DEVOLUTION AND THE COMMUNITY HEALTH POLICIES AND STRATEGY IN KENYA

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Background: The Kenyan Constitution 2010

Functions of health service delivery and financing moved from national to county level. Aim was for greater equity.

‘to give powers of self-governance to the people and enhance the participation of the people in the exercise of the powers of the State and in making decisions affecting them’ County Governments Act 2012
### Organization of Health Services Delivery

<table>
<thead>
<tr>
<th>LEVELS</th>
<th>DESCRIPTION</th>
<th>FOCUS</th>
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</table>
| NATIONAL REFERRAL FACILITIES | National Referrals Are general, regional, or discipline specialists | • Highly specialized health care, for area / region of specialization  
• Training and research services on issues of national importance |
| COUNTY REFERRAL FACILITIES | All county Referral/sub county hospitals, including NGO / private, together, form network of County Referral Services in a county | • Comprehensive in-patient diagnostic, medical, surgical and rehabilitative care, including reproductive health services  
• Specialized outpatient services  
• Facilitate, and manage referrals from lower levels, and other referrals  
• With other County Referral Facilities, form the County Referral System |
| PRIMARY CARE FACILITIES | All dispensaries, health centres, clinics, maternity homes  
Catchment area: 30,000 persons | • Disease prevention and health promotion services  
• Basic outpatient diagnostic, medical surgical & rehabilitative services  
• Inpatient services for emergency clients awaiting referral, clients for observation, and normal delivery services  
• Facilitate referral of clients from communities, and to referral facilities |
| COMMUNITY UNITS | No physical facilities per se though we have HH | • Facilitate individuals, households and communities adopt appropriate healthy behaviors  
• Provide agreed health services  
• Recognize signs and symptoms of conditions requiring referral,  
• Facilitate community diagnosis, management & referral. |

(Source: KHHSP p36)
Progression of CHS in Kenya

NHSSP II  CHS  MOM & MOPHS  Constitution, Evaluation  Devolution  Policy  CHS Mainstreamed
There is strong government policy support for Community Health

<table>
<thead>
<tr>
<th>Government’s Documents committing to CH Care</th>
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<tbody>
<tr>
<td>1. Constitution 2010 26(1-3), 43(1), 4th Schedule Pt 1 &amp; 2</td>
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<td>2. Vision 2030 CHS as a flagship project</td>
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<td>3. MTP II Country-wide scale up of Community Health High Impact Interventions</td>
</tr>
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<td>4. Kenya Health Bill Community health strategy as level one health services</td>
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<tr>
<td>5. KHP 2014-2030 Highest possible Standards of Health</td>
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<td>6. KHSSP 2014-2018 Equitable, affordable, accessible</td>
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<td>7. MSP 2014-2018 UHC, Community Empowerment</td>
</tr>
<tr>
<td>8. CHS Policy Documents Community Strategy, standards, Community Health Information System (CHIS), KMCHUL, Training Curricula</td>
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Community Health Strategy in Kenya

• The MoH has had a Community Health Strategy in place since 2006.

• New strategy adopted in 2014

• Objectives

1. Strengthen the delivery of an integrated comprehensive and quality CH services for all population cohorts;

2. Strengthen community structures and systems for effective implementation of CH actions and services at all levels;

3. Strengthen data demand and information use at all levels; and

4. Strengthen mechanisms for resource mobilization and management for sustainable implementation of CH services.
Community Health unit

National & County referrals (Tiers 3&4)

Primary health care (Tier 2)

Community Health care (Tier 1)
- 5 CHEWs
- 10 CHVs
- 5,000 people

Facility In-Charge

Sub-County Community Health Strategy Focal Person

Facility Health Committee

Community Health Committee

National & County referrals (Tiers 3&4)
## Community health roles in devolution

### Roles & responsibilities in community health

#### MoH
- Development of Policies, standards and guidelines
  - Determining the technical resource requirements and structures needed to implement the CHS,
  - Organizing training and orientation for the counties,
  - Providing technical support to the county CHS teams
  - Guiding and supporting CHS program monitoring and operations research
  - Synthesizing results and sharing lessons learned through CHS implementation.

#### Counties
- Primary responsibility for implementing CH programs,
  - Convening and hosting working groups
  - Adopting and adapting the CHS implementation package
  - Conducting participatory monitoring and evaluation
  - Managing and sharing knowledge.

The Community Health Services unit provides guidance and protocols for CHS implementation while the county governments coordinate CHS activities within the county through designated county community health coordinators.
Community health unit performance varies across counties

<table>
<thead>
<tr>
<th>Counties</th>
<th>Number of CHUs reporting in DHIS (2015)</th>
<th>% of CHUs reporting doing dialogue days</th>
<th>Dialogue days per reporting CHU</th>
<th>Pregnant women referred for ANC visits per CHU</th>
<th>Percent of CHU who reported distributing FP commodities</th>
</tr>
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<tbody>
<tr>
<td>Kenya average</td>
<td>3955</td>
<td>58%</td>
<td>7.9</td>
<td>64</td>
<td>61%</td>
</tr>
<tr>
<td>Embu</td>
<td>32</td>
<td>22%</td>
<td>2.9</td>
<td>47</td>
<td>9%</td>
</tr>
<tr>
<td>Makueni</td>
<td>71</td>
<td>23%</td>
<td>4.3</td>
<td>15</td>
<td>28%</td>
</tr>
<tr>
<td>Taita Taveta</td>
<td>29</td>
<td>72%</td>
<td>11.8</td>
<td>14</td>
<td>76%</td>
</tr>
<tr>
<td>Tana River</td>
<td>34</td>
<td>29%</td>
<td>5.9</td>
<td>46</td>
<td>41%</td>
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</table>

All CHUs should be in DHIS

Good indicator of whether CHUs are operating

Should be quarterly

Will depend on commodities available

Source: Kenya DHIS2 (2015 data)
The overall vision for Community Health in Kenya

- **Strong, competent and functional National level Unit**

- **Hiring**: All counties have hired CHEWs as per the national guidelines

- **Training CHWs**: Capacity-build counties to have competent trainers who will train & re-train CHWs in counties

- **Research for health**: facilitate implementation research to inform policy and decision-making

- **Development of guidelines and protocols on health service delivery**

CHDU Plan in next 2 yrs

- Train **3000** Community Health Extension Workers
- Re-train **2000** Community Health Extension Workers
- Recruitment, retention of CHWs
- Improved effectiveness, efficiency and equity of CHW programs
- Standardization and quality of CHW programs in counties

*Subject to availability of finances*
Challenges in community health

1. Devolution:
   – Counties now have the responsibility of employing CHEWs
   – Training is a shared responsibility
   – Varied approach and interest in community health

2. Coordination
   – Standardization of community strategy across counties lacking
   – Donors and implementing partners
   – Vertical health programs (e.g. HIV/AIDS, TB and Malaria)

3. Financing
   – Lack of funding for training, recruitment, remuneration, supervision, kits, equipment and tools for community health units.
   – Funding prioritized for infrastructure

4. Quality
   – Standards developed but partial roll out. Gaps in supervision and follow up. Scale up needed

5. Implementation challenges
   – Referral, supervision, governance structures not functional, community participation
Opportunities for community health

- Devolution
  - Community health champions at county level
  - Allocation of funding by the county to the community health activities.
  - Innovation in community health at county level
- Increased focus on primary health care and universal health coverage
- Partners for CHS: NGOs, PPP
- NHIF – financing for CHS
- Existing trained CHEWs and CHVs
- Advocacy and Communication
- Research driven CHS – Operational Research Subunit
- Riding on other MOH and non health sector programs
Afya Yetu, Jukumu Letu
(Our Health, Our Responsibility)

Asante Sana
Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa

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