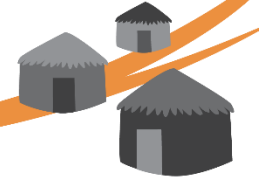
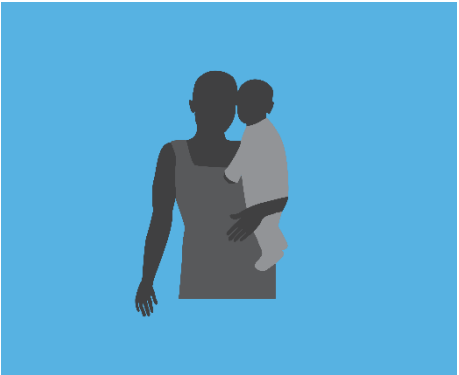


Institutionalizing Community Health Conference



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DEVOLUTION AND THE COMMUNITY HEALTH POLICIES AND STRATEGY IN KENYA



Dr. Salim Hussein
Head, Community Health and Development Unit
Ministry of Health
Kenya





Background: The Kenyan Constitution 2010



LAWS OF KENYA

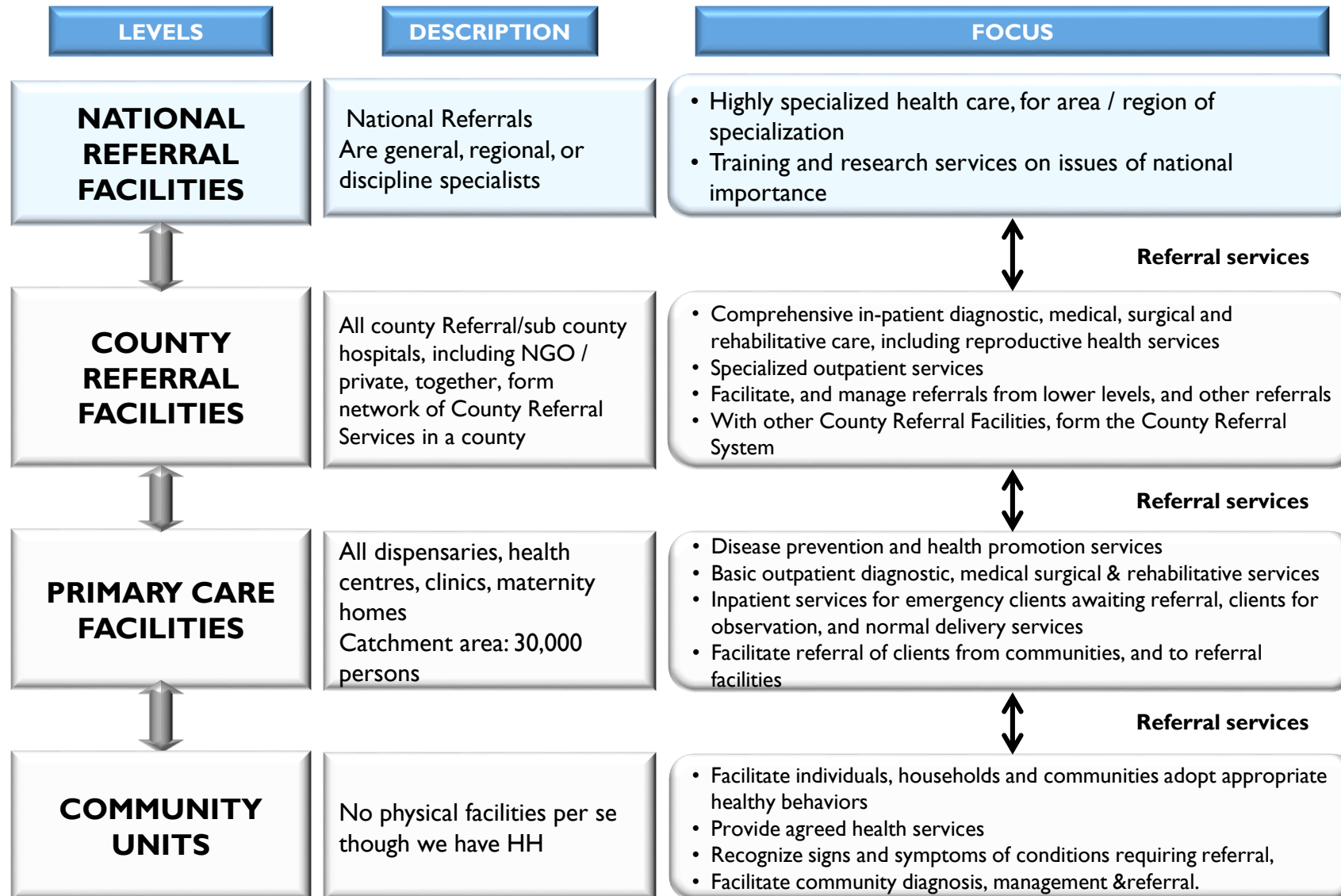
THE CONSTITUTION OF KENYA, 2010

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



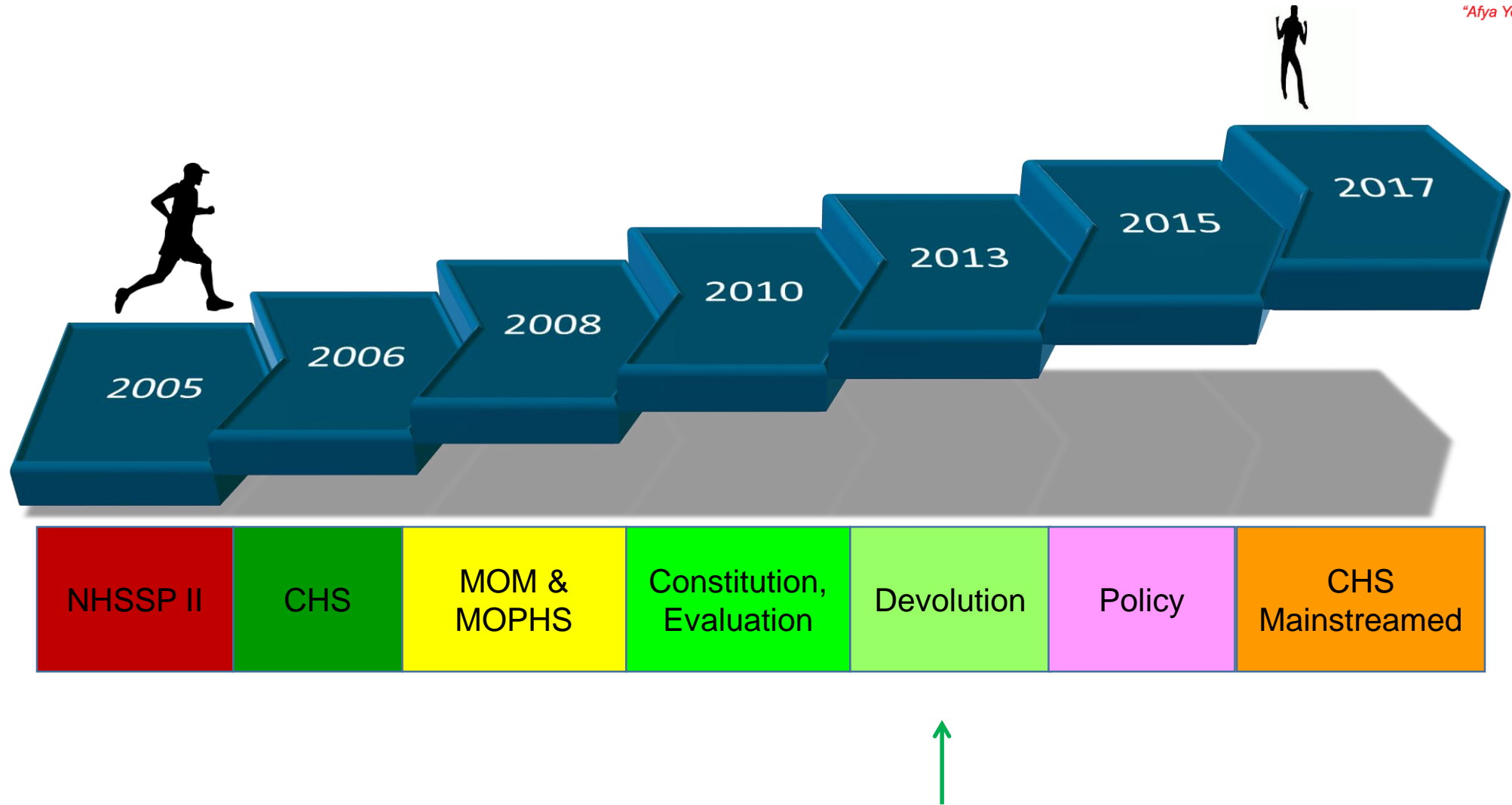
Organization of Health Services Delivery



(Source: KHHSP p36)



Progression of CHS in Kenya





There is strong government policy support for Community Health



Government's Documents committing to CH Care

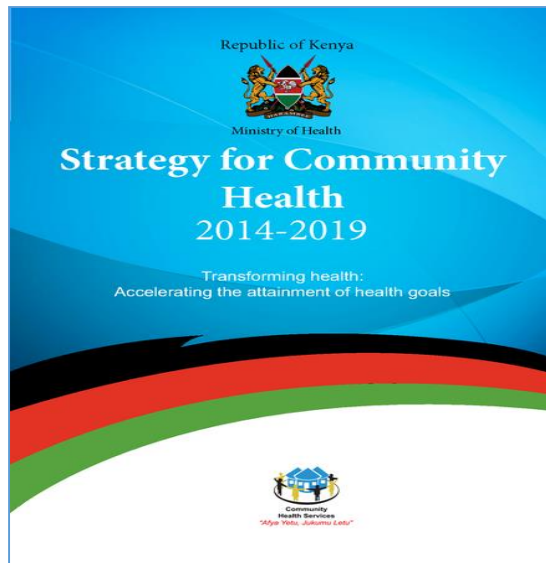
1.	Constitution 2010	26(1-3), 43(1), 4 th Schedule Pt 1&2
2.	Vision 2030	CHS as a flagship project
3.	MTP II	Country-wide scale up of Community Health High Impact Interventions
4.	Kenya Health Bill	Community health strategy as level one health services
5.	KHP 2014-2030	Highest possible Standards of Health
6.	KHSSP 2014-2018	Equitable, affordable, accessible
7.	MSP 2014-2018	UHC, Community Empowerment
8.	CHS Policy Documents	Community Strategy, standards, Community Health Information System (CHIS), KMCHUL, Training Curricula



Community Health Strategy in Kenya

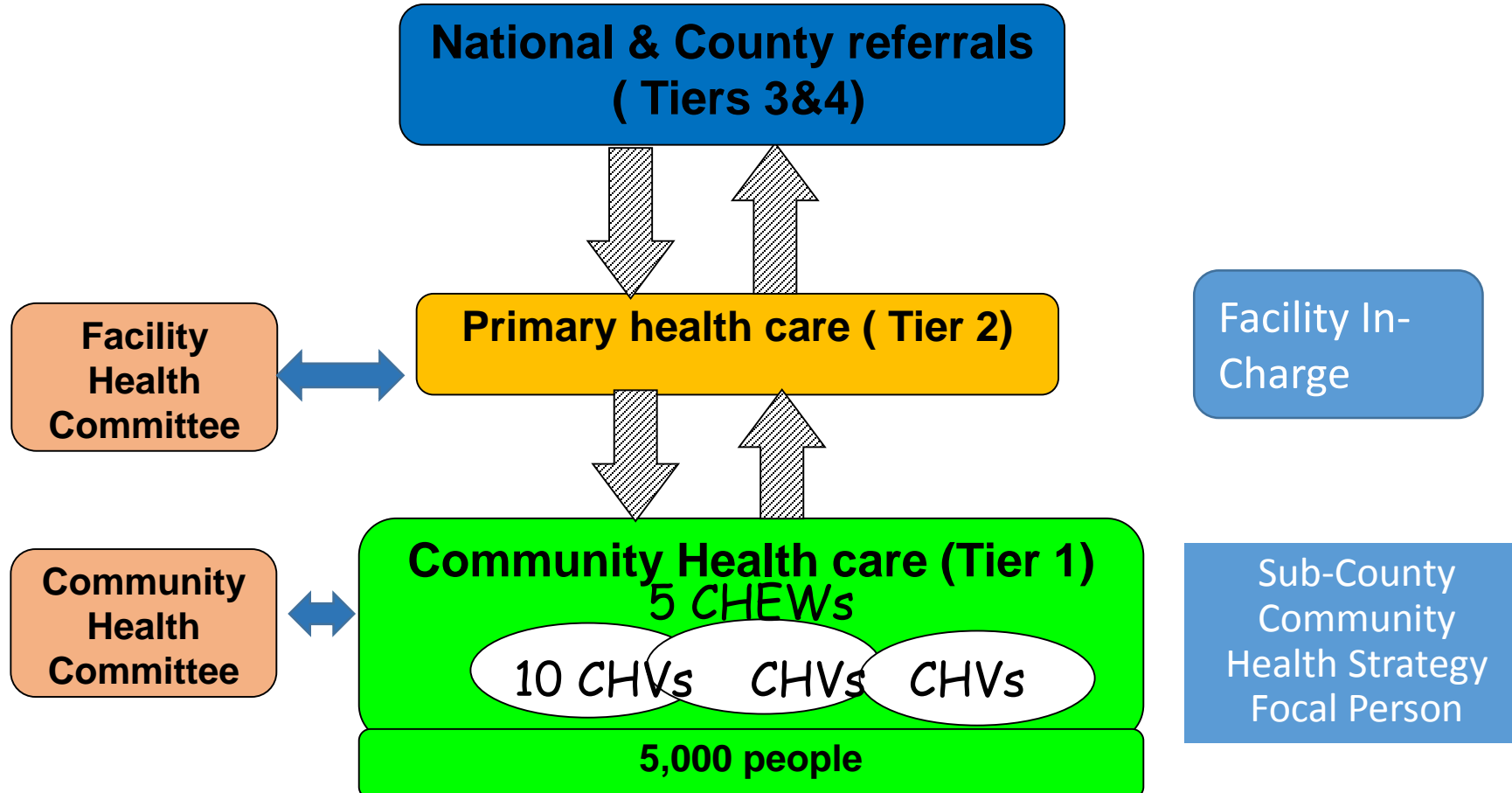


- The MoH has had a Community Health Strategy in place since 2006.
- New strategy adopted in 2014
- **Objectives**
 1. Strengthen the delivery of an integrated **comprehensive and quality CH services** for all population cohorts;
 2. Strengthen **community structures and systems** for effective implementation 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





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



Community Health Services
"Afya Yetu, Jukumu Letu"

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

All CHUs should be in DHIS

Good indicator of whether CHUs are operating

Should be quarterly

Will depend on commodities available



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





**Community
Health Services**

"Afya Yetu, Jukumu Letu"

Afya Yetu, Jukumu Letu

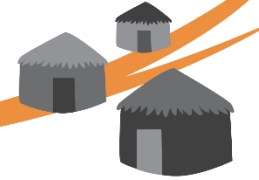
(Our Health, Our Responsibility)

Asante Sana

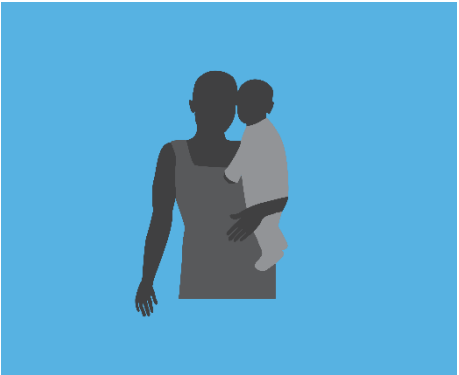




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