



REPUBLIC OF KENYA



COUNTY GOVERNMENT OF MAKUENI



# MAKUENI COUNTY COMMUNITY HEALTH SERVICES POLICY

TOWARDS EMPOWERING COMMUNITIES  
THROUGH THE PROVISION OF QUALITY  
HEALTHCARE AT THE HOUSEHOLD LEVEL

2020 - 2030

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GOVERNMENT OF MAROVEN COUNTY  
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COMMUNITY HEALTH STRATEGY

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## LIST OF ABBREVIATIONS

<b>CBHIS</b>	Community-based Health Information System
<b>CBOs</b>	Community Based Organizations
<b>CHA</b>	Community Health Assistant
<b>CHEW</b>	Community Health Extension Worker
<b>CHMT</b>	County Health Management Team
<b>CHO</b>	Community Health Officer
<b>CHS</b>	Community Health Strategy
<b>CHU</b>	Community Health Unit
<b>CHV</b>	Community Health Volunteer
<b>CIDP</b>	County Integrated Development Plan
<b>CPR</b>	Contraceptive Prevalence Rate
<b>CSOs</b>	Civil Society Organizations
<b>HRH</b>	Human Resources for Health
<b>ICC</b>	Inter-agency Coordination Committees
<b>KDHS</b>	Kenya Demographic Health Survey
<b>KEPH</b>	Kenya Essential Package for Health
<b>KHSSP</b>	Kenya Health Sector Strategic and Investment Plan
<b>MOH</b>	Ministry of Health
<b>MTP</b>	Medium Term Plan
<b>NCD</b>	Non-communicable diseases
<b>PHC</b>	Primary Health Care
<b>SDGs</b>	Sustainable Development Goals
<b>TFR</b>	Total Fertility Rate
<b>UHC</b>	Universal Health Coverage
<b>WHO</b>	World Health Organization



## FOREWORD

The Makueni County Community Health Policy, 2020–2030 aims to improve the health status of communities in the county in line with the Constitution of Kenya 2010, Kenya Vision 2030, the Makueni Vision 2025, and the County Integrated Development Plan (CIDP) 2018-2022. The Policy demonstrates the health sector's commitment to ensuring that the county provides quality community health services that will cater to the community's needs.

This Policy comes at an opportune time when there is recommitment at the global and national levels towards achieving universal health coverage. It focuses on ensuring the delivery of quality community health services while embracing the principles of protection of the rights and fundamental freedoms of persons of special groups, such as the right to health of children, persons with disabilities, youth, and older members of the society, per the Kenyan constitution. The Policy also provides direction to safeguard the successes already achieved by Makueni's healthcare system.

Over the past five years, the health sector in the county has seen significant progress with the launch of the Makueni County Universal Health Coverage program, alias Makueni Care. The program has facilitated increased coverage and access to a wide range of services for the residents across all health system tiers.

The Policy focuses on six objectives essential in attaining the health goals of the county. It proposes a comprehensive approach to harnessing and synergizing community health services and engaging all actors, signaling a radical departure from past practices where programs were implemented in silos. Therefore, there is a need to raise awareness and ensure that the objectives of this Policy are understood and wholly owned by the various stakeholders and implementing partners.

The development of this Policy was guided by an extensive consultative, participatory, and evidence-based approach by a technical team involving all stakeholders in the health sector. The community health strategic interventions will be elaborated in detail in the subsequent five-year community health strategic plan.

I hope that all the health stakeholders in Makueni county will closely collaborate with the relevant health authorities to implement this Policy to steer the county toward the desired health goals.

**Rosemary Maundu**

Ag. Executive Committee Member,  
Health Services  
Government of Makueni County



## ACKNOWLEDGEMENT

This Community Health Policy has been developed through collective stakeholders' engagement and collaborative effort of the County Department of Health Services, Department of Planning, and Department of Devolution in consultations with key partners.

The Department of Health Services is thankful and recognizes valuable input from the Office of the Governor - H.E. Prof Kivutha Kibwana, the Ag. CEC Health Services – Rosemary Maundu, County Chief Officer Health Services - Dr. Patrick Kibwana, Principal Assistant Secretary - Rael Muthoka, County Director of Medical Services - Dr. Kiiro Ndolo, Director Planning - David Kiuluku, and Director Health Commodities and Technologies - Dr. James Kanyange.

We want to thank the core writing team and reviewers for spearheading the process. This team included Christopher Muthama, Alphonse Mutinda, Solomon Mutiso, Simon Kavisi, Ruth Kaloki, Christine Muindi, Bretta Mutisya, Dr. Mwaka Mwango, Stanselous Ndeto, Jopha Kitonga, Denis Mulwa, Fredrick Kilonzo, Margaret Kieti, Antony Mathulu, and Judith Makena. We acknowledge the contribution of the six sub-county health management teams who provided helpful information that significantly informed the development of the Policy.

The department is also greatly indebted to the Financing Alliance for Health for the technical assistance throughout the policy development. Sincere gratitude is extended to Dr. Angela Gichaga, Nelly Wakaba, Joyce Kabiru, Dennis Munguti, and Dorothy Mwengei.

The Community Health Policy is a product of remarkable consultations with various key stakeholders and the Health Services Committee of the Makueni County Assembly. Therefore, it is the responsibility of all of us to own, support, and implement the Policy for the benefit of all.

**Dr. Kibwana M.P**

Chief Officer, Health Services  
Government of Makueni County



01

# INTRODUCTION



# INTRODUCTION

## 1.1 Background and Rationale for the Policy

Globally, community health services are recognized as key pillars of Primary Health Care (PHC) service delivery. Countries adopted community health following the Alma Ata declaration of 1978.<sup>1</sup> It was further re-emphasized by the Astana Declaration in 2018.<sup>2</sup> With the growing international consensus on community health, the World Health Organization (WHO, 2018) recognized and affirmed the crucial role PHC plays in attaining international policy commitments to building sustainable health systems and achieving Universal Health Coverage (UHC). Community Health Workers (CHWs) were also recognized as key players in the health system that respond to the communities' promotive, preventive, curative, and rehabilitative needs.<sup>3</sup>

Significant progress has been documented in sub-Saharan countries regarding developing and implementing community health policies and programs as part of their PHC systems. For instance, Rwanda established its community health workers program after the genocide in 1995 and was among the few countries that attained their Millennium Development Goals (MDGs) targets before 2015.<sup>4</sup> In addition, through its Health Extension Worker Program (HEP), Ethiopia has contributed significantly to the more than doubling of immunization rates and contraceptive uptake while also increasing skilled birth attendance by up to ten times. The program led to the attainment of their Millennium Development Goals (MDGs) targets before 2015.<sup>5</sup>

Kenya developed its first primary health care approach in 1980, but it was primarily focused on secondary care with minimal focus on community-level services. However, following an evaluation of the Kenya Health Policy Framework in 2004, there was an overall decline in health-related indicators of Kenyans despite increased funding to the health sector. This led to the development of the community health strategy in 2006, both as a commitment to global health goals and to support the achievement of the second National Health Sector Strategic Plan (NHSSP 2005-2010), whose goal was to reverse this trend.<sup>6</sup> There was commendable progress in reversing the trends, as evidenced by the increase in the life expectancy of Kenyans from 50 years (2000) to 60 years (2009).<sup>7</sup> However, some indicators such as maternal and neonatal health stagnated, thus necessitating the need to develop the Kenya Community Health Policy (2020-2030) as well as the Kenya Community Health Strategy (2020-2025) to continue providing the policy direction that is critical in sustaining the gains and improving the health indicators.

Makueni county launched its community health program in 2006, along with the national government program rollout. As of 2020, the county's coverage for community health services stood at 93 %, with 219 Community Health Units (CHUs).<sup>8</sup> This has significantly increased access to healthcare services at the household level. Despite these gains, several challenges exist, such as insufficient financial resources allocations, sub-optimal linkages and referrals, inadequate number of Community Health Assistants (CHAs), sub-optimal data quality, and low reporting rates as well as the insufficient number of CHVs due to the vastness of Makueni county, thus resulting in sub-optimal community health services delivery in some areas.

Therefore, this Policy emanates at a critical point for Makueni county to address the challenges mentioned above, ensure the gains are sustained, and strengthen the community health system to be responsive to the growing health needs of the county, such as the Covid-19 pandemic and the rising non-communicable diseases.

<sup>1</sup> World Health Organization, 1978: *International Conference on Primary Health Care, Declaration of Alma-Ata*

<sup>2</sup> *Global Conference on Primary Health Care (2018) Declaration on primary health care. Astana*

<sup>3</sup> World Health Organization, 2018: *Guideline on health policy and system support to optimize community health worker programmes. Geneva*

<sup>4</sup> <https://www.exemplars.health/topics/under-five-mortality/rwanda/how-did-rwanda-implement#CHW>

<sup>5</sup> <https://www.exemplars.health/topics/community-health-workers/ethiopia/how-did-ethiopia-implement>

<sup>6</sup> Ministry of Health, 2005. *The Second National Health Sector strategic plan of Kenya-NHSSP 11 2005-2010. Nairobi, Kenya*

<sup>7</sup> World Health Organization, 2010. *World Health Statistics 2010*

<sup>8</sup> Ministry of Health. *DHIS2, Annual Report 2020 – Makueni county; 2021*

The WHO health systems building block was the conceptual framework within which this Policy was developed, focusing on these six areas:

- a. Community health leadership and governance to strengthen oversight and coordination of services
- b. Human resources for community health to improve and support the workforce
- c. Community health service delivery to improve accessibility and quality of services
- d. Community health products and technologies to avail sufficient commodities and equipment for consistent quality service delivery
- e. Community-based health information systems (CBHIS) to improve data collection, reporting, and use
- f. Financing of community health services to ensure it is well resourced and sustainable

Figure 1 illustrates the critical pillars considered in the development of the conceptual policy framework

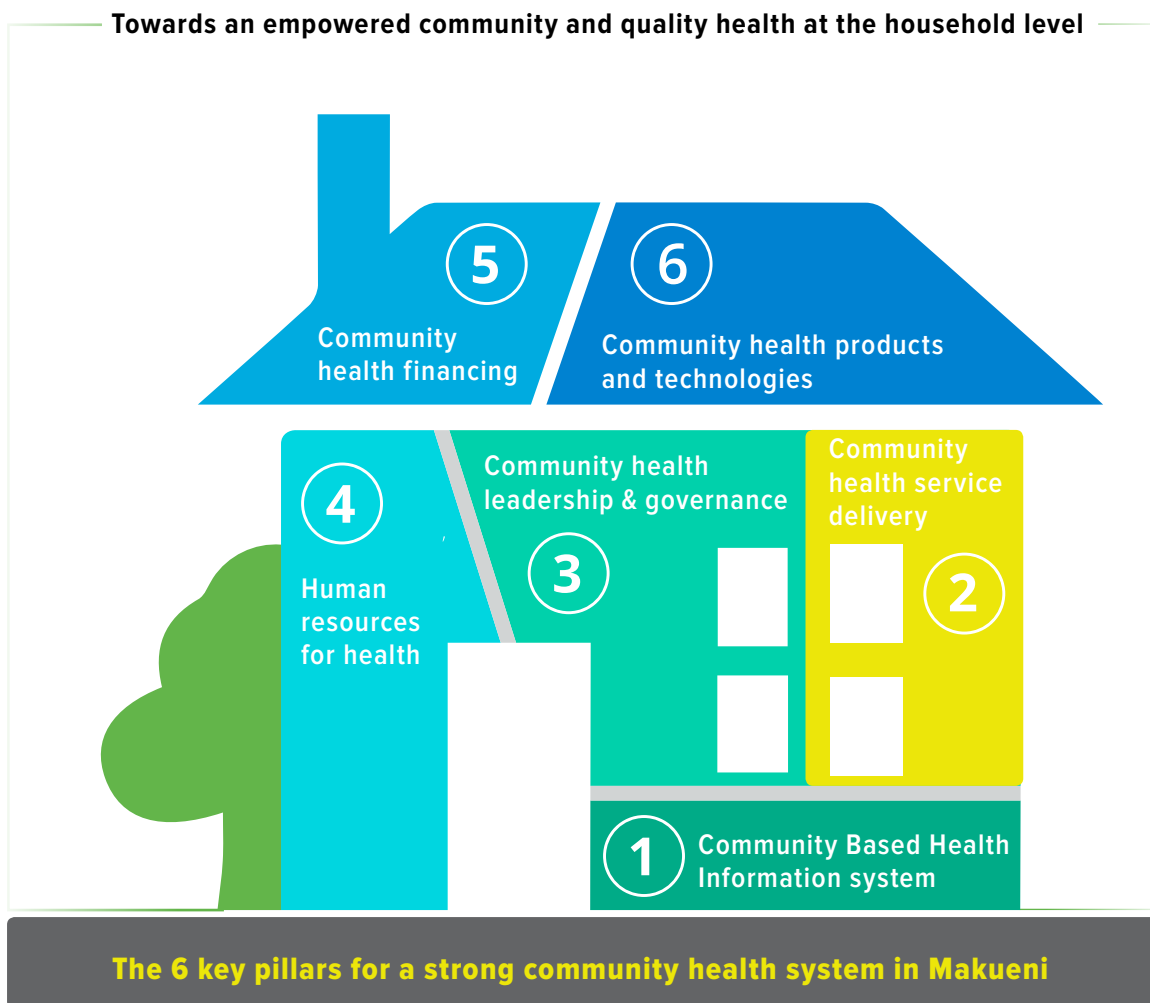


Figure 1: The policy conceptual framework adopted for the Makueni Community Health Policy

## 1.2 Health Indicators in Makueni County

The majority of the county health indicators have improved significantly since the inception of devolution in 2013, as shown in *Table 1*, with some indicators such as maternal mortality and the proportion of skilled deliveries performing better than the national averages.

Table 1. Performance of key health indicators

Area	Indicator	2013/14	2020/21
<b>Child health</b>	Child Mortality rate	35/1000	30/1000
	Fully immunized	85%	103%
	Neonatal mortality rate	31/1000	29/1000
<b>Maternal health</b>	Maternal mortality rate	488/100,000	362/100,000
	Under-five mortality rate	49/1000	45/1000
	Skilled birth delivery rate	35%	88%
	4th antenatal care visit rate	32%	67%
	Contraceptive prevalence rate	54%	58%
<b>Public health</b>	Latrine coverage	83%	92%
<b>Nutrition</b>	Stunted children	25.1%	25.1%
	Wasting in children	2.1%	2.1%
	Vitamin A Coverage	45%	79%
	Underweight children	10.2%	10%

Source: KDHS 2014 and DHIS2 2020

Communicable diseases, however, continue to be a significant health burden in the county, contributing to 70% of all new outpatient cases; upper respiratory tract infections, ear infections, diseases of the skin, urinary tract infections, and other diseases of the respiratory system are the top five causes of morbidity in the county. Additionally, HIV prevalence among the general population is estimated at 4.2%, which is slightly lower than the national prevalence rate of 4.8%. Tuberculosis cases have also been on the rise, increasing from a prevalence of 233/100,000 in 2012 to 558/100,000 as of 2017.<sup>9</sup>

Furthermore, the county is experiencing an epidemiological transition with a shifting disease burden from predominant communicable to non-communicable diseases caused by lifestyle change, socioeconomic and behavior-related challenges. For instance, the prevalence of non-communicable diseases such as hypertension and diabetes has increased, as illustrated in *Figure 2*.

<sup>9</sup> County Government of Makueni, 2021: Makueni County Annual Work plan 2020/2021. Makueni, Kenya

### Prevalence Rates of Selected Non-Communicable Diseases

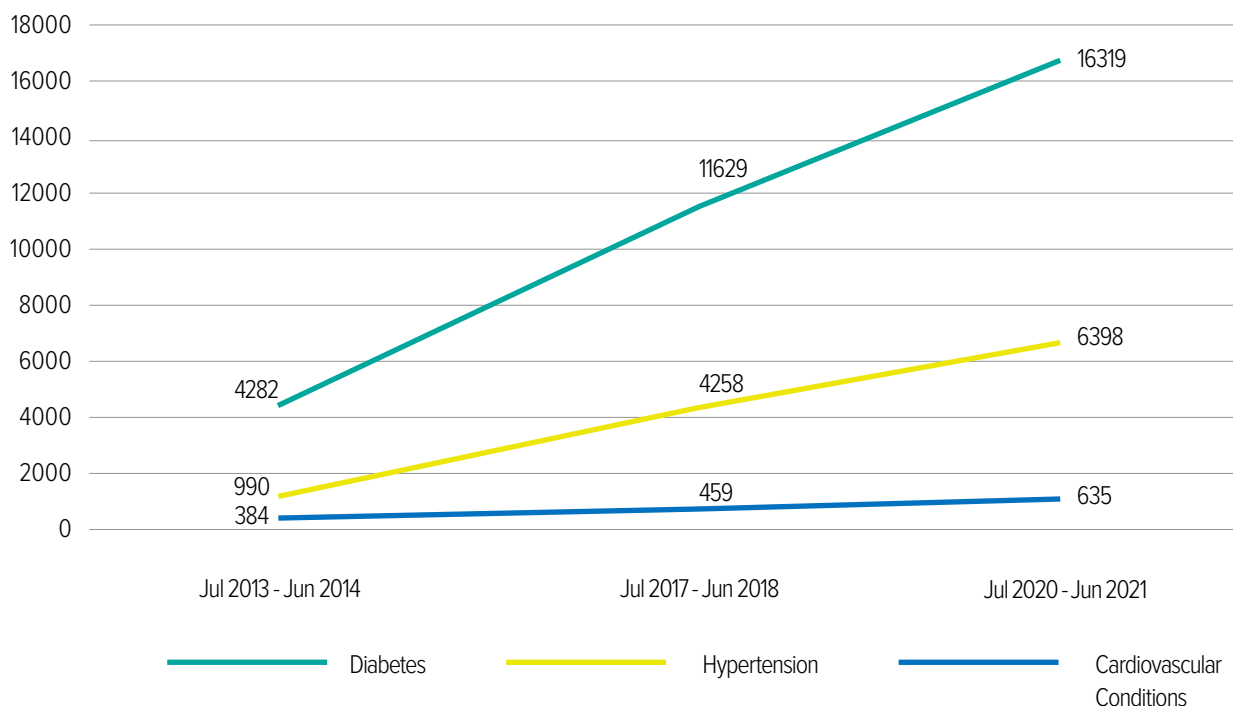


Figure 2. The trend of prevalence rates of non-communicable diseases

## 1.3 Legal and Policy Context and Rationale for the Policy

### 1.3.1 Global Political Context Supporting the Development of the Community Health Policy

The Astana Declaration, 2018, emphasizes empowering communities to be part of the solution and PHC systems. The operational framework for implementing the foundations of the Astana declaration focuses heavily on community health workers, their role in PHC, and connecting them to facility-based teams in an integrated system. Kenya is a signatory to the Astana Declaration.<sup>10</sup>

The WHO 2018 Policy Guidelines for CHWs provides evidence-based guidelines to assist governments and their partners in improving the design, implementation, performance, and evaluation of CHW programs, contributing to the progressive realization of UHC. It contains pragmatic recommendations on selection, training, certification, management, supervision, and PHC systems integration.<sup>11</sup>

### 1.3.2 Regional Policy Frameworks on Community Health

The Africa Health Strategy 2016-2030, part of the African Union Agenda, aims to achieve universal health coverage by fulfilling existing global and continental commitments, strengthening health systems, and improving social determinants of health in Africa by 2030. The Strategy entails strengthening community health and information systems as well as decentralizing service delivery focused on integrated, comprehensive primary health care and efficient use of resources.<sup>12</sup>

Further, based on the African region's human resources gap, the African Union has recommended the urgent need to recruit, train, and deploy two million CHWs, urging governments to prioritize this as a key to the achievement of the 2030 Sustainable Development Goals.<sup>13</sup>

<sup>10</sup> Global Conference on Primary Health Care (2018) Declaration on primary health care. Astana; 2018.

<sup>11</sup> World Health Organization, 2018. WHO guideline on health policy and system support to optimize community health worker programmes. Geneva.

<sup>12</sup> African Union, 2016. African Health Strategy 2016-2030: Addis Abba, Ethiopia.

<sup>13</sup> African Union, 2017. 2 million African community health workers: Addis Abba, Ethiopia.

### 1.3.3 The Constitution of Kenya

In the Kenyan Constitution, Article 43 (1) (a) entitles every person the right to the highest attainable standards of health, which includes the right to health care services, including reproductive health care. Further, Article 43 (2) states that a person shall not be denied emergency medical treatment. In addition, article 53(1) (c) provides for the rights of every child to access basic nutrition, shelter, and health care. Article 56 (e) further notes that the state shall put affirmative actions to ensure that minorities and marginalized groups have reasonable access to water, health services, and infrastructure. Moreover, Article 174 recognizes the right of communities to manage their affairs, further their development, and protect and promote the rights of minorities and marginalized communities.

### 1.3.4 Kenya Vision 2030

The Kenya Vision 2030 is a development blueprint. Its first flagship project under health is to “revitalize community health centers to promote preventive health care as opposed to curative and promote a healthy individual lifestyle.” This depicts that community health is part of Kenya’s development agenda.

### 1.3.5 The Kenya Primary Health Care Strategic Framework (2019-2024)

This framework recognizes the role of the community as key to the attainment of population health, and it acknowledges that community health units are the first level of healthcare delivery in Kenya.

### 1.3.6 Kenya Community Health Policy (2020-2030) and the Kenya Community Health Strategy (2020-2025)

The Makueni County Community Health Policy will be anchored on these two documents, which aim to streamline the implementation of community health services. The aim is to enable individuals and households to attain the highest possible standard of health across all health domains to achieve robust, equitable, holistic, and sustainable community health systems and effectively leave no one behind.

### 1.3.7 Policy Context in Makueni County

This community health policy will be anchored on the Makueni County Health Sector Strategic Plan (2018-2023), which strives to strengthen primary health care services, as well as Makueni’s Vision 2025, which is anchored on the President’s Big Four Agenda to provide UHC to the people of Makueni while leveraging strong PHC and community health systems by establishing and maintaining functional community health units.

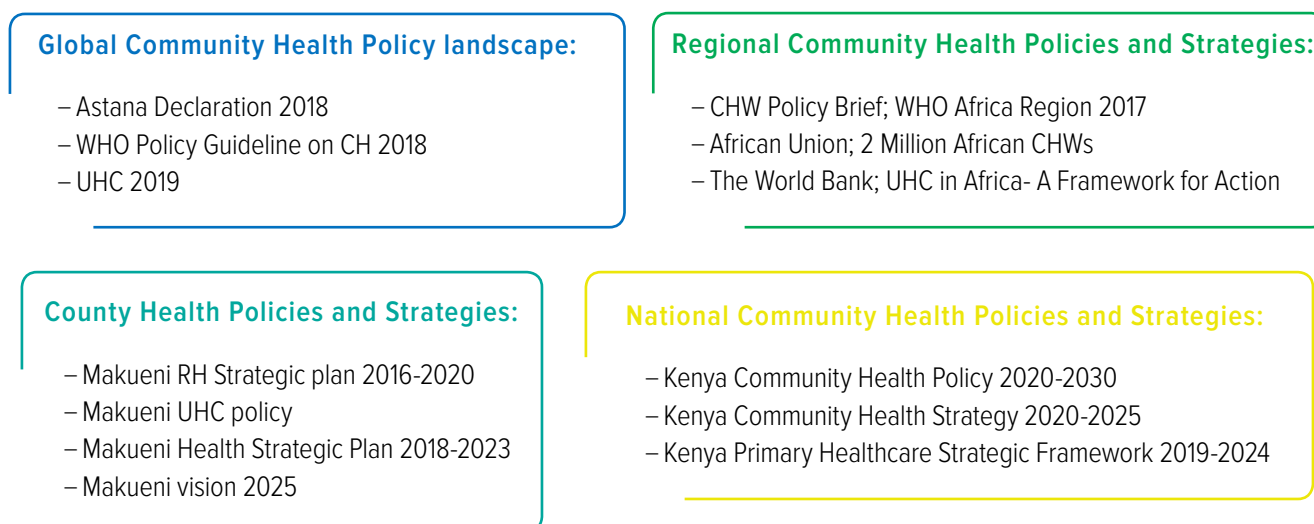


Figure 3. Summary of community health policy and legal context

## 1.4 Policy Guiding Principles

The Policy is guided by fundamental principles based on the 1978 Alma Atta principles of primary healthcare and the Kenyan Constitution of 2010. These include:

- **Equity:** Ensure that everyone has the right to access health care despite their demographic and socioeconomic circumstances.
- **Community participation:** Citizens and communities have a right and responsibility to be active partners in making decisions about their health and the health of their communities.
- **Health promotion:** Focus on enabling citizens to increase control over and improve their health and well-being.
- **Appropriate technology:** The people, procedures, equipment, drugs, and resources used to provide health services are effective and acceptable to citizens and providers.
- **Intersectoral collaboration:** Calls for action from all stakeholders (government departments, non-governmental organizations, development partners, and community) are essential for meaningful effect on the determinants of health.

## 1.5 Policy Development Process

The community health policy was developed through an extensive consultative process under the county Department of Health Services' leadership. The process began with forming a Technical Working Group (TWG) that undertook a comprehensive desk review of the community health services in the county. The TWG then undertook a situational analysis of the community health services to inform the policy's vision and strategic directions. A draft policy document was developed and presented to stakeholders for feedback. The stakeholders engaged included the relevant line departments, community health development and implementing partners, faith-based organizations, the private sector, professional bodies, and the community. The final policy draft was validated by stakeholders and presented to the County Executive Committee for review before being submitted to the County Assembly for review and approval, and assent by the County Governor.

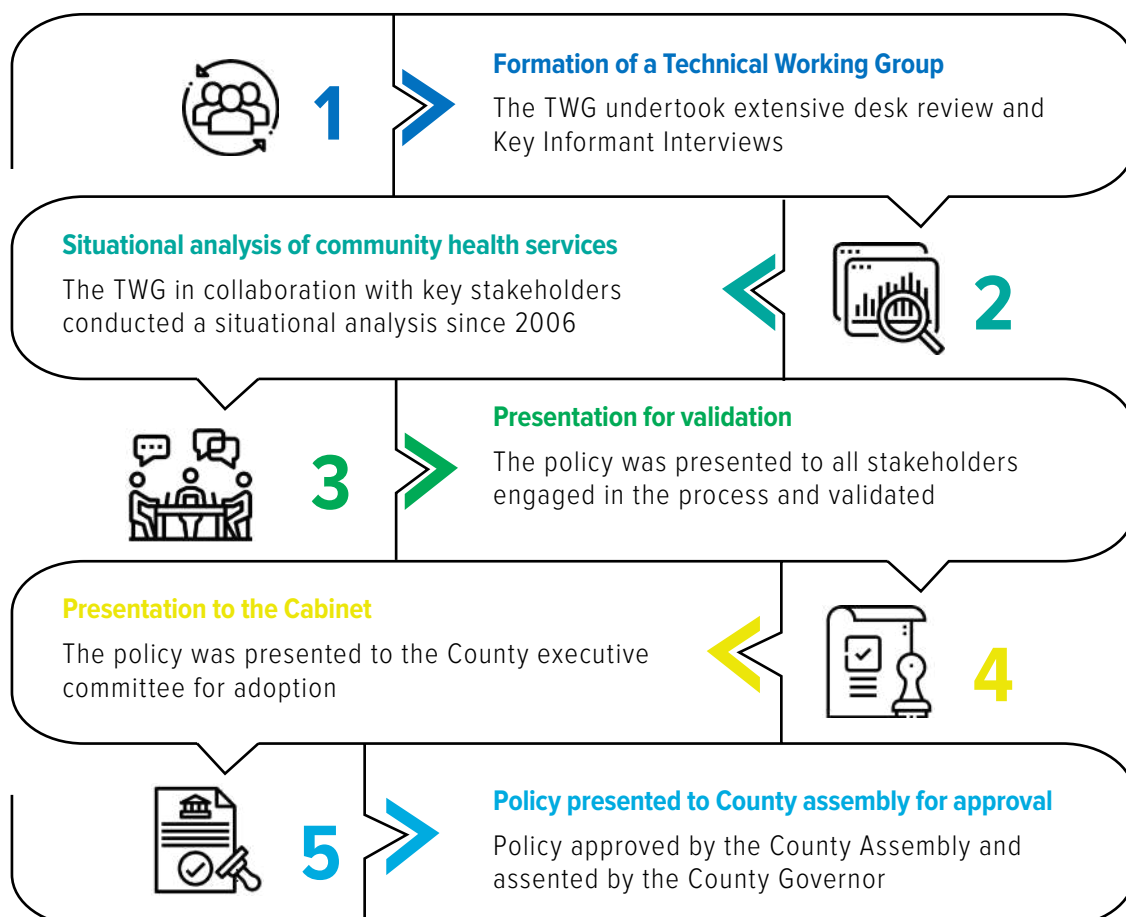


Figure 4. Policy development roadmap



02

# POLICY GOALS AND OBJECTIVES



# POLICY GOALS AND OBJECTIVES

This section defines the goal of this Policy and describes the key policy objectives and the various strategies that will lead to the realization of the policy aspirations.

## Policy Goal

The overall goal of the Policy strives toward empowering communities through the provision of quality healthcare services at the household level.

## Policy Objectives

The main objective of this Policy is to guide the establishment and implementation of a strong, equitable, holistic, and sustainable community health service toward the attainment of universal health coverage.

Specific policy objectives include:

- **Policy Objective One: Leadership and Governance**

Secure effective leadership and governance in forming and managing community health structures and participation mechanisms.

- **Policy Objective Two: Community Health Workforce**

Ensure the recruitment and retention of human resources for community health, including obtaining appropriate numbers and strengthening mechanisms for capacity building and supportive supervision of community health personnel.

- **Policy Objective Three: Community Health Service Delivery**

Ensure the provision of high-quality community health services at the household and community level, including referral and follow-up services.

- **Policy Objective Four: Community-based Health Information System**

Support the development and strengthening of community-based health information systems and monitor and evaluate the plans to inform community services implementation at all levels adequately.

- **Policy Objective Five: Community Health Supply Chain**

Promote and strengthen supply chain systems for community health commodities integrated into the government-led reporting systems and link facilities, including available technology.

- **Policy Objective Six: Financing for Community Health**

Provide various mechanisms for mobilizing, managing, and appropriate allocation of resources for sustainable financing and delivery of community health services.

## 2.1 Leadership and Governance of Community Health Services

This policy objective will secure effective leadership and governance for community health services. The objective will guide community health structures' formation, management, and administration. The delivery of community health services shall be guided by a well-functioning community health governance system as described below:

### 2.1.1 Community Health Unit

#### Definition of a community health unit

According to the Kenya Community Health Strategy (2020-2025), a community health unit is comprised of a specific geographical area that covers a population of 5,000 people (500-1000 households) and has 10 community health volunteers (CHVs) and one community health assistant/ officer (CHA/CHO) attached.<sup>14</sup> The households are organized into functional villages or clusters and are formally recognized as the first tier of health service delivery.

#### Formation and Setting up of a Community Health Unit

The Policy recommends that the CHUs formation process in the county involve the department of health and other relevant departments such as planning and devolution departments to form CHUs around village clusters. The formation of community health units shall follow a structured community entry process, as illustrated in *Figure 5*.

<sup>14</sup> Ministry of Health. Kenya Community Health Strategy 2020-2025. Nairobi, Kenya: Ministry of Health; 2020

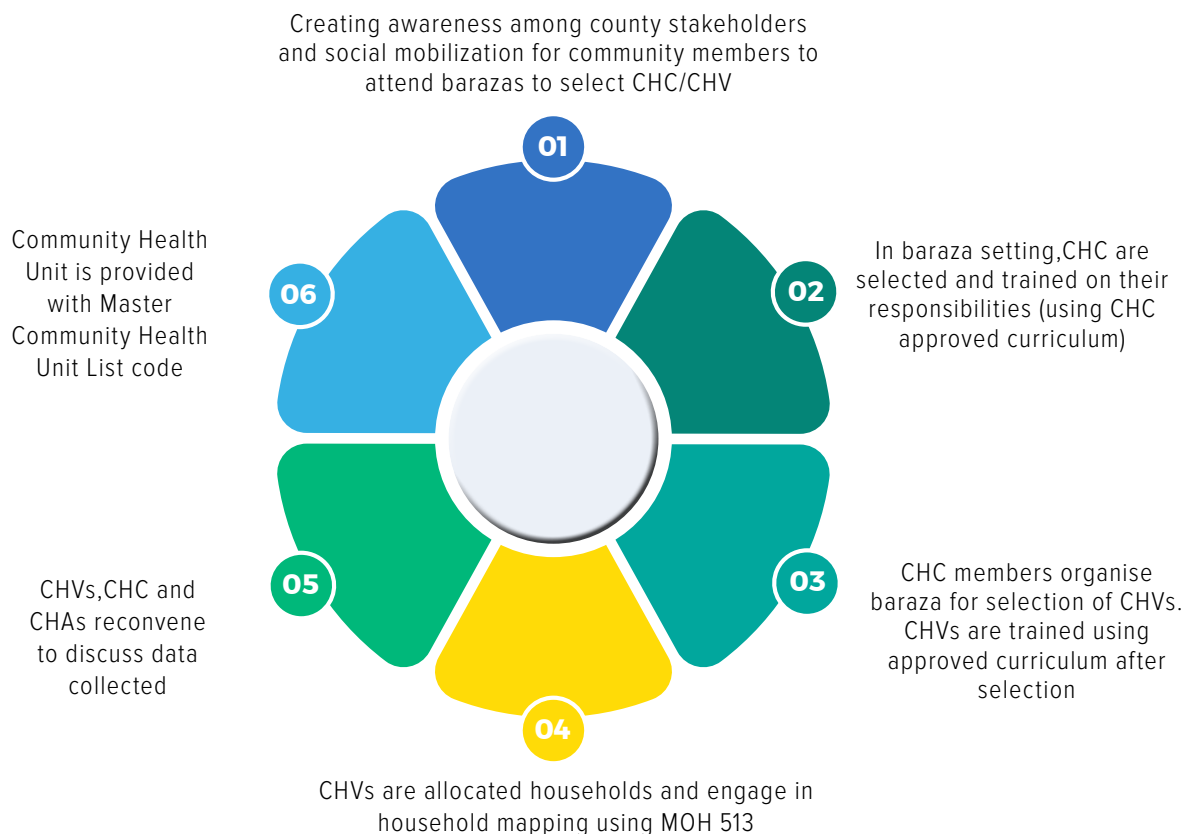


Figure 5. Community health units' formation process

The department of health shall be guided by the following considerations when forming community health units with a population of more than 5,000 people:

- i. Consider the population density of the villages while forming the CHUs instead of equal distribution of population and CHVs.
- ii. Assess the availability of link health facilities in the CHUs and assign the facilities to the CHVs correctly to avoid CHVs in the same CHU being linked to different facilities.
- iii. CHUs without link health facilities to be assigned convenient and accessible venues for holding monthly data review meetings. For quarterly supervision visits, the meeting shall be held in the respectively assigned facilities

The deployment of CHVs in the CHUs will be dependent on population distribution and density per sub-location. The number of CHVs shall vary between 10-50 per community health unit, translating to approximately 312 CHUs. The county will distribute community health volunteers depending on population density at the cluster level. Based on the 2019 population census, this will translate to 6,005 CHVs. There are 3,477 active CHVs currently; hence there exists a gap of 2,528 CHVs that will have to be recruited and deployed.

### The Functionality of the Community Health Units

The Ministry of Health Community Health Unit functionality tool will be used to assess the functionality of the CHUs. The assessment shall be conducted bi-annually, and comprehensive reports will be shared with CHCs, CHAs, SCHMT, and the CHMT. Scores awarded to the respective community health units shall be based on criteria shown in *Table 2*:

The maximum absolute score that a community health unit will attain is 17. The score shall then be converted into percentage and functionality determined as follows:

- >80% - Functional
- 50-79% - Semi functional
- 49% - Non-Functional

Further guidance on functionality shall be referenced to the Ministry of Health CHU functionality tool and Kenya Quality Model for Community Health services.<sup>15</sup>

<sup>15</sup> Ministry of Health, 2019. Kenya Quality Model for Community Health: Quality Standards for Community Health Services, Level 1. Nairobi: Government of Kenya

Table 2. Community health unit functionality tool indicators

No.	Indicator description
1	Existence of a trained community health committee that meets at least quarterly (evidenced by minutes with a clear action plan)
2	Trained community health volunteers and community health assistants /CHEWs that meet policy guidelines
3	Coordination by county community health leadership
4	Supportive supervision for all community health personnel done at least quarterly
5	All community health volunteers and community health assistants have reporting and referral tools
6	All community health volunteers make household visits as per their targets and at least each household once per quarter
7	Availability and use of a mechanism for feedback and dialogue
8	Presence of a functional health information system structure per the prescribed guidelines
9	Availability of community health supplies and commodities as defined by prescribed guidelines
10	Community Health Units registered in the Master Community Health Unit List (MCHUL) and linked to a health facility
11	The community health unit conducts meetings at least quarterly for dialogue days and monthly for health action days, as well as household registration exercises at least once every six months

Source: Kenya Community Health Policy, 2020-2030

### Distribution of community health volunteers within the Community Health Units

Makueni county has unique devolved administrative structures beyond the ward level. Each ward is further sub-divided into two sub-wards. The county villages in the same geographical area sharing the same socioeconomic characteristics are clustered together to form clusters, as illustrated in *Figure 6*.

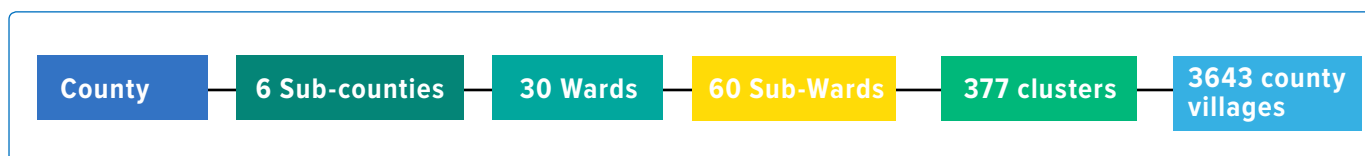


Figure 6. Illustration of devolved administrative structures in the county

To determine the number of CHVs required for each cluster. The county clusters shall be aligned to their respective sub locations. The population density in the villages shall be considered when deploying and distributing the CHVs. The county clusters shall be used to guide the formation of the CHUs.

*Table 3* shows the number of CHUs to be formed and CHVs deployed in the sub-counties using the county clusters as the instrument of reference.

Table 3. Proposed distribution of CHUs and CHVs within the sub-counties

Sub-county	Wards	Proposed number of CHUs	County clusters	County villages	Existing CHVs	Proposed number of CHVs per Sub-county
Mbooni	7	71	72	615	873	969
Kaiti	6	42	41	375	598	487
Kilome	4	32	39	403	430	668
Kibwezi East	3	35	51	603	445	1069
Makueni	6	73	94	951	618	1477
Kibwezi West	4	59	80	696	513	1335
<b>Totals</b>	<b>30</b>	<b>312</b>	<b>377</b>	<b>3643</b>	<b>3477</b>	<b>6005</b>

### 2.1.2 Community Health Committee

The coordination and management of the CHU and its workforce shall be done by the community health committee (CHC), a group of members selected by the community. The committee will comprise ten members who must reside within the community they are chosen to serve.

The CHC members will serve a renewable three-year term unless the community agrees upon an extension. Each CHC shall choose its chairperson and have one CHV (selected by the CHVs in the respective unit). If a member of the CHC is chosen to be a CHV, they shall cease to be in the CHC unless representing CHVs.

The CHA shall be the technical advisor and secretary to the CHC, while a CHV will be the treasurer. The chairperson shall become a co-opted member of the link health facility committee.

The CHC shall be the first organ to be constituted in establishing a CHU. The roles and responsibilities of the CHC shall include:

- Provision of leadership and oversight in the implementation of health and other related community services
- Planning, coordination, and conducting community dialogue and health action days
- Working with the link facility to promote facility accountability to the community
- Creating an enabling environment for the implementation of community health services
- Resource mobilization for the sustainability of the CHU
- Preparing CHUs' annual operational plans in collaboration with the link health facility committee
- Holding quarterly consultative meetings with the link health facility for two-way accountability

An individual shall have to meet the following qualifications to serve as a CHC member:

- Must reside within the community they are selected to serve
- Adult of sound mind and good standing in the community
- Ability to read and write at least in one language, local or national
- Elected/selected from the cluster baraza
- Demonstrate to be a role model in positive health practices
- Demonstrate leadership qualities
- Demonstrate commitment to community service

The following competencies will be requisite for the CHC members to carry out their duties effectively:

- Effective leadership and management skills
- Communication skills
- Networking
- Report writing
- Record/bookkeeping
- Basic analysis and utilization of data
- Basic planning, monitoring, and evaluation skills
- Conflict resolution skills

A CHC position shall fall vacant under any of these circumstances, and the vacancy shall be filled within one month's notice period:

- Member resigns from office in writing addressed to the chairperson
- Member dies
- Convicted of a criminal offense
- SCHMT recommends their removal.

The CHC functionality shall be assessed every quarter by the county and sub-county community strategy focal persons using the Kenya Quality Model Level 1 functionality indicators.

### 2.1.3 Sub County Health Management Team

The sub-county health management teams coordinate all health matters at the sub-county level, including community health services. The teams shall provide an enabling environment for the operationalization of CHS; their roles shall further include:

- Planning and allocation of financial resources to CHUs
- Distribution of supplies and commodities
- Training of CHAs and link facility managers
- Conducting supportive supervision, coaching, and mentoring to CHCs and CHAs

- Integrating CHUs/ facility work plans to sub-county work plans and budget
- Calling for audits of CHUs to determine the spending of funds as per the public financial management act
- Monitoring and evaluating community activities by encompassing the following:
  - a. Convening joint and learning sessions for CHAs to share experience
  - b. Conducting bi-annual data quality audits
  - c. Uploading community data in the KHIS by the fifteenth day of every month
  - d. Developing learning agendas or research topics in different community units
  - e. Monitoring implementation of community action plans and increasing social accountability
  - f. Supporting CHVs and CHAs in transitioning to digital data collection, transmission, analysis, and interpretation
  - g. Evaluating the effectiveness of performance-based reimbursements

#### **2.1.4 County Health Management Team**

The County Health Management Team (CHMT) shall coordinate all health matters, including community health services. The CHMT shall provide an enabling environment for the operationalization of the Policy. Their roles shall include:

- Community health services planning and management
- Procurement of commodities and supplies
- Resource mobilization and allocation for county community health services
- Training sub-county community health focal persons on community strategy and technical modules and jointly supervising CHAs during CHUs training
- Supportive supervision, coaching, mentoring, and quality control to SCHMTs
- Monitoring & evaluation of the program
- Managing partnerships
- Interpreting and operationalizing the community health policy, including ensuring all stakeholders are familiar with relevant policies and guidelines
- Updating community health workforce annually on existing community health services policies and guidelines by county community strategy focal person
- Constituting community technical working groups

The CHMT shall ensure that community health services are integrated at the point of care. This shall be done through:

- a. Ensuring all CHVs are trained on the entire service package
- b. Ensuring community health partner interventions promote the integration of health delivery and shift from verticalized programming

The CHMT, in collaboration with the SCHMT and other county administrative structures, shall organize households into model household networks to facilitate increased community participation in community health service delivery.

## **2.2 Community Health Workforce**

### **2.2.1 Community Health Volunteer**

#### **Definition of a community health volunteer**

The CHVs shall be the frontline workers at the community level serving the households in their respective CHUs. The CHVs should be members of the local communities they shall be selected to serve. To serve as a CHV, individuals shall be required to meet the following conditions:

- Be a Kenyan citizen
- Be above 18 years and not older than 65 years
- Meet requirements of chapter six of the constitution<sup>16</sup>
- Be a resident (including overnight stay) of the respective community that is selecting them for a continuous period of not less than five (5) years before the appointment date
- Be a responsible and respected member of the community
- Be willing and ready to provide services to the community voluntarily
- Be a holder of a Kenya Secondary Education certificate
- Is not disqualified for appointment to office by the above criteria or by any law

<sup>16</sup> <https://kenyanconstitution.manjemedia.com/leadership-and-integrity/>

### The selection process for a community health volunteer

The CHVs selection process shall involve:

- A series of meetings at the county, sub-county, ward, and village levels to sensitize the administrators and communities about the selection process, criteria, and roles of the CHVs
- Wide circulation of information in social places to inform the community of the selection process and encourage turnout and selection participation
- Providing adequate notice (a minimum of one month) to the community with venue, date, and time information

### Duties of a community health volunteer

The primary duties of the CHV will be as follows:

- Delivery of key health messages to households as outlined in the Kenya Essential Package of Health (KEPH)
- Registration of households at frequencies stipulated in current guidelines
- Guide the community on health improvement and disease prevention
- Treat common ailments and injuries with support and guidance from CHAs, including the implementation of community-based maternal and newborn health (cMNH) and integrated community case management of common childhood diseases (ICCM)
- Diagnose, treat, manage or refer accordingly common childhood illnesses such as diarrhea, malaria, malnutrition, and pneumonia
- Refer cases to respective link facilities
- Visit homes to determine the health situation and initiate dialogue with household members to undertake the necessary actions for improvement
- Recognize danger signs among household members and refer as appropriate
- Participate in community dialogue and action day organized by CHAs/CHCs
- Participate in monthly feedback meetings as scheduled by the CHA/ link facility manager
- Motivate members of the community to adopt health-promoting practices
- Organize, mobilize and lead village health activities

### Training of community health volunteers

Training of CHVs shall be based on the prescribed national curriculum with two sections of basic and technical modules. The entire curriculum comprises 324 contact hours and 160 hours of practical sessions.

The CHAs will conduct training at the sub-county or link facility level. Training will be done within the locality that the CHVs will be serving. The modules should be completed within one operational year. CHVs must complete all basic modules training before proceeding to the technical modules, as shown in *table 4*.

Table 4. Community health volunteers' training modules

Module number	Module Description	Number of hours
<b>1 comprising of 6 modules</b>	Basic module: (i) health and development in community, (ii) community governance and leadership, (iii) communication, (iv) best practices for health promotion, (v) basic health care and life-saving skills, (vi) management and use of community health information and disease surveillance	94
<b>7</b>	Water sanitation and hygiene (WASH)	40
<b>8</b>	Community nutrition	24
<b>9</b>	Integrated community case management of childhood illness	40
<b>10</b>	Maternal and newborn health	40
<b>11</b>	Family planning module	16
<b>12</b>	Communicable diseases (Malaria, TB,HIV)	30
<b>13</b>	Non-communicable diseases	40
<b>Total hours</b>		<b>324</b>

Source: Kenya Community Health Policy, 2020-2030

After the basic training, a CHV shall be provided with a certificate. Technical training will be provided within the year of service of the CHV and will be prioritized based on the community's local needs. Certificates will be provided upon completion of each technical module.

### Remuneration of community health volunteers

Community health volunteers shall receive performance-based monthly stipends and non-monetary incentives to motivate them to continue providing health services to their respective communities, including support supervision and providing commodities and supplies.

### Termination of service for a community health volunteer

A community health volunteer service can be terminated if there is:

- a. Persistent failure to perform their assignments as prescribed
- b. Breach of terms of service or code of conduct
- c. Inability to render services due to mental/physical incapacity

A position shall also be declared vacant when the individual is legally removed from the CHU by the CHC and SCHMT, resigns, dies or attains 65 years.

## 2.2.2 Community Health Assistants

### Definition of a community health assistant

The community health assistant is a formal employee of the county government, forming the link between the community and the local health facility. The CHA shall be expected to perform the following tasks:

- The CHA shall report to the sub-county health management team, with the immediate supervisor being the sub-county community health strategy coordinator.
- The CHAs shall conduct their roles in accordance with the stipulations within the national community health policy, including:
  - a. Conducting household visits for health promotion, disease prevention, treatment of minor ailments, and client follow up and referral
  - b. Participating in and overseeing the selection of CHVs and CHCs

- c. Participating in the training of CHVs and CHCs, and ensuring all receive the prerequisite training before deployment
- d. Supporting and supervising CHVs in the delivery of the community health service package
- e. Ensuring that CHVs have the data collection tools, commodities, and supplies, and monitor utilization (Including those of iCCM services)
- f. Convening monthly CHV feedback meetings, compiling reports, and submitting to the link facility
- g. Conducting bi-annual CHV performance appraisal and providing feedback to the sub-county community health coordinator
- h. Serving as an intermediary between the level 1 and other levels of the health system by passing information between these levels
- i. Convening of community dialogue days and following up actions
- j. Serving as technical advisor and secretary to the CHC and mobilizing CHCs to hold meetings
- k. Overseeing and participating in the annual registration of households

### Appointment of a Community Health Assistant

For appointment as a CHA, a person should have been trained as set out in the service scheme. The CHA is directly answerable to the link facility in charge and directly supervised by the sub-county community health coordinator. For this appointment, an individual should meet the following requirements:

- a. Be a Kenyan citizen
- b. Meet requirements of chapter six of the constitution<sup>16</sup>
- c. Be a diploma holder in community health, social work, community development, psychology, and counseling from a recognized institution
- d. Proficiency in computer applications

### 2.2.3 Community Health Extension Worker

#### Definition of a community health extension worker (CHEW)

A CHEW is a trained health worker employed in a link primary healthcare facility. A CHEW shall provide support and supervision to CHVs providing community health services.

The roles and responsibilities of the CHEWs in the community health unit shall include:

- Assessing the quality of CHV referrals, this shall be done monthly during data review meetings, ensuring MOH 100 submitted are accurate and complete, i.e., signed by both link facility CHEW and CHV
- Reverse referral action points documented by the facility CHEW executed by the CHVs
- Supporting the CHU workforce with space at the facility to display community data charts, and together with the CHAs, help CHVs to analyze and interpret the data
- Supporting community health units in planning community dialogue and action days
- Participating in joint community health units' supportive supervision
- Generating service defaulters list for tracing by the CHVs
- Convening monthly CHVs supportive supervision meetings and conducting data quality audits
- Appraising CHVs performance and providing feedback to the sub-county and county health management teams annually

### 2.3 Community Health Service Delivery

The core community health service package to be delivered shall consist of the following health care services:

#### i. Behavior Change Communication

All community health activities shall have a component of behavior change delivered through a behavior change community strategy that is cognizant of the local context. Behavior change interventions are key in preventing diseases. The county will engage the community in developing communication materials.

Behavior change communication will be delivered to the community through various channels such as community dialogue days, drama, song and dance events, and CHU scorecards.

#### ii. Nurturing Care and Early Childhood Development

Nurturing Care is the environment created by caregivers that ensures children's good health and nutrition, protects them from threats and gives them opportunities for early learning through emotionally supportive and responsive interactions. Some specific nurturing care and ECD duties that the CHVs will perform include:

<sup>16</sup> <https://kenyanconstitution.manjemedia.com/leadership-and-integrity/>



- Community awareness and demand generation on nurturing care, including ECD, nurturing in-utero, developmental milestones, responsive caregiving, security and safety opportunities
- Active case finding and referrals for children with delayed milestones and or disabilities
- Care for children with developmental difficulties and disabilities
- Empowerment of families with children with disabilities and provision of social support by linkage to peer-peer groups
- Information, support, and counseling to caregivers about opportunities for early learning, including the use of everyday household objects and home-made toys
- Promotion of clean environments for children, including the elimination of the use of charcoal to improve indoor air quality

### iii. Communicable diseases

To help prevent and control communicable diseases such as HIV/AIDs, tuberculosis, and malaria, among others, CHVs and CHAs will be required to:

- Conduct household visits to educate members of the community on personal hygiene to prevent Covid-19 and diarrheal diseases
- Promotion of HIV counseling, testing and treatment adherence, and HIV prevention for those who are negative
- Promotion of safe water use and treatment at the household level.
- Supporting health workers with tuberculosis defaulter tracing
- Early detection of communicable diseases at the household and community level

### iv. Reproductive health

Community health reproductive services shall be aimed at identifying clients for the provision of counseling and timely referral for reproductive health services. In this regard, the CHVs and CHAs shall perform the following roles:

- Promotion of uptake of family planning to ease the burden of upbringing and care for the family members
- Promote/counsel clients on cervical and breast cancer screening
- Promotion of adolescent and sexual reproductive health
- Menstrual health management in schools

### v. Maternal and Newborn Care

Maternal and Newborn Care aims to promote safe neonatal practices, identify and deal with danger signs appropriately, and support the mother on infant feeding and nutrition. The CHVs shall perform the following roles:

- Identify and register pregnant women during household visits
- Encourage pregnant women to attend ANC clinics early in the pregnancy and attend at least 4 antenatal clinic visits
- Identify danger signs during pregnancy, refer and follow up, as well as:
  - Assist pregnant women and families in doing birth plans
  - Offering pregnant women advice on nutrition, including the use of iron and folate supplements
  - Promotion of safe motherhood and delivery at the health facility, as well as care of newborns and other children under-five, including the collection of birth certificates in time
  - Support mothers to initiate and sustain exclusive breastfeeding
  - Counsel on standard cord care for newborns
  - Identification of mothers with congenital disabilities like fistula and referring them for reconstruction
  - Identification of moderate and severe malnutrition and referral to the health facility for nutrition supplementation and therapeutic feeding
  - Access, identify, and refer newborns and children with danger signs
  - Diagnosis and treatment of malaria, pneumonia, diarrhea, and moderate malnutrition especially in children under five as per the national guidelines
  - Promotion of childhood immunization as per the KEPI schedule, including counseling on the importance of strict adherence to the schedule
  - Supporting health workers with immunization defaulter tracing
  - Establishment of mother to mother and father to father support groups to promote the Baby-Friendly Community Initiative
  - Identifying newborns with deformities for early correction, particularly cleft lip and palate
  - Screen for delayed milestones and refer when appropriate

- Sensitization on the use of bed-nets and their availability at the facility for pregnant women and under-1-year-old
- Assist during social mobilization and immunization during immunization campaigns

#### **vi. Home-Based Care for terminally ill residents**

Home-based care activities include caring for people who suffer from life-threatening diseases. The role and responsibilities of CHVs in this area shall consist of:

- Encouraging elderly and vulnerable community members to attend regular check-ups at the link health facility.
- Generating responsibility towards the acceptance and continuity of health services for the terminally ill
- Offering essential counseling support for the terminally ill and their families

#### **vii. Community Development**

The CHVs shall be tasked with empowering individuals and groups of people with the skills they need to effect change within their communities. Some of the roles shall include:

- Creating awareness of the Makueni Care program and other insurance programs like NHIF, and Linda Mama Initiative
- Educating members of households on non-communicable conditions (mental health, diabetes, hypertension, cancer – integrated package), early identification, and seeking medical attention timely
- Identifying signs and symptoms of pneumonia, particularly for under-fives
- Sensitization and advocacy on the use of the “Nyumba Kumi Initiative” and community-owned resource persons (CORPs)
- Mobilizing local resources for community health
- Participating in discussions on physical infrastructure (roads, electricity, and water) as part of their role in development committees

#### **viii. Orphans and Vulnerable Children, and People Living with Disabilities**

Community health volunteers shall make an effort to specifically target and identify the needs of the elderly with both preventive and curative services. The services to orphans and other vulnerable groups and their caregivers shall include:

- The motivation of community members and family to continue providing support and enhancing social community safety nets
- Linking orphans and vulnerable children to social and child protection programs
- Mentoring families on nursing care if required
- Monitoring education outcomes for OVCs, i.e., enrolment, attendance, and progression.
- Advocating for physical access to health services for PLWDs

#### **ix. Community-Based Surveillance**

According to the national disease surveillance and response guidelines, community health volunteers will notify the CHA of any notifiable diseases encountered within their work areas. They will also:

- Report to the CHA any notifiable diseases by any means, including mobile phones
- Document notifiable diseases in relevant community disease surveillance data registers and refer with immediate effect
- Participate in verbal autopsy committees

### **2.4 Community-Based Health Information System**

The focus of this policy area is to improve the availability, quality, and use of data for community health. Policy recommendations to achieve this objective include:

- A community health unit constituted by an average of 20 members shall be registered in the Master Community Health Unit List (MCHUL) and assigned MCHUL numbers
- The CHA should ensure that the community unit is visible on the District Health Information System (DHIS2)
- The CHVs shall collect data on a Service Delivery Log Book (MOH 514) during their household visits
- The CHAs shall analyze the MOH 514 data, summarize it in a CHEW Summary (MOH 515) and provide it to the link health facility CHEW for submission to the sub-county community coordinator
- The sub-county community health coordinator shall submit all the CHAs reports to the sub-county health records information officer for uploading in the DHIS2
- The CHAs and link facility CHEWs shall be responsible for conducting data quality audits

- Community-level data shall be utilized to facilitate dialogue and planning during community dialogue and action days. The data shall be updated on the CHIS Chalk Board (MOH 516)
- The county health management team shall develop an annual budget line and make funding available for the printing and distribution of routine data collection tools for CHVs, CHCs, and CHAs, including:
  - i. CHIS Household Register (MOH 513) gives the denominators for measuring the service delivery of the CHVs. It is filled out by CHVs every year and reported to CHAs.
  - ii. CHVs Service Delivery Logbook (MOH 514) is a diary that CHVs use to collect information from the household during their visitation as they give messages and services. CHVs submit the logbook to CHAs for summary
  - iii. The community treatment and tracking register is used by CHVs when offering integrated community case management
  - iv. CHA Summary (MOH 515), which is filled monthly by CHAs using the information from the Community Service Log at the end of the month, using the updated Household Register
  - v. Community Health Unit Chalk Board (MOH 516), which displays the general health status of the community unit, the demographic characteristics of the population updated every six months served by CHU, and services reported monthly by CHEWs. The information displayed outlines the action areas depicted in the community dialogue days and actions drawn by the community to improve the output
  - vi. Support supervision checklist for community health services
- All health partners shall be mandated to share all community-level data with the county health management team; the county shall outline this in the memorandum of understanding
- Community-level data will be used in county-level planning, decision-making, and budgeting
- Existing CHVs shall receive initial and refresher training on data collection, data use, and the importance of collecting quality data
- A digital community health information system that is accredited by the county shall be deployed at scale to ensure the community health data collected meets quality standards

If a Community Health Information System is adopted in the county, the CHMT shall be responsible for the following:

- Providing CHVs with mobile devices that shall aid in the data collection
- Training community health workforce on the digital health information system
- Providing monthly internet support to CHVs and CHAs to facilitate the submission of collected data

## 2.5 Community Health Products and Technologies

CHVs shall be provided with the necessary commodities, supplies, and tools to help them carry out their duties. This will be achieved by focusing on the following interventions:

- a. The CHMT shall operationalize the Kenya Essential Medicines List for level 1
- b. The CHMT shall design a tailored CHV kit for Makueni CHVs to carry out their duties through link health facilities
- c. Level-1 commodities shall be integrated into the link health facility's supply chain system
- d. The health facility in-charges shall quantify CHVs commodity needs in their designated CHUs and make timely requests for commodities
- e. The CHMT shall quantify the county's community-level health products and technologies (HPT) needs. An annual review of the quantified HPT will be conducted, and a yearly budget ring-fenced for procurement
- f. Account for the usage of supplies and commodities using the commodity-tracking tool

## 2.6 Financing for Community Health Services

This Policy seeks to develop mechanisms for identifying, mobilizing, managing, and appropriately allocating consistent and sustainable financing for community health services.

- The CHMT shall adopt program-based budgeting and avail adequate financial resources as identified in the county community health budget to meet the objectives of the annual community health work plan
- The county health department shall provide all CHVs with KES 2,000 minimum stipend per month after meeting a set of performance targets approved by the respective SCHMTs
- The county government will mobilize resources from partners to complement public funding
- The county government shall apply appropriate disbursement mechanisms to ensure an efficient flow of finances to support CHUs, such as allocations from the government for community health services and performance-based financing

- The CHMT will continuously advocate for more significant allocations by both the National and County Assembly for increased funding for community health
- Civil society organizations (CSOs), community-based organizations (CBOs), faith-based organizations (FBOs), and the private sector will support the priorities of the community health program by working with the community health units to implement existing plans
- CHMT will work with all partners, CBOs, and FBOs to ensure a coordinated approach to supporting community health and put in place mechanisms to ensure partners declare their resource envelop and extent of support
- Community health financing will be aligned to the broader county and national health financing policy and strategic initiatives
- CHMT/SCHMT shall engage community health workers in identifying income-generating activities
- The viability of selected IGAs shall be evaluated before implementation
- CHAs/CHEWs shall be the signatories to respective IGA bank accounts to control how the funds are utilized and minimize conflict in CHUs
- CHUs chairperson, secretary, and treasurer shall not form part of the IGA committee
- The county shall train community health volunteers on village savings and loaning association concepts for the sustainability of CHUs



03

# IMPLEMENTATION MECHANISMS

## IMPLEMENTATION MECHANISMS

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### 3.1 Coordination Levels

#### 3.1.1 County Level

The County Health Management Team (CHMT) will ensure coordination in delivering services through the community health personnel, including activities of partners at the community level. A focal person with a full-time focus on community health services will ensure coordination within the county and among partners working in the community. The County Director of Medical Services will provide leadership oversight and work in close collaboration with community health partners and stakeholders.

#### 3.1.2 Sub-county Level

The SCHMT will ensure harmonized programming of the community health workers and partners and provide a platform for standardized approaches to service delivery and accountability.

#### 3.1.3 Community Level

At the community level, coordination will be done by the CHCs with support from the link health facility and SCHMT. Coordination will ensure harmonized programming among partners and provide a platform for standardized approaches to service delivery and accountability.

### 3.2 Partnerships

Community partnership is a process of building voluntary strategic alliances among the community, county government, private, and non-profit making organizations. This involves sharing the risks, responsibilities, and resources for mutual benefit and a common community health purpose.

Partnership with communities shall be developed through social mobilization activities to create community interest, motivate, and influence community members to act or support initiatives that are beneficial for themselves.

Social mobilization will be carried out through village gatherings, village health days, seminars, youth groups, women's groups, and print and electronic media. The CHMT will ensure that community health persons are equipped with knowledge and skills to carry out their functions in social mobilization and sensitization of the community.



04

# MONITORING AND EVALUATION

# MONITORING AND EVALUATION

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## 4.1 Monitoring and Evaluation Framework

The M&E framework seeks to monitor the process and outcomes of policy implementation. The M&E process will be done through systematic research and health surveillance data.

### 4.1.1 Research

- The research will be integrated into community health implementation to get evidence to support decision-making, planning, implementation, monitoring, and evaluation and for policy review.
- The CHMT shall ensure that community health research priorities are reflected in community data surveys
- The county health leadership will play an advisory role and coordinate research implementation. The leadership will also ensure engagement with community organizations, agencies, and diverse population groups to identify research questions critical to the community and to improve methods to reflect community preferences
- The county government will allocate finances for research and policy review, including but not limited to tapping resources from the national research fund
- Research findings will be disseminated to all concerned stakeholders
- All research involving human subjects shall also adhere to national and international research ethical standards and be guided by the Kenya health research priorities guidelines



Table 5. Monitoring and evaluation framework of select indicators and targets

Policy objective	Strategies	Indicators	Actors	Baseline 2021	Target 2030
<b>To enhance resource mobilization for sustainable financing of community health services</b>	Set aside monies as a stipend of KES 2000 per month for community health volunteers.	No. of community units with full membership	Director - Health planning	60%	100%
<b>To develop and strengthen the community based-information management system</b>	CHAs / CHOs should analyze the data, summarize it and forward it for uploading to the DHIS.	% of community units reporting in time	County Health Records Coordinator	50%	100%
<b>To strengthen community health human resources for health</b>	Training of CHVs on the prescribed curriculum	% of CHVs trained on the prescribed curriculum	County Community Health Services Coordinator	55%	100%
<b>To promote health service delivery</b>	Promotion of safe neonatal practices	No. of pregnant women attending at least 4 ANC visits	Director Medical Services	65%	80%
	Provision of counseling and timely referral for reproductive health services	No. of children under 1-year who are fully immunized	Director Medical Services	90%	100%
	Information education and communication for good nutrition, screening, and follow-up for malnutrition	No. of pregnant women supplemented with combined iron and folic acid	Director Medical Services	97%	100%
	Delivering behaviour change communication	% of deliveries occurring under-skilled health personnel	Director Medical Services	72%	90%
<b>To strengthen leadership and governance in community health structures</b>	Ensuring functional community health units	% of functional Community health units	County Community Health Services Coordinator	41%	100%
<b>To promote and strengthen supply chain systems for community health services</b>	Provision of the necessary commodities, supplies, and tools to carry out community health duties through link facilities.	% of community units stocked with the essential supplies	County Pharmacist	40%	100%



**COUNTY GOVERNMENT OF MAKUENI**



**REPUBLIC OF KENYA**