

Community Health Roadmap

Bridging the SDG gap through accelerated primary health care at community level



Community Health Roadmap

Kenya



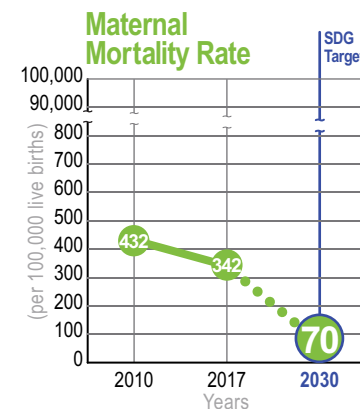
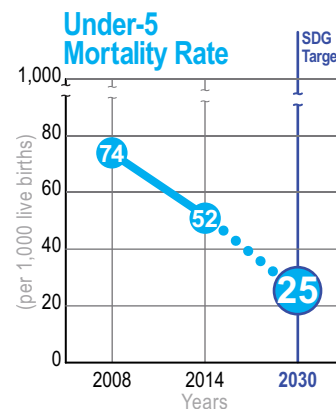
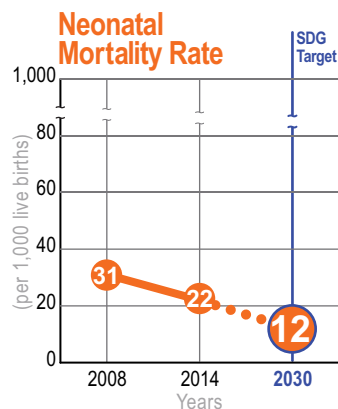
2021 Update

At a Glance: Country indicators

Population (2019):
47,500,000

Total number of community health workers (CHWs):

CHAs: 3,250
CHVs: 89,676



Community Health Overview

Kenya's community health system consists of community units, which are geographic areas with a population of around 5,000 people. For each community unit Kenya aims to have 10 community health volunteers (CHVs) and 1 community health assistant (CHAs).

VISION: A healthy people living high-quality lives within productive and vibrant communities in Kenya.



MISSION: To empower people to live healthy lives 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).



STATUS OF NATIONAL PLAN: Kenya's Community Health Policy 2020-2030 is in place; the Community Health Services Strategy 2020-2025 is in place and operational.



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Urgent Investment Actions



1. Strengthen management and coordination of community health governance structures at all levels of government and across partners (strategic direction 1)



2. Strengthen legal frameworks and legislations to support the delivery of community health services (strategic direction 1, objective 4)



3. Advocate for increased establishment of primary healthcare networks (PCNs) and ensuring strengthened referral and linkages between community and health facilities (strategic direction 4, objective 4)



4. Develop and implement a harmonized digital community health information system (strategic direction 5, objective 1)



5. Create a platform for strategic partnership and accountability among stakeholders and sectors at all levels within community health (strategic direction 7)

(Strategic directions and objectives are from the Community Health Services Strategy 2020-2025.)

Description of Community Health Structure



Cadres:

Currently, 3,250 CHAs and 89,676 CHVs



Scale-up: Kenya envisages to scale up to where every household has access to a CHV. This means establishing and equipping an additional 837 community units to increase coverage from 91% to 100% and increasing the number of CHAs to 10,000 and CHVs to 100,000.



Services offered:

Community health assistants (CHAs)

CHAs work together with community health committees (CHC) to implement health strategies, develop work plans, and monitor and evaluate programme implementation.

CHAs oversee the day-to-day implementation of community health basic prevention and curative health services at the household and community levels, and they supervise CHVs. They visit households for health promotion, disease prevention, treatment of minor ailments and client follow-up and referral.

CHAs provide the linkage of the households to the facility and other relevant institutions.

Community health volunteers (CHVs)

Among other duties, CHVs deliver key health messages to households as outlined in the Kenya Essential Package of Health.

They treat common ailments and minor injuries with support and guidance from the CHAs, and they diagnose, treat and manage common childhood illnesses such as diarrhoea, malaria, malnutrition and pneumonia, or refer these illnesses accordingly.

CHVs also provide counselling and follow-up for positive health seeking behaviour and adherence to various schedules such as ANC and immunization.

Description of Community Health Structure



Supervision:

CHAs are supervised by sub-county community health strategy focal persons or coordinators at the sub-county level with a direct reporting line to the health facility-in-charge.

CHVs are supervised by CHAs.



User fees:

None



Training:

CHAs are expected to have undergone a minimum of two-year certificate course in community health. The certificate has to be from Kenya Medical Training College or any other nationally accredited training institution.

Community health personnel with diploma or higher degrees are recognized as community health officers or directors who hold management positions.

The training course for CHVs is divided into two phases. The first phase (10 days) covers basic competencies in six modules and takes place immediately upon selection; it must be completed before the CHV begins work. The second phase includes technical modules based on local need; the length of the technical module varies.

CHVs get refresher training as needed throughout their terms of duty.



Compensation:

CHAs receive a salary from either national or county governments and are compensated as per MoH scheme of service.

CHVs receive stipends from the county governments. The amount provided varies per county but the ministry recommends a minimum of Ksh. 2,000/month. Additional allowances include transport reimbursement and enrolment into the national insurance scheme.

Description of Community Health Structure



Data collection:

- CHAs collect data from all CHVs in their community unit into a summary form and submit these data to health records persons for uploading on DHIS and to CHCs and CHVs for action planning and to improve the management of service delivery.
- CHVs collect data on basic household information, health status, household health promotion practices, births, deaths, and the health services and activities that CHVs conduct. CHVs collect data using a household register and CHV log book and submit them to their supervising CHA. CHVs also have client referral form that they use to make referrals and for follow-up.
- The MOH uses the data from all health facilities to track programme progress, and creates an annual health sector performance report.
- Plans are underway to digitize community health services using an electronic community health information system (eCHIS).



Health system linkages:

- Kenya's PHC Strategic Framework 2019-2024 envisions the implementation of strengthened PHC services through primary healthcare networks (PCNs) with community health services as the foundation.
- CHAs are linked to the facility in charge and supervised by the sub-county community health coordinator.
- CHVs report to CHAs and through them they are linked to health facilities.



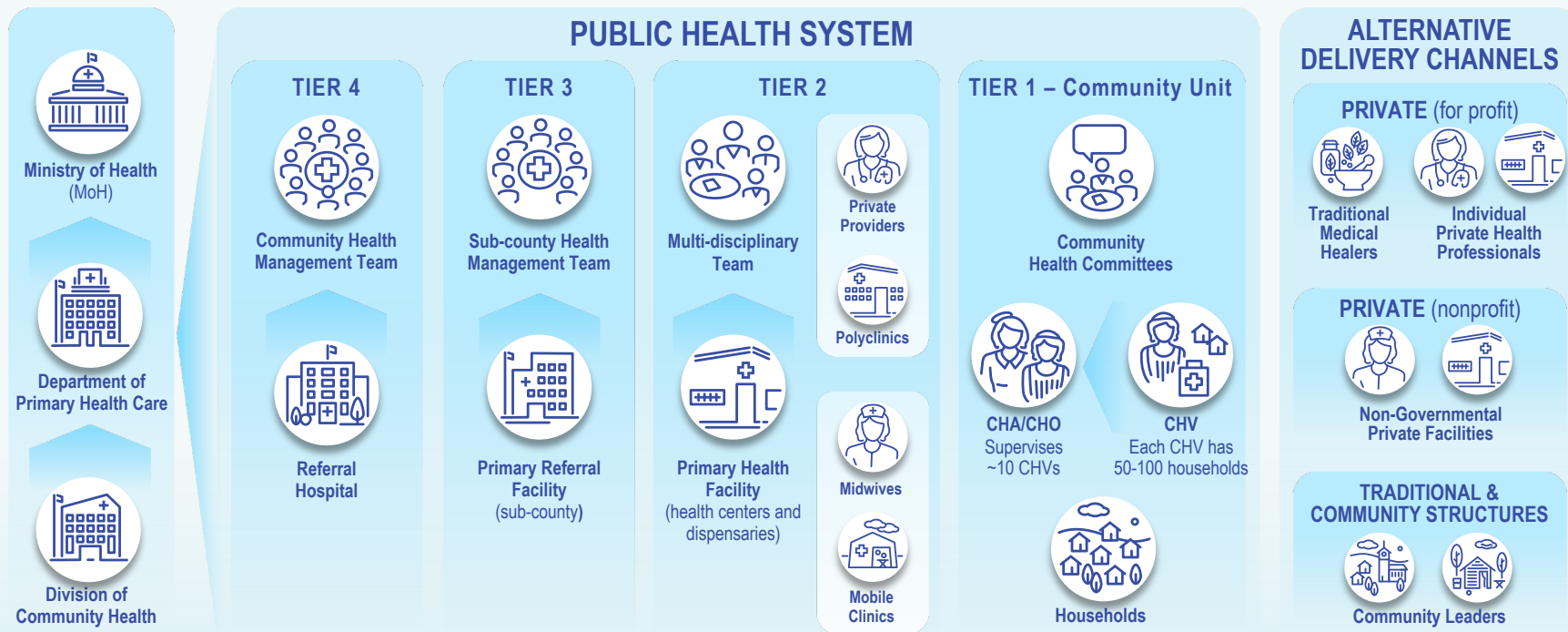
Community engagement:

- CHAs are held accountable by their communities through quarterly community dialogues.
- CHVs are selected by the community health committee at its baraza (community meeting).
- Community health committees (CHCs) focus on leadership, governance and broad management of the community health unit. CHC members are selected by their communities and reside in the communities they serve. Each CHC is made up of 5 to 7 members and must include one CHA and one CHV and at least one third of either gender. CHC membership is voluntary.

Primary Health Care Structure at Community Level: Supports service delivery, engagement and accountability

Governance is provided at all levels of the health system from the national Ministry of Health to the county and sub-county departments of health.

Ministry and department responsible for community health: Ministry of Health; Department of Primary Health Care; Division of Community Health Services.



Primary Health Care Priorities and Progress at Community Level

Service Delivery



Service delivery structure, package and quality of care

Priorities (2020-2025)

- Continuity of services during COVID-19
- Gender equity as a guiding principle for the community health system

Progress (Sept. 2021)

- MoH has issued guidance on continuity of healthcare services in the context of COVID-19.
- CHVs are trained on the prevention and response to sexual and gender-based violence; screening services are referred from the community to the facility

Health Workforce



Recruitment and accreditation, training and supervision

Priorities (2020-2025)

- Increase coverage of community health personnel to ensure that all households in Kenya have access to CHVs and CHAs with strong linkage to primary health services.
- Train and deploy additional CHVs and CHAs to provide community-based services and referrals

Progress (Sept. 2021)

- Kenya used domestic resources to train, deploy and equip 31,100 additional CHVs, resulting in an increase in CHV coverage from 62% to 94%.
- Kenya also increased the number of CHAs from 1,569 to 3,250 resulting in an increase in CHA coverage from 17% to 34%. Efforts to further increase coverage are ongoing.
- National CHS bill passed with amendments at the Senate and has moved to the national assembly. It is due for public participation.

Health Workforce

(continued)



Remuneration/reward and advancement

Priorities (2020-2025)

- Strengthen legal frameworks and legislation to support the delivery of community health services



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Progress (Sept. 2021)

- MoH has been working with the national senate to finalize the Kenya Community Health Services Bill and is supporting counties in developing and implementing county community health services bills. The county bills establish the necessary institutional, financial and regulatory mechanisms for effective, efficient and sustainable delivery of community-based health services. The bills also ensure sustainable financing towards community health services because once enacted, they are enforceable regardless of the county leadership in place.
- At the end of 2018, 14 out of 47 of Kenya's counties were paying monthly incentives to CHVs out of their own budgets. The amounts varied from county to county but are in the range of US\$20 to US\$60 a month.

Health Information Systems



Data reporting and information systems

Priorities (2020-2025)

- Develop and implement a digital community health information system (eCHIS) that is harmonized with other systems

Progress (Sept. 2021)

- Kenya's Digitization Strategy is being piloted in various counties. It entails a platform that interfaces with several systems: the National Integrated Identity Management Service for client identity resolution, the Shared Health Record System for case-based data collection, the Master Community Health Unit List for community unit management, and the Kenya Health and Information System for service statistics reporting.
- Kenya's eCHIS is linked to the district health information system; it will integrate with health facility-based electronic medical record systems for client referral coordination and tracing activities.

Supply Chain Management



Supply kits

Priorities (2020-2025)

- Procure and distribute enough CHV kits to cover all CHVs in the country

Progress (Sept. 2021)

- 7,500 CHV kits for 4 pilot counties (Isiolo, Kisumu, Machakos and Nyeri) were procured under the UHC programme

Finance



Finance

Priorities (2020-2025)

- Increase funding for the community health strategy

Progress (Sept. 2021)

- Ksh. 268 million provided by the government to support training of CHVs.

Leadership and Governance



System management and leadership

Priorities (2020-2025)

- Advocate for increased establishment of PHC networks (PCNs) and ensuring that there is strengthened referral and linkages between community and health facilities
- Strengthen management and coordination of community health governance structures at all levels of government and across partners

Progress (Sept. 2021)

- Kenya's National PHC Strategy 2019-2024 prioritizes investments in service delivery at community level (level 1) and addressing gaps in the quality of services delivered at PHC facilities: dispensaries (level 2), health centres (level 3) and sub-county hospitals (level 4). PCNs are envisioned as a 'hub and spoke model' where the level 4 referral facility supports lower-level facilities (levels 3, 2 and 1). To date, MoH has supported five counties in establishing PCNs.
- MoH revised training curriculum for community health committees; guidance on how to revitalize the committees is in use.

Community Engagement



Community engagement

Priorities (2020-2025)

- Introduce the community score card as a way of holding duty bearers accountable



Progress (Feb. 2021)

- Community score card guidelines were piloted in four community health units in Sept 2021. The findings are informing the finalization of the guidelines before MOH leadership approval and roll out. The MOH is piloting the community score card as a platform for encouraging community members to demand fair treatment and improved quality of services and to hold duty bearers accountable for their actions. The scorecard will be mainstreamed into the regular community engagement processes such as the community dialogue days, held quarterly.
- During COVID-19, community stakeholders such as chiefs and religious leaders were key to implementing contact tracing and enforcing movement restriction.

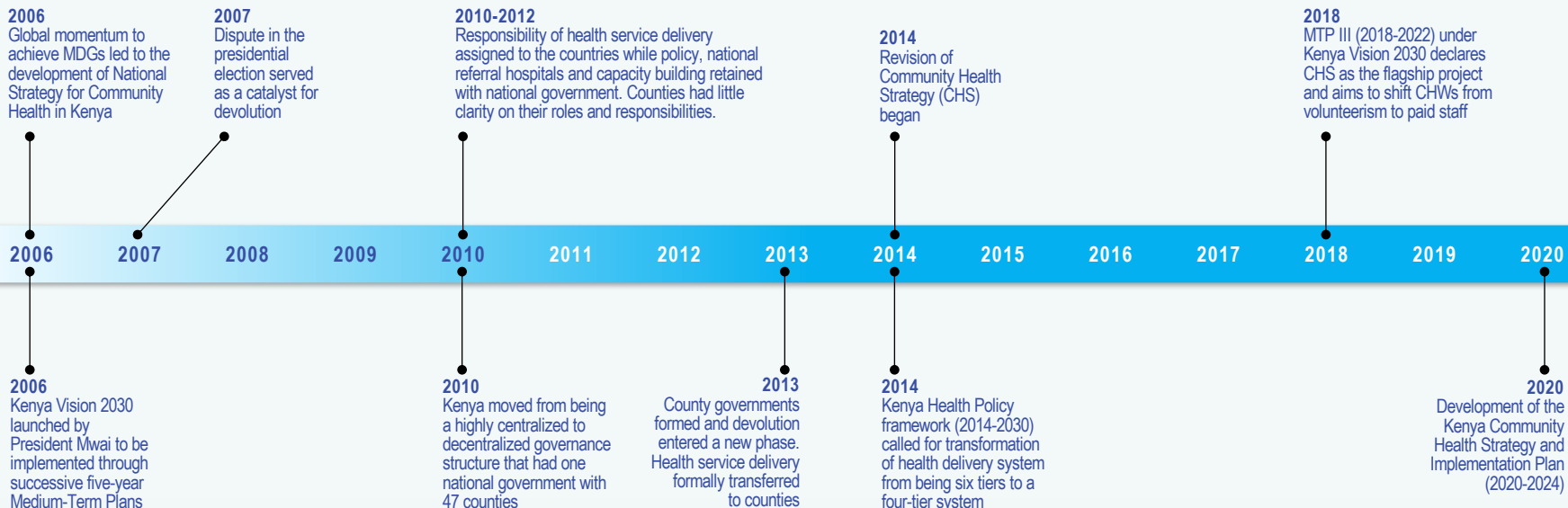
Roadmap Implementation Costs

Costs of implementing the Community Health Strategy (2020-2025): US\$44 billion

Kenya has estimated its total cost of implementing its community health services strategy over a five-year period at US\$44 billion. The largest costs are towards increasing the community health workforce and increasing data collection and utilization and data quality.



Milestones in Integrating Community Health within Primary Health Care, 2015-2020



Kenya's community health programme was introduced in 2006 and has undergone various evolutions to culminate in an effective and increasingly prominent health programme.

Development Partners and Coordinating Mechanisms

Funders:

The Global Fund
UNICEF
USAID

Implementing Partners:

Amref Health Africa
Living Goods
Lwala Alliance
PATH
Save the Children
World Vision

Coordinating Mechanisms:

- Community-level coordination is by the community health committee and the Sub-County Health Management Team (SCHMT)
- SCHMT is responsible for coordination of programming of CHWs and partners.
- At country level, the county health management team (CHMT) ensures coordination of service delivery by community health personnel and partners.
- At national level, technical working groups coordinate planning for community health services under the leadership of the Head of the Community Health Division.



Acronyms and Sources Used

Acronyms:

CHA	community health assistant
CHC	community health committee
CHV	community health volunteer
CHW	community health worker
CHMT	county health management team
eCHIS	electronic community health information system
ICC	inter-agency coordination committee
MoH	Ministry of Health
PHC	primary health care
PCN	primary health care network
SCHMT	Sub-County Health Management Team
UHC	universal health coverage

Sources:

Original country roadmap at www.communityhealthroadmap.org and subsequent versions.

Mortality: Demographic and Health Surveys, 2008 and 2014.

Population: Kenya Population and Housing Census, 2019.