
5.3. Number of joint supportive supervision and mentorship activities held in a year			0	2	4	4	4
5.4. Number of national learning forums held			0	1	1	1	1
5.5. Number of counties holding learning forums			0	10	20	30	47
5.6. Number of county community score card forums in which National level participate			0	4	4	4	4
5.7. Number of counties that hold quarterly community score card forums			0	10	30	40	47
Strategic Direction 6: Ensure the availability and rational distribution of safe and high-quality commodities and supplies							
6.1. Revision of the essential medicines list to include the commodities needed at the community level			To be achieved by end of the first year of implementation				
6.2. Development of training curriculum on commodity management for the community health workforce			To be achieved by end of the first year of implementation				
6.3. Development of guidelines on replenishing and replacing the CHW kit			To be achieved by end of the first year of implementation				
6.4. Proportion of counties in which there is quarterly commodity management assessments at community and facility level to ensure relevant technical and operational support for community health supply chains			25%	50%	75%	90%	100%

6.5. Conduct supportive supervision to ensure quality of commodities used at community level			25%	50%	75%	90%	100%
Strategic Direction 7: Create a platform for strategic partnership and accountability among stakeholders and sectors at all levels within community health							
7.1. Number of coordination forums with MOH, Counties and Partners through the national Community Health Committee of Experts			4	4	4	4	4
7.2. Map community health stakeholders, funding flows and intervention areas at the national and county level			To be achieved by end of the first year of implementation				
7.3. Develop and implement an advocacy strategy for community health system			To be achieved by end of the second year of implementation				
7.4. Disseminate the community health strategy and policy guidelines to all stakeholders			To be achieved by end of the second year of implementation				

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12. ANNEXES

12.1. Stakeholder roles and responsibilities

In order to actualize the aspirations of the KCHS 2020-2025, a multi-stakeholder collaborative implementation approach will be imperative. To this end, the KCHS 2020-2025 envisages that relevant stakeholders will take up specific roles and responsibilities as outline below.

Stakeholder	Roles and responsibilities
Division of Community Health Services, Ministry of Health	In line with the core mandate of the National Government and the Ministry of Health, the Division of Community Health Services shall: · Oversee and coordinate the implementation of the KCHS 2020 – 2025 · Oversee and coordinate the engagement of stakeholders and partners in the implementation of KCHS 2020 – 2025 and community health in Kenya in general · Lead resource mobilization for community health services · Routinely conduct implementation research to generate evidence and learning to inform future improvements in the implementation of KCHS 2020 – 2025 and community health work in general · Lead the advocacy for the prioritization of community health as an integral part of the health system in Kenya and the attainment of UHC · Provide technical advice on community health and collaborate with County Governments to build the capacity community health systems at the county level · Routinely, develop community health guidelines and standards to guide the implementation of KCHS 2020 – 2025
County Health Management Teams within the County Governments	In line with devolution and the mandate of County Governments in healthcare delivery, the County Health Management Teams shall coordinate the implementation of the KCHS 2020 – 2025 specifically, and community health services at county level which shall include: · Interpretation and operationalization of the KCHS 2020 – 2025 at the county level · The employment and retention of community health workers to bridge the community health services coverage gaps in the respective counties · Resource mobilization for community health services at county level including advocating for increased prioritization for community health in the policy and fiscal planning of the County Governments even as they advocate for increased budgetary allocation to health from the overall county budgets · Overseeing the training, support supervision and coaching of community health workers at the county level · Overseeing the coordination of stakeholders and partners working on community health systems at the county level

Sub-County Health Management Teams within the County Governments	In line with devolution and the mandate of County Governments in health-care delivery, the Sub-County Health Management Teams shall coordinate the implementation of the KCHS 2020 – 2025 specifically, and community health services at county level which shall include: · Interpretation and operationalization of the KCHS 2020 – 2025 at the sub-county level · Overseeing the training, support supervision and coaching of community health workers at the sub-county level · Overseeing the coordination of stakeholders and partners working on community health systems at the sub-county level
Community Health Committees (CHC)	The CHC shall oversee the coordination and management of the community health units within their jurisdictions. In doing this, the CHC shall: · Provide leadership to the CHU in the implementation of community health services · Prepare and present the CHU annual work-plans and operational plans to the link facility health committee · Plan, coordinate and conduct community dialogue and health action days · Hold quarterly consultative meetings with the link facility
Development partners	In support of community health systems in Kenya and the implementation of the KCHS 2020 – 2025, the development partners shall: · Align their on-going and future support to community in Kenya to the KCHS 2020 – 2025 to ensure coordinated implementation of the strategy and minimize duplication of roles and investments · Advocate for the adoption of the KCHS 2020 – 2025 by their implementing partners to ensure coordinated implementation of the strategy and minimize duplication of roles and investments
Private sector	In support of the integration of community health systems in Kenya and the implementation of the KCHS 2020 – 2025, the private sector shall: · Cooperate with the National and County Governments in mainstreaming community health as part of the wider health system. For instance, healthcare providers in the private sector shall facilitate referrals and linkages between the community health systems and the health facilities within their jurisdiction to optimize the continuum of patient care · Cooperate with the National and County Governments in enhancing the financial sustainability of community health systems including the expansion of private health insurance schemes beyond curative services to include critical PHC and community health components
Civil society organizations and community	In support of the implementation of the KCHS 2020 – 2025, the civil society shall conduct advocacy, communication and social mobilization in order to: · Raise the awareness of the general public on community health and its role and value in healthcare delivery · Enhance accountability of both the National and County Governments on their obligations to the citizenry in relation to provision of community health services in an efficient and transparent manner

Academia	In support of the implementation of the KCHS 2020 – 2025, the academic fraternity shall: · Routinely conduct research to generate evidence and learning to inform future improvements in the implementation of KCHS 2020 – 2025 and community health work in general · Support the National and County Governments in knowledge translation (use of research evidence in policy- and decision-making) in order to foster increasing appreciation and use of evidence-based decision making for community health

12.2. The policy development process

The development of the KCHS 2020-2025 was guided by an extensive consultative, participatory and evidence-based approach. The document was developed in line with existing policy documents in Kenya such as the Primary Healthcare Strategy, Community Health Policy, Kenya Vision 2030, Kenya Health Policy Framework 2014-2030 and other policy documents. The writing process entailed the following steps:

1. An **initial assessment** of community health system in Kenya to identify the strengths and challenges
2. **Community health strategy development workshop** to identify and prioritize key issues and activities
3. Virtual **writing meetings** to draft the KCHS using outputs and discussions from the workshop
4. Virtual **county level validation meetings** to obtain feedback and buy-in of the county level as they are responsible for implementation of the KCHS

The initial assessment involved a thorough situational analysis (SITAN) of Community Health (CH) in Kenya to determine areas of success and improvement. The SITAN aimed to explore the current state of community health in Kenya, identify the strengths and challenges, and to prioritize key issues and activities. This included a desk research on Kenya's CH context in line with the UHC agenda, a review of the previous CH strategies as well as key informant interviews with major stakeholders such as CH experts, policy makers, and developmental partners. A literature review of global CHW case examples was also conducted to synthesize innovative implementation approaches that Kenya could draw from. The assessment identified 7 thematic areas as key areas for improvement, they included: **Leadership and Governance, Human Resources for Health, Health Financing, Data, Supply Chain Management, Service Delivery, and Partner Coordination**. Interventions to improve on the above areas were proposed based on feasibility of implementation as well as their alignment with existing policy documents. Please refer to the detailed breakdown on the SITAN in chapter two of this strategy.

To facilitate increased policy conversations on improvements to the recently elapsed community health strategy and aid the development of a new KCHS strategy (2020-2025), a four-day workshop attended by over 50 national and county level MoH, and community health stakeholders was held in Machakos in February 2020. The stakeholders at the workshop comprised of individuals and teams from NGOs, counties, developmental partner organizations, and MoH departments and divisions. The workshop brought together a diverse group of stakeholders to assess the implementation of the previous KCHS, identify challenges, weakness and gaps, and highlight strategic objectives and targeted interventions for the new KCHS while ensuring the gains achieved by the previous strategy were not lost. During the workshop, the challenges were further explored in context of the global case examples with interventions proposed on areas of improvement.

Following the workshop, community health stakeholders with expertise in each of the 7 prioritized thematic areas were identified and grouped into clusters to facilitate development of the KCHS sections. Each cluster was made up of approximately 8-10 members from developmental partner organizations, community health stakeholders, and was led by a member from the Division of Community Health (DCH). These clusters met routinely to work together to develop the various sections of the KCHS.

Weekly national community health writing meetings were held to review the outputs by the writing clusters and ensure that the proposed interventions were aligned with the priorities of the MoH and existing policy documents.

The activities of the cluster and national writing meetings resulted in the development of a draft of the KCHS document which was shared with all 47 county focal persons and County Executive Committees (CEC) to obtain additional input and feedback which were analysed and inputted into the draft KCHS.

The consultative process to develop the KCHS

Activity	Participants	Objectives	Approach
Situational assessment (SITAN) Jan 2020-February 2020	MoH, FAH and partners	· Develop a common view of Kenya's CH system · Identify strengths and issues · Synthesize other national, regional, and global experiences, and extract lessons for Kenya's community health 2020-2025 strategy	Interviews, Desk review, meetings with the DCH and partners
KCHS review workshop 17-20 February 2020	~50+ participants from national and county level MoH, community health partners, and stakeholders	· Establish alignment on community health strategic priorities, including community health positioning within Kenya's PHC and UHC agenda · Facilitate multi-sectoral discussions on revisions to the community health strategy, including designing initial interventions for the next phase · Synthesize other national, regional, and global experiences, and extract lessons for Kenya's community health 2020-2025 strategy	Four-day workshop which incorporated various approaches to facilitate learning and engagement such as power point presentations, breakout sessions for problem solving, plenary discussions and gallery walk to review poster presentations. The facilitators for each breakout session used a facilitator guide which included questions to guide each session
Thematic area cluster writing meetings March-June 2020	~40 participants from national MoH and developmental partners	· Prioritization of key issues by experts in thematic areas of the KCHS · Fleshing out the outputs from the workshop into a strategy document	Biweekly and weekly meetings by clusters made up of community health stakeholders and experts to develop thematic areas
Weekly national writing sessions March-June 2020	~30 stakeholders from national MoH and developmental partners	· Prioritize key issues identified by writing clusters · Ensure alignment of KCHS document to existing policy document	Weekly meeting led by the DCH with all cluster members to review the outputs from the cluster meeting and ensure they are in line with DCH priorities and existing policy document
County focal persons' validation meeting June 18th 2020	23 participants. 9 from the counties, 4 from national MoH and 10 partners	· Promote county level ownership and communication · Identify potential implementation gaps in the strategy	Virtual online meeting
County CEC validation meeting 19th June 2020	65 participants. 55 county officials, 5 national level MoH and 5 partners	· Promote senior level county level ownership and communication · Identify potential implementation gaps in the strategy	Virtual online meeting

KCHS finalization workshop 7 – 9 September	~30+ participants from national and county level MoH, community health partners, and stakeholders	· Review the draft strategy document and develop the final version of the strategy	Three-day workshop where the entire draft strategy document was reviewed under the leadership of the MoH and necessary iterations to the draft strategy made to result in a final version of the strategy

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Kenya Community Health Strategy 2020-2025

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