REPUBLIC OF KENYA

NAIROBI CITY COUNTY

Let's Make NAIROBI WORK

NAIROBI CITY COUNTY

Community Health Services Implementation Plan

2023 – 2027

Health Wellness and Nutrition Sector

Nairobi City County Community Health Services Implementation Plan 2023-2027
Health Wellness and Nutrition
Nairobi City Hall, City Hall Way,
Nairobi, Kenya

P.O. Box 30075–00100, Nairobi, Kenya

Email: info@nairobi.go.ke
Website: www.nairobi.go.ke

NAIROBI CITY COUNTY

Let's Make NAIROBI WORK

Table of Contents

LIST OF TABLES **05**
LIST OF FIGURES **05**
LIST OF ABBREVIATIONS AND ACRONYMS **06**
DEFINITION OF TERMS **07**
FOREWORD **08**
PREFACE **09**
ACKNOWLEDGEMENT **10**
EXECUTIVE SUMMARY **11**

01: INTRODUCTION AND BACKGROUND **16**
1.1 County Overview 17
1.2 Administrative and Political Structure 17
1.3 Demographic Features 18
1.4 Socioeconomic Status 19
1.5 Epidemiology 19
1.6 Key Health Performance Indicators 19
1.7 Healthcare System in Nairobi City County 20
1.7.1 Levels of care and services offered 21
1.7.2 Leadership and Governance 22
1.8 Health Financing 22
1.8.1 Health Insurance 24
1.9 Human Resources for Health 24
1.10 Health Information System 25
1.11 Health Products and Technologies 25
1.12 Community Health Services Policy Framework 25

02: NAIROBI CITY COUNTY COMMUNITY HEALTH SERVICES SITUATIONAL ANALYSIS **28**
2.1 Overview 29
2.2 Evolution of Community Health Services in Nairobi City County 29
2.3 Community Health Services System 30
2.3.1 Community Health Leadership and Governance 30
2.3.2 Community Health Workforce 30
2.3.3 Community Health Financing 33
2.3.4 Community Health Information Systems 33
2.3.5 Community Health Service Delivery 33
2.3.6 Community Health Commodities and Supplies 34

03: NAIROBI CITY COUNTY COMMUNITY HEALTH SERVICES PRIORITY 2023 – 2027 ..... **35**
3.1 Community Health Services Vision, Mission, Goal, and Program Objectives 36
3.2 Priority Areas, Key Interventions and Activities 36

04: IMPLEMENTATION PLAN **43**
4.1 Introduction 44
4.2 Implementation Framework 44
4.3 Monitoring and Evaluation Framework 54

05: RESOURCE REQUIREMENTS 59
5.1 Costing Approach 60
5.1.1 Components of the programme included in costing 60
5.1.2 Sources of data 60
5.1.3 Assumptions and limitations 60
5.2 Resource needs and gaps for the plan 60

REFERENCES 64

APPENDICES
Annex 1: Community Health Units Map in Nairobi City County 65
Annex 2: Community Health Promoters (CHP) Service Package 65
Annex 3: CHP Monthly Performance Evaluation Checklist 66
Annex 4: Community Health Promoters Kit 68
Annex 5: Membership of the Community Health Services Technical Advisory Committee 69
Annex 6: Community Health Implementation Plan Development Process 70
Annex 7: Community Health Services Coordination Mechanism Structure 72
Annex 8: Stakeholder Roles and Responsibilities 72
Annex 9: List of Contributors 74

List of Tables

Table 1. County-level population segment estimates 18
Table 2. Top ten disease incidence 19
Table 3. County health facility distribution by level of care and ownership 21
Table 4. County health coordination and management structure 22
Table 5. Analysis of CHU and CHP distribution per sub-county and the existing gaps 31
Table 6. Five-year implementation Plan 45
Table 7. Indicators compendium 55
Table 8. Monitoring and evaluation framework 57
Table 9. Cost of the strategy per priority areas 61
Table 10. Cost per interventions 62

List of Figures

Figure 1. Map of Nairobi County's geographical position and political boundaries 17
Figure 2. Nairobi City County key health indicator performance 2020/21 20
Figure 3. The six levels of healthcare service delivery 20
Figure 4. Percentage of County Government general health expenditure as a percentage of the County Total Government Expenditure 23
Figure 5. Sources of funding FY 2019/20 23
Figure 6. Sources of funding FY 2020/21 24
Figure 7. History of community health services in Nairobi City County 29
Figure 8. CHP analysis by gender, age, disability, and level of education 32
Figure 9. Community health service package 34

List of Abbreviations and Acronymns

C-GGHE	County Government General Health Expenditure
C-TGE	County Total Government Expenditure
CH	Community Health
CHA	Community Health Assistant
CHC	Community Health Committees
CHO	Community Health Officer
CHU	Community Health Unit
CHP	Community Health Promoter (formerly Community Health Volunteer)
CHUSLA	Community Health Units Savings and Loans Associations
CHW	Community Health Worker
CIDP	County Integrated Development Plan
DHIS2	District Health Information System
FBO	Faith-based Organization
FY	Financial Year
GCP	Gross County Product
GDP	Gross Domestic Product
HRH	Human Resources for Health
KES	Kenya Shillings
MOH	Ministry of Health
NCD	Non-communicable Diseases
NGO	Non-Governmental Organization
NHIF	National Health Insurance Fund
PHC	Primary Health Care
SME	Small and Medium Enterprises
UFF	User Fee Forgone
UHC	Universal Health Coverage
URTI	Upper Respiratory Tract Infection
UTI	Urinary Tract Infection
WHO	World Health Organization

Definition of Terms

Community Health (CH):	This is the first level of Kenya's health system structure. Health services at this level are basic curative, preventive and promotive.
Community Health Unit (CHU):	A health service delivery structure within a defined geographic area covering a population of 5,000 people. Each unit is assigned one Community Health Assistant/Officer and 10 community health volunteers.
Community Health Promoter (CHP):	A member of the community selected to serve in a community health unit. A CHP is well known to his/her community and is selected for the role of CHP by his/her community members.
Community Health Assistant/ Officer (CHA/CHO):	A formal employee of the County Government forming the link between the community and the link health facility.
Community Health Committee (CHC):	A committee charged with the governance and oversight of a community health unit.
Community Health Units Savings and Loans Associations (CHUSLA)	Cutting edge model for boosting CHPs motivation and bolstering the community health programs sustainability.
Functionality of Community Health Unit:	The extent to which a community health unit attains the eleven criteria as outlined in the Kenya Community Health Policy (2020–2030).
Service Delivery:	Good service delivery comprises quality, access, safety, and coverage.
Health Workforce:	A well-performing workforce consists of human resources management, skills, and policies. Health Information System. A well-performing system ensures the production, analysis, dissemination and use of timely and reliable information.
Health Financing:	A good health financing system raises adequate funds for health, protects people from financial catastrophe, allocates resources, and purchases goods and services in ways that improve quality, equity, and efficiency.
Leadership and Governance:	Effective leadership and governance ensure the existence of strategic policy frameworks, effective oversight and coalition building, provision of appropriate incentives, and attention to system design, and accountability.
Primary Health Care:	This is essential health care based on practical, scientifically sound, and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (Alma Ata).
Universal Health Coverage (UHC):	This means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course (WHO, April 2021).

Foreword

As we embark on the implementation of the five year Costed Community Health Services Implementation Plan 2023–2027 for Nairobi City County Government, I am pleased to introduce this comprehensive plan that aims to revolutionize community health services and promote equitable access to quality healthcare for all residents. This plan represents a significant milestone in our collective efforts to strengthen the healthcare system and improve the overall well-being of the population.

Health is a fundamental right, and it is our responsibility as stewards of public health to ensure that every individual has access to the care they need, regardless of their socio-economic status or geographical location. This plan is designed to address the existing gaps and challenges in primary health care through community health service delivery with a focus on promoting access to quality healthcare, health information, commodities and supplies, financing, governance, inclusivity, skilled and motivated workforce, and sustainability.

The plan outlines a comprehensive framework that encompasses multiple key areas of focus. It emphasizes the importance of strengthening community health systems, enhancing primary healthcare services, and optimizing the role of community health workers. By investing in these essential elements, we can bridge the gaps in healthcare access, improve health outcomes, and foster a healthier and more prosperous Nairobi County. Furthermore, this plan places great importance on data-driven decision-making, emphasizing the need for robust community health information systems to guide our interventions effectively. By harnessing the power of data and evidence, we can identify areas of improvement, monitor progress, and continuously adapt our strategies to meet the evolving needs of the community.

I am confident that the implementation of this plan will bring about tangible positive changes in the lives of the people of Nairobi City County. However, success requires collective effort and a sustained commitment from all stakeholders involved. It is my hope that this plan serves as a catalyst for action, igniting a spirit of collaboration, innovation, and accountability among all partners.

I urge all stakeholders to actively engage in the implementation process, leveraging their respective strengths, resources, and expertise. Let us work together to ensure that the vision of equitable access to quality healthcare becomes a reality for every individual in Nairobi City County.

Together, let us forge ahead on this transformative journey, leaving no one behind and creating a healthier, more prosperous Nairobi City County.

Ms. Suzanne Silantoi
County Executive Committee Member
Health Wellness and Nutrition Sector

Preface

It is with great pleasure and a sense of collective responsibility that I introduce the Costed Community Health Implementation Plan 2023–2027 for Nairobi City County Government. This document represents a significant milestone in our commitment to strengthen and sustain community health systems, with the goal of achieving universal health coverage for all residents of Nairobi City County.

The Preface serves as a testament to the dedication and shared vision of government entities, healthcare providers, community leaders, civil society organizations, and development partners who have come together to develop this comprehensive implementation plan. Nairobi City County, like the other forty-seven counties in the Republic of Kenya, faces numerous challenges in delivering effective and inclusive healthcare services. Recognizing these challenges, we have strived to design a plan that not only identifies the key areas requiring attention but also provides a roadmap for action and improvement.

The plan encapsulates our collective aspirations for a healthcare system that is resilient, responsive, and centred on the needs of the communities we serve. It underscores the importance of investing in integrated community health services as a foundation for achieving universal health coverage and reducing health disparities among residents of the County. Throughout the development of this plan, we have considered the unique context of Nairobi County, considering its diverse population, geographical variations, and prevailing health challenges. We have sought to address the barriers that hinder access to healthcare, such as affordability, geographical remoteness, and limited resources, while fostering a culture of inclusivity, fairness, and sustainability.

Crucially, the plan places a strong emphasis on collaboration and partnerships. It recognizes that sustainable change can only be achieved by working hand in hand with all stakeholders, leveraging the expertise, resources, and innovative solutions that each brings to the table. We understand that implementation is the key to translating ideas into action and making a tangible impact on the ground. Therefore, this plan outlines clear strategies, objectives, and performance indicators to guide our efforts and ensure accountability at every stage. By monitoring progress and continuously evaluating our performance, we can adapt and refine our approaches to maximize their effectiveness and achieve meaningful outcomes.

This plan is a call to action, urging us all to come together, shoulder our responsibilities, and drive the necessary transformation in our healthcare system. Together, let us embark on this journey towards equitable access to quality healthcare, leaving no one behind and ensuring that every resident of Nairobi City County can enjoy the benefits of a healthy and thriving community.

Mr. Tom Michira Nyakaba
Chief Public Officer - Public Health
Health Wellness and Nutrition Sector

NAIROBI CITY COUNTY

Let's Make NAIROBI WORK

Acknowledgement

The Nairobi City County would like to express our sincere gratitude to all the individuals and organizations who have contributed to the development of the Community Health Implementation Plan for Nairobi City County. The collective effort and collaboration of numerous stakeholders have made this plan a comprehensive and actionable roadmap towards strengthening community health systems and achieving universal health coverage.

I extend deepest appreciation to the Nairobi City County Government Health Wellness and Nutrition Sector for their invaluable support, guidance, and commitment to improving healthcare in the county. Their vision for an equitable and resilient healthcare system has been instrumental in shaping this plan.

We would like to acknowledge the expertise and contributions of our community health technical officers, the county health management team, implementing partners and health development partners. Your contributions have informed the development of evidence-based strategies and interventions, enhancing the effectiveness and impact of this implementation plan.

Lastly, we would like to acknowledge the dedication and commitment of the entire writing team led by the Financing Alliance for Health (FAH) in the development of this plan. Your tireless efforts, expertise, and passion for improving healthcare through the community health system have been instrumental in shaping this document. I am confident that their strategic insights and comprehensive approach will guide us towards a future where every resident of Nairobi City County can access the healthcare they deserve.

Thank you all for your unwavering support, and we look forward to working together to transform community health systems and create a healthier future for Nairobi City County and its residents.

Dr. Carol Ngunu
Director Preventive and Promotive Services
Health Wellness and Nutrition Sector

Executive Summary

The five-year Community Health Services Implementation Plan (2023-2027) for Nairobi City County outlines a comprehensive plan to strengthen and sustain community health systems, with the overarching goal of achieving universal health coverage. This executive summary provides an overview of the key components, objectives, and strategies outlined in the plan, highlighting the urgent need for action and collaboration to address the healthcare challenges faced by Nairobi City County.

The implementation plan recognizes the importance of primary health care as the cornerstone of a resilient and equitable healthcare system. It emphasizes the need to leverage primary healthcare services to ensure that every resident of Nairobi City County has access to essential healthcare services, regardless of their socio-economic status or geographical location.

The objective of the implementation plan is to **enhance access to quality healthcare services** by addressing barriers such as affordability, access, limited resources, and quality.

Strengthening Community Health Systems: Recognizing the vital role of community health workers (CHWs), the plan prioritizes their training, deployment, and support. It aims to establish a robust network of CHWs who can effectively deliver preventive, promotive, and basic curative healthcare services at the community level.

Promoting Health Equity: The plan places a strong emphasis on reducing health disparities and ensuring equitable access to healthcare for vulnerable populations. It addresses social determinants of health and advocates for targeted interventions that address the unique needs of vulnerable women, children, mental and physically challenged and the elderly.

Enhancing Quality of Care: Quality improvement is a central pillar of the plan, aiming to enhance healthcare service delivery and patient outcomes. It outlines strategies to strengthen healthcare provider capacity, implement evidence-based practices, and establish mechanisms for monitoring and evaluation.

Key Strategies:

1. **Collaboration and Partnerships:** The plan emphasizes the importance of multi-sectoral collaboration, fostering partnerships between government entities, healthcare providers, community leaders, civil society organizations, and development partners. It promotes the sharing of expertise, resources, and innovative solutions to achieve common goals.

2. **Resource mobilization:** Recognizing the need for sustainable financing, the plan outlines strategies to mobilize resources for community health systems. It explores innovative funding mechanisms, public-private partnerships, and advocacy for increased investments in primary healthcare.

3. **Capacity Building and Training:** The plan recognizes the critical role of capacity building in strengthening healthcare systems. It outlines strategies for training and mentoring healthcare workers, including CHWs, to enhance their skills, 045-78knowledge, and effectiveness in delivering healthcare services.

4. **Data-Driven Decision-Making:** The plan emphasizes the importance of health information systems and data-driven decision-making. It highlights the need for robust data collection, analysis, and utilization to inform planning, monitor progress, and identify areas for improvement, in addition to digitization of community health data and information through the Electronic Community Health Information System (eCHIS) while ensuring linkage with the Kenya Health Information System (KHIS)/DHIS2.

5. **Service Delivery:** The plan emphasizes on the importance of a comprehensive community health service package provided by a well-trained and skilled community health workforce in both the basic and technical modules (13 modules) as articulated in the Kenya Community Health Policy 2020-2020. Further, the plan makes key considerations in community health service delivery and response in emerging and re-emerging diseases including community health disease surveillance.

6. **Commodities and Supplies:** The County recognizes that for the community health workforce to provide a comprehensive service package there is need to ensure regular supply and restocking of community health commodities and supplies as per the recommended CHP Kit.

The community health services plan represents a collaborative effort among all stakeholders committed to improving healthcare in Nairobi City County. It serves as a roadmap for action, guiding the implementation of interventions that will lead to measurable improvements in access to quality healthcare services and ultimately contribute to the achievement of universal health coverage.

By aligning efforts, mobilizing resources, and fostering partnerships, we can overcome the existing challenges and create a healthcare system that is equitable, sustainable, and responsive to the needs of all residents of Nairobi City County. The successful implementation of this plan will be a testament to our collective commitment to the health and well-being of our communities.

REPUBLIC OF KENYA

NAIROBI CITY COUNTY COMMUNITY HEALTH SERVICES IMPLEMENTATION PLAN

VISION: A Nairobi City that ensures universal access to quality, equitable, acceptable, and affordable community health services to all

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

NAIROBI CITY COUNTY

BACKGROUND

Demographics[1]
- Total Pop. 4,397,073
- >60% live in informal settlements
- Male: 49.9%, Female: 50.1%
- Total HH: 1,506,888
- Avg HH Size: 2.9

Socio Economic Status[2,3]
- Contribution to national GDP 21.7%
- Absolute poverty (16.7%
- Food poverty (16.1%)
- Mix of economic activities ranging from real estate, finance, insurance, manufacturing, hospitality etc.

Health Financing Status[4,5]
- Per capita allocation to health FY 2020/21 Ksh. 1606
- County Health allocation FY 2019/20 Ksh 9.7 billion
- Health budget allocation as % of total county budget FY 2019/20 and FY 2020/21 averaged 22% to 24% respectively

Community Health Status[6]
- CHS established in 2006/07
- 7480 active CHPs
- 748 CHUs linked to 96 health facilities levels 2, 3 and 4
- 86 community desks in the link health facilities
- 68 CHAs
- 1 CHA supervises approx. 110 CHPs
- CHU coverage at 75%

Priority Areas	Strategic Objectives	Key Interventions
Leadership and Governance	Strengthen community health oversight through planning and policy	Develop a costed community health services implementation plan 2023-2027
		Strengthen community health services coordination and management
		Review performance of the costed community health services implementation plan
		Community health services regulation framework
Health Financing	Develop advocacy and resource mobilization strategies for community health services	Strengthen capacity in health financing, advocacy, and resource mobilization
		Build and maintain strategic public-private partnerships financing of community health services
		Design self-sustaining and financing solutions for community health promoters
Community Health Workforce	Strengthen community health services workforce recruitment, coordination, and management	Equitable recruitment and deployment of community health services workforce
		Strengthen the community health services workforce performance management system - appraisal, supervision, and productivity
	Strengthen the capacity of the community health services workforce for improved service provision	Conduct a community health services workforce capacity and coverage assessment
		Strengthen the capacity of community health services workforce effective implementation of community health services
Health Information System	Strengthen Community Health Services Information System (CHIS)	Deploy the electronic community health information system (eCHIS)
	Enhance the capacity of the community health workforce on data quality and utilization	Build the capacity of the community health workforce to collect, collate and report quality community health data

[1] *Kenya Population and Housing Census, 2019*
[2] *Kenya Economic Report, 2020 (KIPPRA)*
[3] *Kenya Integrated Household Budget Survey, 2016*
[4] *The Nairobi City County Fiscal Plan Paper, 2021*
[5] *National and County Budget Analysis, FY 2020/21*
[6] *Nairobi City County Government Community Health Services*

	Strengthen community health services monitoring, evaluation, research and learning	Improve the quality of Community health services data
		Promote learning and knowledge exchange on community health
Service Delivery	Increase access to preventive, promotive and basic curative services at the household and community level	Intensify household visits as per establishment guidelines
	Increase community awareness, demand, and utilization of community and primary health care services Key Interventions	Undertake integrated outreach and awareness campaigns on community health services
		Increase demand for health services
	Strengthen the linkage between community and link facility referral system	Effective referral from community health units to PHC facilities
	Enhance quality of community health services	Implement the community scorecard
		Strengthen Continuous Quality Improvement for community health services
		Promote community health best practices and incentivise good performance
Commodities and Supplies	Strengthen coordination and management of community health commodities and supplies	Capacity building of community health workforce on commodity and supplies forecasting and quantification
		Provide adequate and timely community health commodities and supplies

Cost per Priority Area	2022/23	2023/24	2024/25	2025/26	2026/27	Total
Priority area 1. Strengthen leadership and governance for community health services	126 420 500	117 018 000	120 018 000	123 018 000	124 536 000	604 703 500
Priority area 2. Map, mobilize and adopt innovative and sustainable financing for community health services	102 996 000	97 409 000	100 633 000	104 153 000	105 161 000	510 352 000
Priority area 3. Build a highly motivated, skilled, and equitably distributed community health workforce	829 887 000	802 424 000	883 151 000	963 704 000	758 024 000	4 129 184 000
Priority area 4. Improve community health data reporting systems	160 521 000	87 182 000	86 750 000	86 750 000	87 992 000	509 195 000
Priority area 5. Increase access, coverage and utilization of community health services	517 517 000	342 625 000	399 513 000	374 775 000	388 171 000	2 022 601 000
Priority area 6. Ensure availability and timely distribution of community health commodities and supplies	96 943 600	65 265 600	65 265 600	65 265 600	65 577 600	358 318 000
Total cost	**1 834 285 100**	**1 511 923 600**	**1 655 330 600**	**1 717 665 600**	**1 529 461 600**	**8 248 666 500**

Funding Needed:
KES 8.2B

Unit cost per CHP
KES 859,236

Per Capita Cost
KES 1,816

01

Introduction and Background

01 | Introduction and Background

This chapter provides an overview of Nairobi City County demographic features, administrative structures, socioeconomic status, epidemiology and health indicators performance, health care system structure, policy context within which the Community Health Services Implementation Plan 2023–2027 is developed and the rationale behind the development of this implementation plan.

Under the governance of Nairobi City County, the Health Wellness and Nutrition Sector recognizes the need to provide the residents with access to the highest possible standards of health while ensuring an equitable, efficient, and responsive healthcare system aligned to the global and national Universal Health Coverage (UHC) goals. Additionally, the County recognizes the community health services workforce as a critical driver to attaining Primary Health Care Goals. The Community Health Services Implementation Plan 2023–2027 was developed through a consultative process with the health wellness and nutrition sector. The plan is anchored to the National Community Health Policy and Guidelines, mainly the Kenya Community Health Policy 2020–2030 and the Kenya Community Health Plan 2020–2025.

1.1 County Overview

Nairobi City County is the most populous county and capital city in Kenya, characterized by a dynamic and rapid population growth. It provides employment and endless personal development growth opportunities, which have seen the County experience high intra- and inter-County migration of people who seek to tap into these opportunities. The County is recognized as a regional hub for international transit routes for foreigners transiting in and outside the African continent.

The County covers a total area of 696.1Km[1]. The neighboring counties are Kiambu to the North and West, Kajiado to the South, and Machakos to the East[2].

1.2 Administrative and Political Structure

Administratively, Nairobi City County is divided into 17 constituencies/sub-counties and 85 wards. The figure below outlines the County's geographical position and political boundaries.

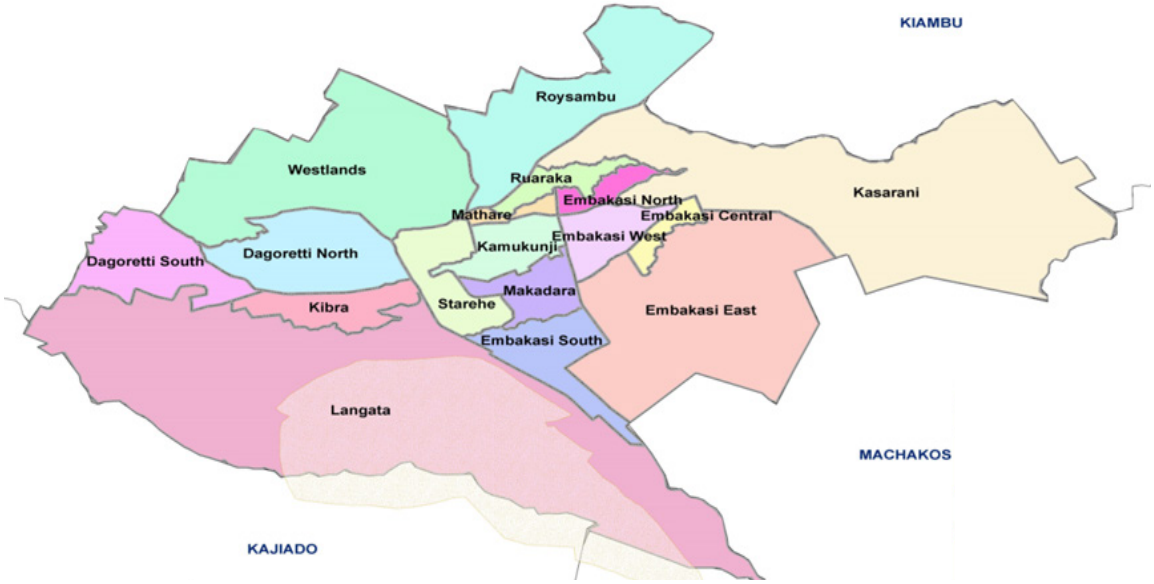


Figure 1: *Map of Nairobi County's geographical position and political boundaries*
Source: *Fast Track Cities, 2017*

[1] *Nairobi City County Health Policy 2016 – 2025; Nairobi City County Health Sector Strategic and Investment Plan 2013-2019; Nairobi City County Integrated Development Plan (CIDP) 2018-2022*
[2] *Nairobi City County Health Reforms Task Force Report: Towards a working Universal Health Coverage January 2023*

1.3 Demographic Features

Nairobi City County is the capital city of Kenya and home to over 4.3 million people. Like many other cities in low and middle-income countries, Nairobi City County has experienced rapid population growth, with an annual growth rate of 3.8%[3]. Nairobi City County's population is estimated at 4,397,073 with a male and female population of 49.9% and 50.1% respectively, with a population density of 6,247 per square kilometer. The estimated population in the County as per June 2022 was 4,850,756.

The County has 1,506,888 households with an average household size of 2.9 against a national average of 3.9 persons per household[4]. The life expectancy for Nairobi City County is estimated at 57 years lower than the national life expectancy of 66.5 years. The urban Informal settlements make up only 5% of the total residential land area of the city where most of the population (60%) live in deplorable conditions, deficient infrastructure, and have access to limited public services[5]. Table 1 highlights the population breakdown and description.

Table 1. *County-level population segment estimates*

	Description	Population Segment Estimate	County Projected Population
1	Total population		4,541,861
2	Total number of households		911,823
3	Children under 1 year (12 months)	3.10%	142,681
4	Children under 5 years (60 months)	12%	543,110
5	Under 15-year population	30.1%	1,368,792
6	Women of childbearing age (15–49 years)	32.2%	1,461,590
7	Estimated number of pregnant women	3.4%	152,679
8	Estimated number of deliveries	3.2%	147,131
9	Estimated live births	3.2%	144,812
10	Total number of adolescents (10-14)	8.3%	378,550
11	Total number of adolescents (15-19)	7.7%	351,853
12	Total number of youth (15-24)	20.9%	950,508
13	Adults (25-59)	30.7%	1,393,597
14	Elderly (60+)	4%	181,669

Source: *County Health Sector Annual Performance Review Report 2020/21*[6]

[3] *County Health Sector Annual Performance Review Report 2020/21*
[4] *2019 Kenya Population and Housing Census*
[5] *NCC Sessional Paper No. 3 of 2021 on Land Use Policy*
[6] *County Health Sector Annual Performance Review Report 2020/21*

1.4 Socioeconomic Status

Nairobi City County is the nerve centre of Kenya's economy, contributing about 21.7 per cent of the gross domestic product[7]. Therefore, it is a County of interest of Kenya's contribution as a capital city, local and regional economic and political hub. The leading economic activities in Nairobi City County are finance, insurance, real estate; and business services; restaurants and hotels; transport and communications, manufacturing, wholesale and retail trade[8]. According to the Basic Report on Well-being in Kenya, the County's poverty index was reported as absolute poverty (16.7%), Food poverty (16.1%) and Extreme poverty (0.6%) of the County's population.[9]

1.5 Epidemiology

Over the last 10 years, the County has reported a general improvement and performance of the health indicators. However, the residents still face numerous communicable and non-communicable health challenges e.g., cancers, hypertension, diabetes, malnutrition, upper respiratory HIV/AIDS and tuberculosis. Outpatient records indicate diarrheal (16%), skin, and respiratory (60%) illnesses as the top three causes of morbidity. The top ten communicable and non-communicable (NCDs) diseases incidence for under-five and over-five years as shown in the table[10].

Table 2. *Top ten disease incidence*

S/No	Under five years (<5)	S/No	Over five years (>5)
1	Respiratory diseases	1	Respiratory diseases
2	Diarrheal	2	Skin
3	Skin	3	Diarrheal
4	Pneumonia	4	Urinary Tract Infections
5	Clinical Malaria	5	Typhoid Fever
6	Confirmed Malaria	6	Clinical Malaria
7	Urinary Tract Infections	7	Dental Disorders
8	Ear Infection	8	Pneumonia
9	Typhoid	9	Ear Infection
10	Accidents	10	Accidents

Source: *County Integrated Development Plan 2018-2022*

1.6 Key Health Performance Indicators

In Financial Year (FY) 2018/19- 2020/21, Nairobi City County has reported improved health indicators. This is despite the numerous health challenges in the County. According to the Nairobi City County Health Reforms Taskforce Report (2023), the County experiences a high burden of both communicable and non-communicable diseases. In FY 2020/2021 was characterized by low service uptake due to fear of COVID-19 infection at the health facilities affecting most health indicator outcomes against the performance targets. As a result, the County prioritized interventions that help improve communities' health-seeking behaviors, to address the utilization and demand for health care services. The figures below show the health outcome indicators' performance in FY 2018/19-2020/21[11]. Indicators here are those closely related to CHP work.

[7] *Kenya Economic Report 2020 (KIPPRA)*
[8] *County Annual Development Plan (CADP) 2021/2022*
[9] *Kenya Integrated Household Budget Survey, 2016*
[10] *County Integrated Development Plan (CIDP) 2018-2022*
[11] *County Health Sector Annual Performance Review Report 2020/21*

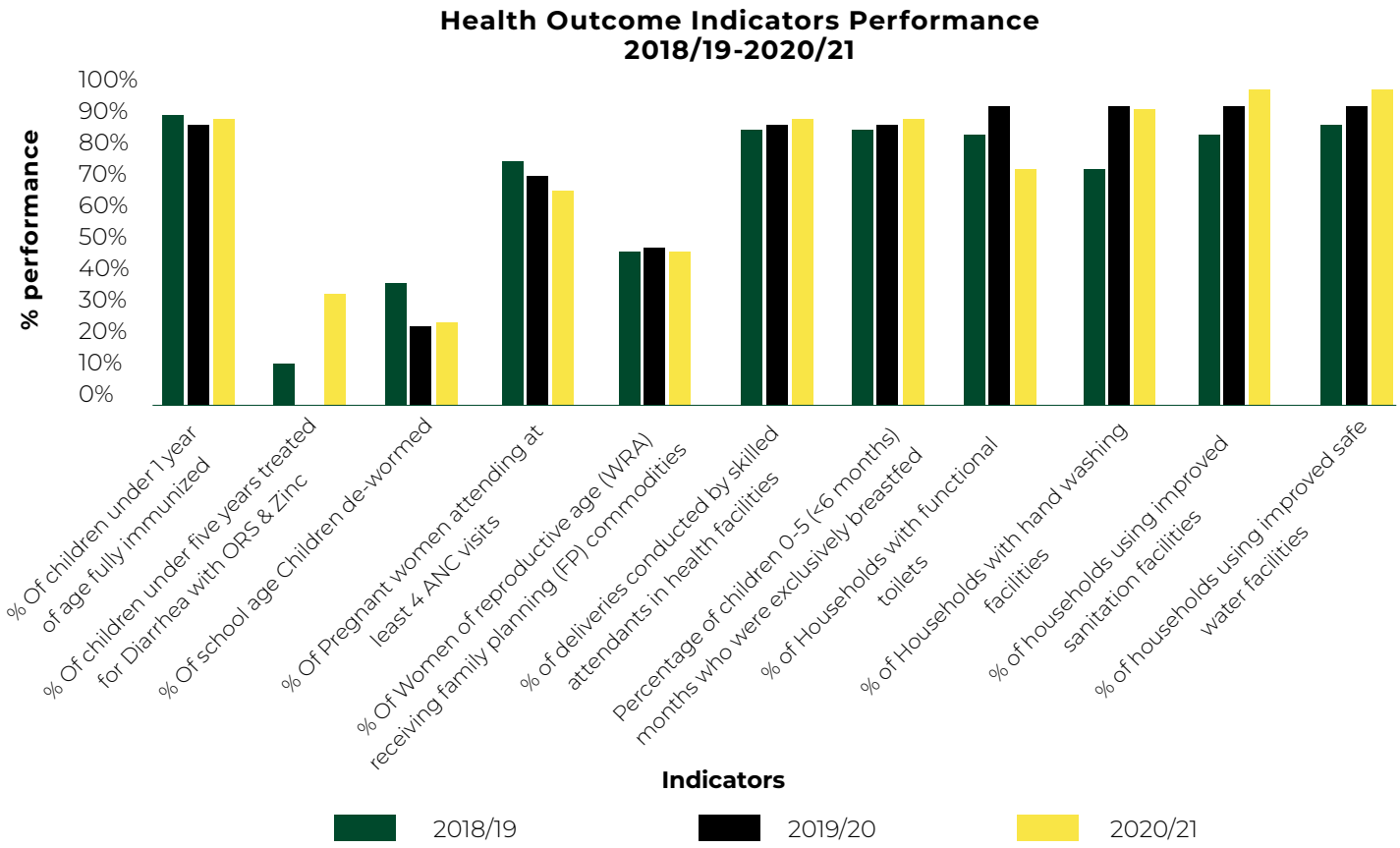


Figure 2. *Nairobi City County key health indicator performance 2020/21*
Source: *County Health Sector Annual Performance Review Report 2018/19–2020/21*

1.7 Healthcare System in Nairobi City County

The County health department's mission is to provide quality healthcare services that are accessible, equitable and sustainable to the population to attain the highest possible standard of health in a manner responsive to the population's needs. The department's goals and objectives are anchored in the national health sector policies, goals, and objectives. Health services in Nairobi City County are provided by the following key actors: public health sector which is government owned, faith-based providers and private providers.

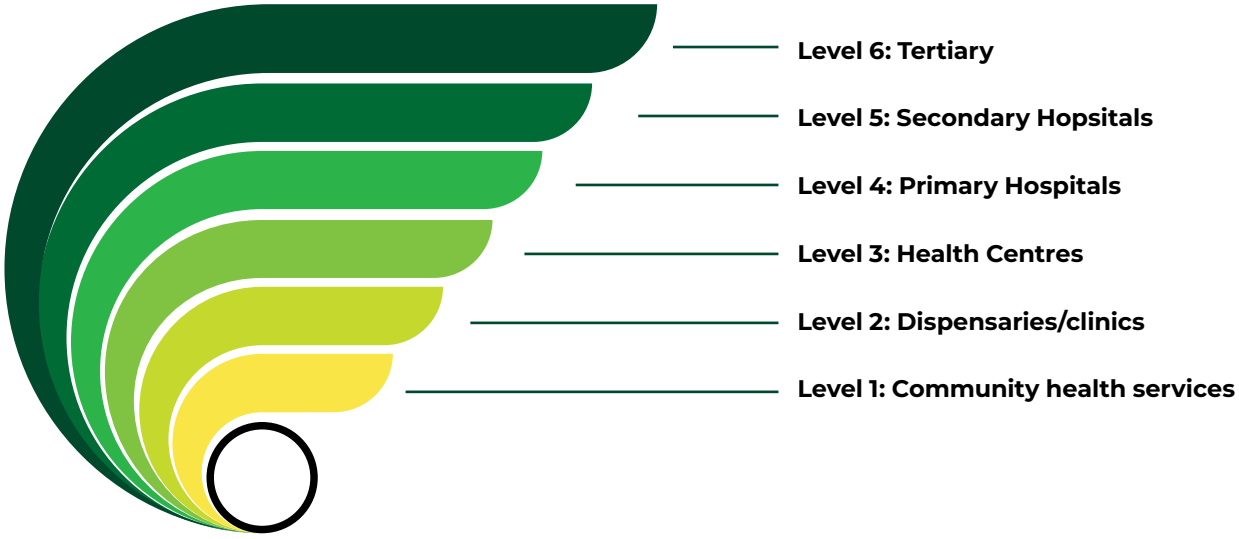


Figure 3. *The six levels of healthcare service delivery*

The service delivery structure is aligned to the nationally recognized six levels of care as per the First schedule to the Health Act, 2017. The County Government is responsible for levels 1-5 services. The figure below shows the levels of service delivery:

The County has launched several interventions and programs aimed at addressing access to affordable and quality health services and to the most vulnerable such as Linda Mama under the NHIF, Universal Health Coverage (UHC), Quality Assurance and Improvement among others.

In recent years, the County has made efforts to improve access to affordable and quality healthcare services. These efforts include investing in healthcare infrastructure by constructing new health facilities and upgrading the existing ones to reach underserved areas. The County has a total of 803 health facilities of which 119 (15%) are public sector managed health facilities spread across the 17 Sub Counties. The remaining 684 (85%) are either FBO, private or NGO managed. Level 1 of care (Community Health Services whose focus is on preventive, promotive, rehabilitative and client identification for referral and defaulter tracing, has a total 748 community health units (CHUs), depicting 80% coverage. Table 4 shows the summary of distribution of the health facilities per level across and ownership.

Table 3. *County Health facility distribution by level of care and ownership*

Level of care	GoK	Private	NGO	Total
Level 2	58	403	76	537
Level 3	45	121	34	200
Level 4	13	31	13	57
Level 5	3	4	2	9
Total	**119**	**559**	**125**	**803**

Source: *Nairobi City County Health Reforms Taskforce Report*

1.7.1 Levels of care and services offered

1. **Levels 4 and 5 Health Care Facilities:** They offer a broad spectrum of promotive, preventive, curative, diagnostic, rehabilitative inpatient, and health training and mentorship services.
2. **Levels 2 and 3 - Dispensaries & Health Centres:** Primary health care facilities form a critical interface between the community and the higher-level facilities. Facilities at this level offer primary outpatient care, minor surgical services, essential laboratory services, maternity care, limited inpatient facilities, and coordination of the linked community health units.
3. **Level 1 - Community Health Services:** In Nairobi City County, community health services are integrated with the primary health care system through a referral mechanism with community health units acting as link facilities. Community health services focus on demand creation for services offered at the health facilities and offer preventive, promotive and rehabilitative services in the informal settlements of Nairobi. This level comprises of community health units (CHUs), defined as a collection of 1000 households served by ten Community Health Promoters (CHPs). Each community health volunteer is assigned 100 households. The community health committee (CHC) members offer leadership and governance at that level, with 5 to 9 members. Activities at the community health level focus mainly on promotive, preventive, and rehabilitative services[12].

[12] *The Nairobi City County Community Health Services ACT 2019; Kenya Community Health Policy 2020-2030; Kenya Community Health Plan 2020-2025*

1.7.2 Leadership and Governance

The County has in place leadership and governance structures to coordinate and manage service delivery at all levels of the County health care system. The table shows the service delivery coordination and management structure.

Table 4. *County Health coordination and management structure*

Level of Care	Coordination and management structure
County	County Health Management Team, Chief Officers of Health, County Health Executive Member
Sub County	Sub County Health Management Team
Level 4 – Hospitals	Health Facility Management Team, Hospital Board
Level 3 – Health Centres	Health Facility Management Team, Health Facility Management Committee
Level 2 - Dispensaries	Facility In-charge
Level 1 – Community Units	Community Health Committee

Leadership and governance of community health units is provided by community health committees (CHC). Each CHU has a CHC. Community health services are provided within a community health unit (CHU) by a community health workforce comprising of the community health assistant (CHA)/CHO, and Community Health Promoters (CHP)[13]. Each CHP provides services to 100 households or approximately 1000 people, while the CHA provides technical assistance and supervision to the CHP.

1.8 Health Financing

The county government is responsible for providing healthcare services to its residents, including financing healthcare facilities, purchasing medical equipment and supplies, and paying healthcare workers. In recent years, the Nairobi City County Government has made efforts to improve healthcare financing in the county. These efforts include increasing the county's health budget, expanding health insurance coverage through the National Health Insurance Fund (NHIF), and investing in health infrastructure among others. According to the Kenya National Bureau of Statistics, the Nairobi City County Government allocated KES 9.7 billion (approximately USD 89 million) to the health sector in the 2019/2020 fiscal year. This represented an increase of KES 1.2 billion from the previous year's allocation of KES 8.5 billion[14]. General health funding has progressively been increasing since 2015, with the County government's general health expenditures as a percentage of the total government expenditures averaging 17 percent. For the FY 2020/21, the County also received funds through the Health Sector Support Fund amounting to KES 79 million to compensate the levels 2 and 3 facilities for the loss of user fees due to the 10/20 policy.

Figure 4 illustrates a five-year past trend allocation of the general health expenditure as a percentage of the total government expenditure in the County.

[13] *Kenya Community Health Strategy (2020–2025)*
[14] *The Nairobi City County Fiscal Plan Paper, 2021*

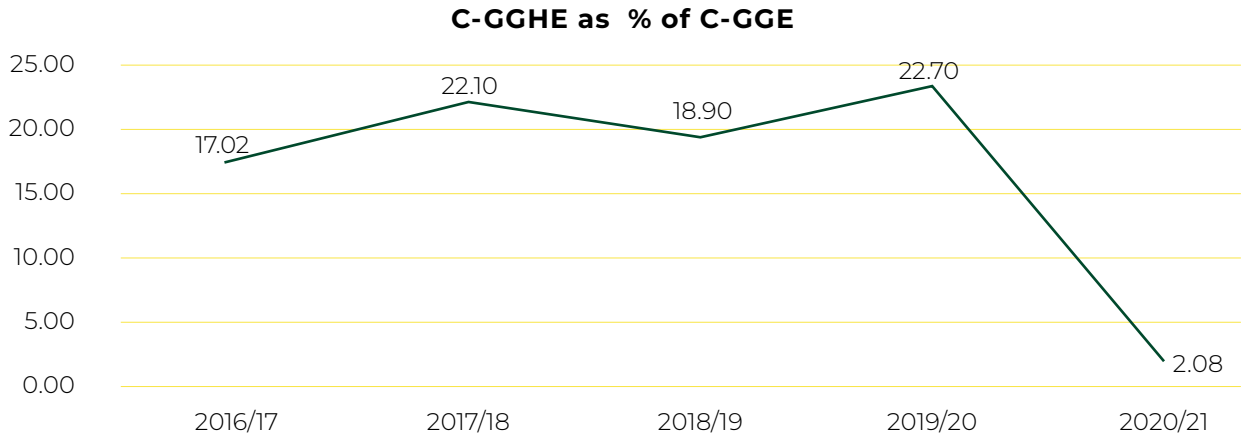


Figure 4. *% of County Government general health expenditure as a percentage of the County Total Government Expenditure*
Source: *Office of the Controller of Budget, County Governments' Budget Implementation Review Report 2016/17–2020/21)*

In FY 2020/2021, the County prioritized community health volunteer stipends in the supplementary budget an allocation at KES 100 million, demonstrating the County's political will and prioritization for community health services. However, the current stipend requirement is KES 313,320,000 (each CHP receiving KES 3,000 stipend and KES 500 NHIF upon attainment of 80% and above performance as per the ACT). Under the preventive and promotive health services, community health interventions allocated KES 6.85 million in FY 2020/21[15]. The funding sources for the County health budget varied in FY 2019/20 and 2020/21. A couple of reasons why this happened; (1). County transition to National Government in FY 2020/21; (2) Budget re-prioritization in response to COVID-19 support. Figure 5 shows the distribution of funding based on the financing source for the health sector in FY 2019/2020.

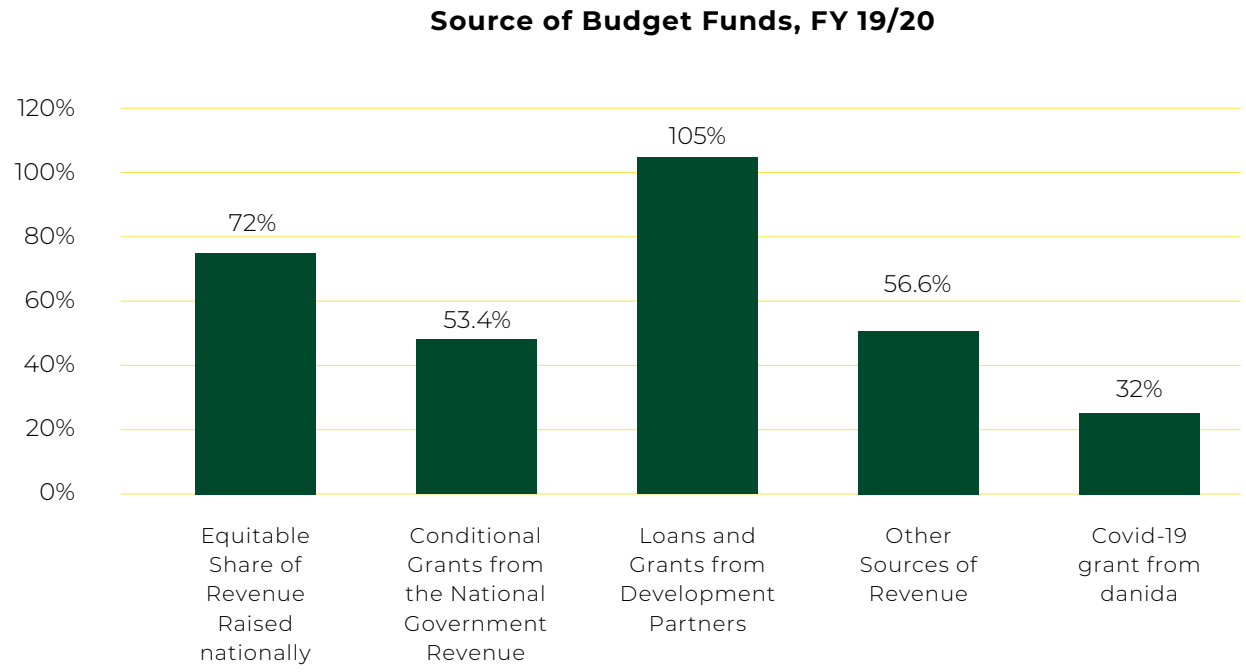


Figure 5. *Sources of funding FY 2019/20*
Source: *County Fiscal Plan Paper 2019/20)*

[15] *County Health Sector Annual Performance Review Report 2020/21*

The financing landscape in the County government changed at the onset of COVID-19 and the transition of some County functions to the national government.

Figure 6 below shows the source of funds in FY2020/21.

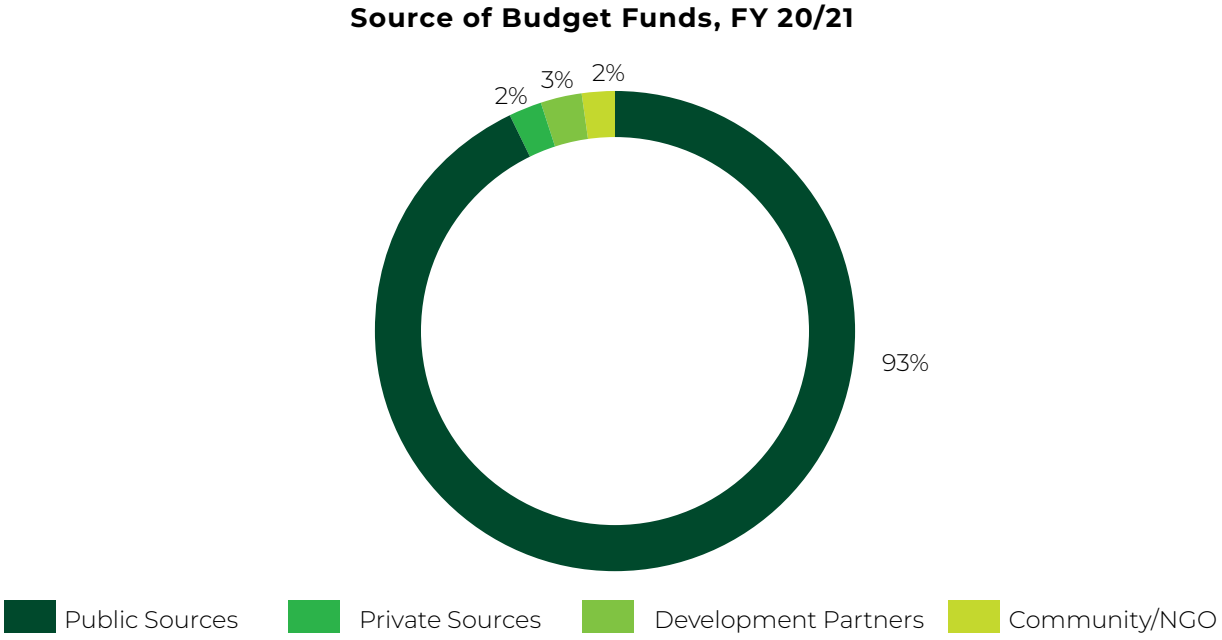


Figure 6: *Sources of funding FY 2020/21*
Source: *County Fiscal Plan Paper 2020/21*

1.8.1 Health Insurance

Despite Nairobi City County not being among the four counties selected for the Kenya UHC program, the County government has made deliberate efforts to spearhead the registration of indigents in response to the National Health Insurance Fund (NHIF) requirements for household registration and meeting the NHIF health facility enrollment compliance. The County involved the community health workforce in the NHIF household indigent vetting and enrolment process. A total of 326,000 households were enrolled as indigents. Currently 66,108 are covered by NHIF. Sixty-three percent (63%) of health facilities that met the NHIF compliance have been assigned codes after accreditation in effort to a sustainable financing for health facilities under the Facility Improvement Fund (FIF).

1.9 Human Resources for Health

The Health Wellness and Nutrition Sector has a total 4,765 health care workers 66% (3,148) of these are technical staff categorized under these cadres: Medical Officers/Specialists (393; 8%), Nurses (1852; 38%), Clinical Officers (454;10%), Public Health Officers (164;3%), Laboratory Technologists and Technicians (285; 6%). Due to a growing population and ever-increasing health needs the current health workforce across cadres is highly inadequate and does not align to the norms and standards. Besides workforce shortages, other issues affecting the existing health workforce are: unharmonized terms and conditions of engagement among the different cadre of staff employed/contracted by different authorities, skills imbalance and mix, unfilled vacant positions causing a heavy workload on existing staff, unfavorable work conditions and environment among others[16]. Nairobi City County recognizes that the community health workforce is an integral part of the primary health care system and is committed to ensuring the Community Health Promoters are provided with the proposed stipend and health insurance cover as part of the incentive package for the cadre. The County has a Community Health Services Act, 2019 a legal framework that stipulates the coordination and management of the community health workforce. Community health services have a total 7480 CHPs spread across 748 CHUs. The CHP supervisors are understaffed at 68 Community Health Assistants, falling way below required standards of the recommended CHA : CHP ratio of 1 CHA : 1 CHP.

[16] *Nairobi City County Health Reforms Taskforce Report (2023)*

1.10 Health Information System

The County's primary health information system is anchored in the Kenya Health Information system (KHIS), formerly DHIS2. Other subsystems for program-based information management that interface with the KHIS is TIBU, TB allocation for TB commodities, reproductive health dashboard, and Chanjo for managing immunization information. With the advent of technology used for managing health records, the County has not been left out in embracing the use of Electronic Health Records (EHR). County public health facilities use EHR, mainly in TB, HIV, and NCD programs. The County is currently rolling out an electronic community health information system (eCHIS). Health data in public health facilities is collected either manually or through electronic medical records. At the community level, data collected is through the various MoH community health data collection registers and linked to the link health facility. Some of the challenges in health information system at the County is data, information and reporting duplication and fragmentation, inadequate capacity (analytics, utilization, and workforce), weak system integration and data linkages from the subsystems to KHIS, low investment in HIS, weak partnership coordination including overseeing HIS interventions and investments.

1.11 Health Products and Technologies

The County has made remarkable improvements on the supplies and commodities management system. Some of the notable improvements include: reporting rates for Health Products and Technologies (HPT), Health commodities procurement for the County hospitals made a realization using the facility generated revenue whereas the primary health care facilities health commodities was done through the County revenue funds, conducive policy environment such as availability of guidelines and protocols for the various HPT, health partner support for capacity development on quantification commodity management and the use of Logistical Management Information System (LMIS), improved refill turnaround time, order fill rates and facility ordering capacity. The Community health workforce commodities and supplies are as per the nationally recommended CHP kit.

1.12 Community Health Services Policy Framework

The development of this implementation plan is anchored on global, regional, and national legal frameworks, policies, and strategies that recognize the pivotal role community health workers play towards the acceleration of primary health care and the attainment of UHC.

a) Global Political Context Supporting the Development of Community Health

A growing global momentum is increasingly supporting the need to strengthen Community and Primary Health Care systems: The Astana declaration reaffirms the commitments expressed in the ambitious and visionary Alma-Ata declaration of 1978 and the 2030 Sustainable Development Goals. The Astana Declaration (2018) emphasizes empowering communities to be part of the solution and a part of primary health care systems. The operational framework for implementing the foundations of the Astana declaration focuses heavily on community health workers, their part in primary health care, and connecting them to facility-based teams in an integrated system. Kenya is a signatory to the Astana Declaration.[17] In 2018, the World Health Organization Policy Guidelines for Community Health Workers (CHWs) provided evidence-based guidelines to assist governments and their partners in improving the design, implementation, performance, and evaluation of CHW programs, contributing to the progressive attainment of UHC. It contains pragmatic recommendations on selection, training, certification, management, supervision, and PHC systems integration.[18]

b) Regional Policy Frameworks on Community Health

The Africa Health Plan 2016–2030 part of the African Union agenda sets a strategic objective to achieve universal health coverage by fulfilling existing global and continental commitments that strengthen health systems and improve social determinants of health in Africa by implementing them by 2030. This entails strengthening community health systems and decentralizing service delivery focused on integrated, comprehensive primary health care and efficient use of resources. Further, based on the African region's human resources gap, the African Union has recommended the urgent need to recruit, train, and deploy 2 million CHWs, urging governments to prioritize this as a key to achieving the Sustainable Development Goals.

[17] *https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf*
[18] *https://apps.who.int/iris/bitstream/handle/10665/275474/9789241550369-eng.pdf*

c)The Constitution of Kenya 2010
The Constitution of Kenya 2010, 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 contrast, article 53(1) (c) provides for the rights of every child to access essential nutrition, shelter, and health care. Under Article 56 (e), the state shall implement affirmative action programs to ensure that minorities and marginalized groups have reasonable access to water, health services, and infrastructure. 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.

d) Kenya Vision 2030
Kenya Vision 2030 is a developmental blueprint. Its first flagship project under health is to revitalize community health centres to promote preventive health care instead of curative and promote a healthy individual lifestyle. This plan depicts that community health will be a crucial enabler in attaining the development blueprint agenda.

e) The Kenya Primary Health Care Strategic Framework (2020–2024)
This framework recognizes the role of the community as key to the attainment of population health. It acknowledges that community health units are the first level of healthcare delivery in Kenya. This plan document envisions the transformation of the service delivery team through (i) functionally linking all CHUs to primary health facilities (ii) introducing multi-disciplinary teams, which will comprise of CHPs and will focus on promotive and preventive health services.

f) Kenya Community Health Policy (2020–2030) and the Kenya Community Health Plan (2020–2025)
This implementation plan is anchored on the national government policy and plan for community health. The two documents seek to empower individuals, families, and communities to attain the highest possible standard of health across all health domains. And to achieve a strong, equitable, holistic, and sustainable community health system and effectively leave no one behind.

g) Advocacy, Communications and Community Engagement (ACCE) Framework for Primary Health Care in Kenya (2021-2024)
This framework seeks to create awareness, knowledge and mobilizing support for the utilization and investment of PHC from the community and among other stakeholders. The community health services have a central role in ensuring the framework is implemented, particularly in strengthening community ownership, engagement, and participation in Primary Health Care.

h) Primary Health Care Network Guidelines
The delivery of PHC requires multi-disciplinary teams, community health workforce being a key resource in Primary Health Care Network (PCN), an approach embraced by the County to ensure effective implementation of primary health care and attainment of the goals of the Kenya Primary Health Care Strategic Framework 2019–2024. Through the PCNs, a range of services will be provided, responding to the health needs of specific communities. Community health units are a vital part of the PCNs.

i) Kenya Community Scorecard Guidelines for Social Accountability in Primary Health Care
Social accountability is essential to demand generation for PHC as it balances health care services' demand and supply side. The Kenya Community Health Plan (2020–2025) aims to create individual and household awareness of the right to equitable, good quality health care and demand for services as articulated in the Constitution of Kenya, 2010. The community scorecard adoption will help measure community involvement, participation, and healthcare accountability.

j) Nairobi City County Integrated Development Plan (CIDP), 2023–2027
The CIDP seeks to strengthen the health system by expanding the role of Primary Health Care by upscaling the role of CHPs. The Nairobi City County Integrated Development Plan (CIDP) 2023-2027 aligns with the political commitments on community health services.

k) Linda Mama
Launched by the President of the Republic of Kenya in 2013, the Linda Mama program was designed to complement the Universal Health Coverage framework. The program emphasizes access to affordable and equitable health services delivery of the highest quality standard. Linda Mama focuses on maternal and newborn care (4ANC visits and emergency services, normal delivery, caesarean section and complications in delivery, four focused postnatal care visits, immunizations, family planning, and any other related outpatient conditions for infants for one year).

l) Universal Health Coverage
Aligning herself to the UHC national goals, Nairobi City County focused on three key pillars:

- **Governance:** Set up a UHC secretariat to operationalize UHC in all public health facilities, oversee the establishment of CHUs and recruitment of CHPs to assist with demand creation for services, and ensure indigent registration at the household level
- **Service delivery:** Expanded service delivery by improving infrastructure development and recruitment of health workers
- **Health Financing**: Fast-tracking of user fee forgone disbursement, health facility accreditation by NHIF

m) County Health Sector Strategic and Investment Plan 2013/2014-2018/2019
The Nairobi City County Health Sector Strategic and Investment Plan 2013/2014–2018/2019 aligns with the Kenya Health sector implementation plan 2018–2023, the Nairobi City County (NCC) policy documents, particularly the NCC Implementation plan, NCC Health Policy (2016–2020) and the Nairobi City County Human Resource for Health Policy (2016-2020). This plan provides direction on the implementation, coordination, and monitoring of health services delivery in Nairobi City County.

n) Nairobi City County Community Health Services ACT, 2019
The Community Health Services Act, 2019 provides a legal framework within which governance of the community health workforce is anchored. The Act guidelines on CHP remuneration and community health service leadership and governance structures.

o) The task force report
The Nairobi City County Health Reforms Task Force vide Kenya Gazette Notice No. 11277 dated 14th September 2022, appointed by His Excellency the Governor of Nairobi City County, mandated to engage members of the public, County health staff and other health actors and stakeholders to and including community health services. Below are recommendations provided by the taskforce on integrated community health services:

1. Review and enhance Nairobi context specific CHP scope of services/service package
2. Strengthen community health units' linkages with levels 2-3 primary health care based on the hub and spoke model
3. Strengthen follow up, feedback and accountability mechanisms, facility-community-family health linkages and outreach services
4. Hold annual recognition and awards events to recognize best performing community health units, link health facilities and health care workers

p) Governor and Deputy Governors Manifesto (Let's make Nairobi Work)
Under the manifesto which provides for a city of order and dignity, health services are given prominence and promises the residents of the County a working universal health care including increasing a sustainable investment for CHPs.[19]

[19] *Let's make Nairobi Work; Governor and Deputy Governors Manifesto (2022)*

02

Situational Analysis

02 | Situational Analysis

2.1 Overview

The Nairobi City County department of health services conducted a situational analysis of the community health services through the Community Health Unit. The situational analysis approach was a mix of methodologies aimed at a deeper understanding of the Community Health services and how that fits into the County's primary health care.

A desk review was conducted to establish the program status guided by the six WHO health systems-building blocks. This information was triangulated with data from interviews with community health services coordinators. In addition, a stakeholder's inception workshop was held to discuss the findings of the situational analysis. Participants in the stakeholder's forum were drawn from representatives of the County, Sub County, and health-implementing partners and the community health promoters.

2.2 Evolution of Community Health Services in Nairobi City County

Figure 7 outlines the evolution of the community health services in Nairobi City County.

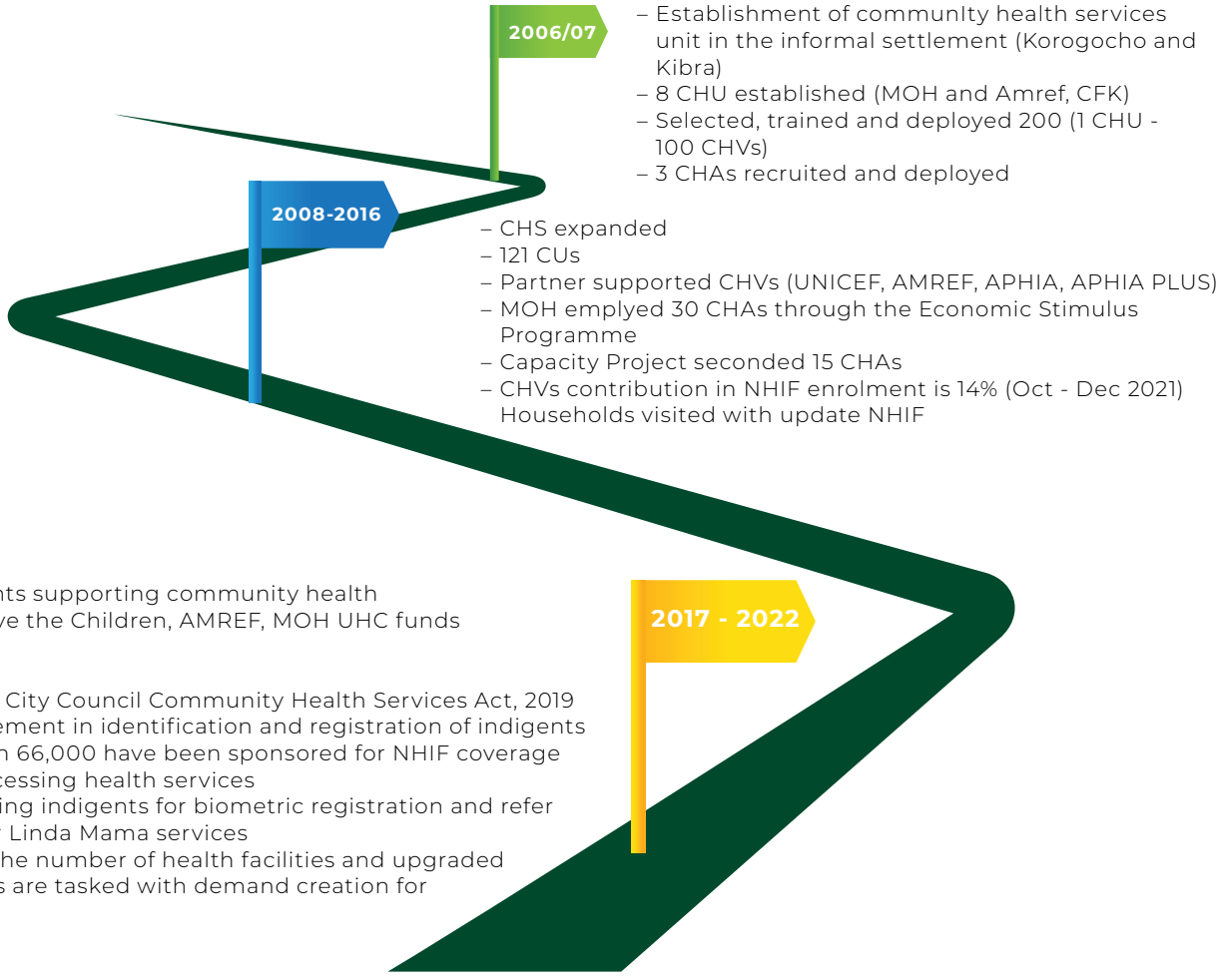


Figure 7. *History of community health services in Nairobi City County*

2.3 Community Health Services System

The community health structure in Nairobi City County mirrors the recommended national structure as per the Kenya Community Health Policy (2020-2030) and the Kenya Community Health Strategy Plan (2020-2025) as follows:

- 1 CHA (100 – 150 CHPs). The CHA Currently serves at the Community Health Unit and the link facility
- 1 CHA offers technical assistance to 10 Community Health Units
- 1 CHP is assigned to 100 households

There is a critical shortage of CHAs in Nairobi. The workload in CHP management is unbearable for the 68 CHAs managing and supervising 748 CHUs. The current CHA:CHP ratio is estimated at 1:110 translating to one CHA supervising 11 CHUs, whereas the recommended ratio is 1 CHA:1CHU. To bridge the gap CHS received UHC funds to establish an additional 222 CHUs and the training and certification of 50 CHPs as CHAs (fully sponsored training at Kenya Medical Training College). The CHPs are crucial in advancing UHC agenda. They are actively engaged in demand creation for services e.g., encouraging mothers to register for Linda Mama. The County's community health service delivery aligns with the National recommendations on the core community health service package. All CHPs are fully trained in the basic module and only a few trained in select technical modules.

2.3.1 Community Health Leadership and Governance

Governance of the community health services at the community level is under the mandate of the Community Health Committees (CHCs). Management of community health services is at three levels i) County ii) sub-County and iii) facility by the community health services coordinators at the County and sub-County level and health facility in charges in close collaboration with the CHA. This team is linked to the local health facilities through the health facility nurse in-charge who receives referrals from the community level and refers patients back to the community for follow-up.

The situational analysis highlighted various issues that hindered effective leadership and oversight functions by the committees:

1. **Community Health Committees Capacity:** The County has established 748 CHCs to provide governance for the CHUs. However, there is need to strengthen their capacity using CHC curriculum. The CHCs do not have a clear understanding of their roles and responsibilities. The absence of incentives for the committees has resulted in low morale and motivation, which has affected the CHCs' functionality. CHC performance monitoring is therefore not well structured.
2. **Absence of a costed community health implementation plan:** The County does not have a costed implementation plan that guides the implementation of community health services. The unit relies on the annual work plan based on the understanding of the community health services needs at the community level. There has not been a community health services assessment to identify areas that need improvement.
3. **Community health technical coordination mechanism:** The County has functional and program specific technical working groups which encompass community health services. However, there exists an overarching and oversighting team that directs and advises on community health services at the County level. The Nairobi City County Community Health Services Act, 2019 recommends the establishment of a community health technical advisory committee.

2.3.2 Community Health Workforce

There are two main cadres of staff implementing community health in Nairobi City County. Currently, the County has 7,480 CHPs serving the informal settlements in which 60% of the County residents reside. The CHA to CHP ratio remains overwhelmingly unmanageable at 1 CHA: 100–150 CHPs, whereas the recommended national ratio is 1 CHA to 10 CHPs. The County CHP to household ratio is 1 CHP to 100 households (500 persons), meeting the nationally recommended ratio. The table below shows CHU distribution per sub-county.

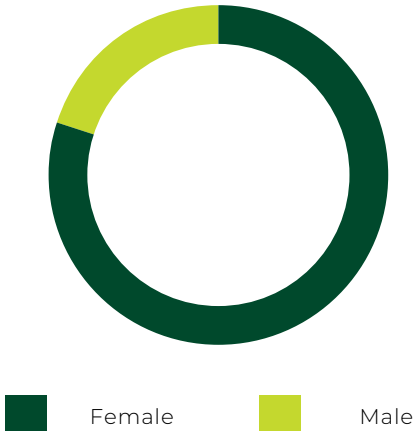
Table 5. *Analysis of CHU and CHP distribution per sub-county and the existing gaps*

Sub County	Target CHUs	Total Functional CHUs	CHU % Coverage	Total Number CHPs	CHU Gap	No. of CHAs
Dagoretti North	54	56	103%	560	-2	5
Dagoretti South	64	44	69%	440	20	4
Embakasi Central	58	31	53%	310	27	2
Embakasi East	71	28	40%	280	43	4
Embakasi North	39	52	132%	520	-13	4
Embakasi South	83	45	54%	450	38	4
Embakasi West	65	33	51%	330	32	3
Kamukunji	67	51	76%	510	16	5
Kasarani	91	20	22%	200	71	3
Kibra	43	65	153%	650	-22	5
Langata	45	37	82%	370	8	3
Makadara	52	60	115%	600	-8	4
Mathare	47	49	104%	490	-2	4
Roysambu	69	12	17%	120	57	3
Ruaraka	53	58	108%	580	-5	4
Starehe	48	50	104%	500	-2	5
Westlands	52	57	110%	570	-5	6
Total	**1002**	**748**	**75%**	**7480**	**254**	**68**

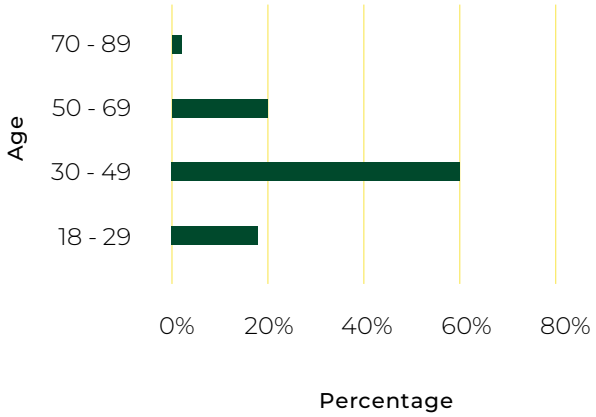
Source: *Community Health Services Unit, 2023*

Recruitment, training, deployment, coordination, and management of CHPs is the responsibility of the County Government Health Wellness and Nutrition Sector. Community health workforce distribution is done based on community health needs and population size. The figure below shows the County's CHP profile by gender, age, disability, and level of education.

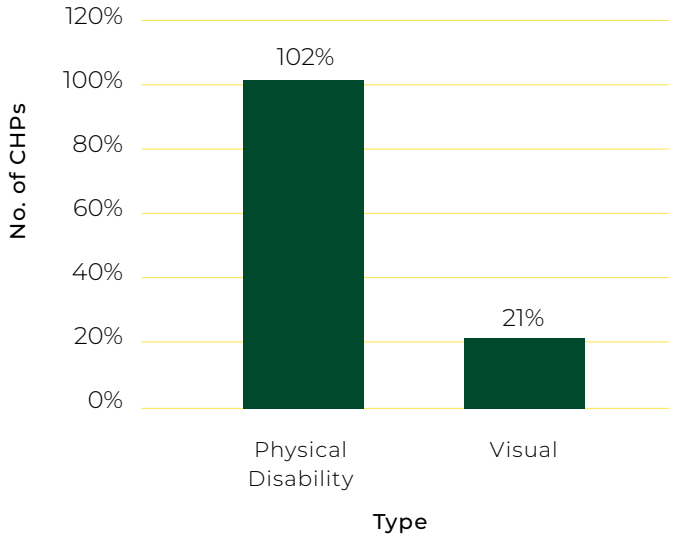
NCCG CHPs Gender



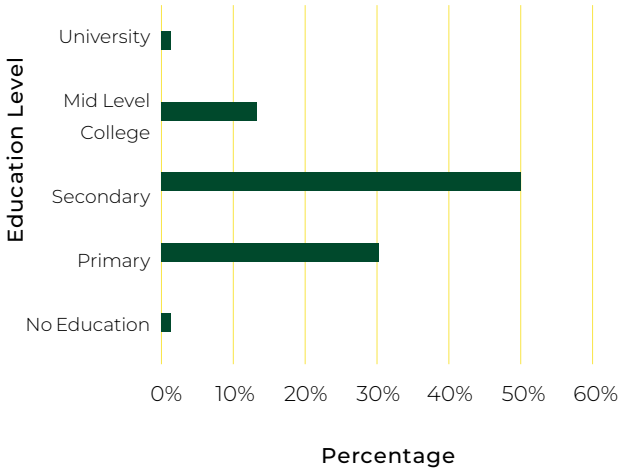
NCCG CHPs Age Analysis



NCCG CHPs with disabilities



NCCG CHPs Education Level



The major gaps identified in the community health workforce were:

1. **Community health workforce recruitment and deployment:** The CHA numbers deployed do not commensurate with the number of CHUs. There are 68 CHAs; ideally, there should be 938 CHAs (1 CHA: 1 CHU) and 9380 CHPs. CHPs are recruited as stipulated in the Act.
2. **CHP training:** CHPs have been trained in the basic modules. Technical training is community need based. Many of the CHPs have not been trained in the technical modules.
3. **CHP performance and supervision:** There is an existing and structured support supervision system in place. However, there is a need for enhancing supervisory capacity through training of CHAs in supervisory skills and providing logistical support during the support supervision activities. CHP performance is linked to the monthly stipend. A CHP is entitled to stipend upon attaining 80% monthly reporting rate as per the CHS Act 2019 and the CHP monthly performance evaluation checklist (refer to annex for checklist).
4. **CHP remuneration:** The County is responsible for the remuneration of 7480 CHPs through a monthly stipend of Ksh 3,500 per CHP. Occasionally, such as during health campaigns and national events CHPs are engaged through vertical partner programs and remunerated based on activities involved. The County has made progress and is making efforts to promptly pay CHP stipend. Occasioned by limited community health services funding, CHP stipend has previously been inconsistently paid, leading to low morale and demotivation.

2.3.3 Community Health Financing

It was reported that limited resource allocation for community health interferes with the implementation of community health services activities. Though not disbursed, the County allocated KES 100 million for CHP stipends in FY 2020/21, clearly indicating political prioritization for the community health workforce. For FY 2022/23, community health has been allocated an activity budget of KES 3milllion in addition to the workforce wages allocated in FY 2020/21 that weren't utilized. Donor funding has reduced across counties and programs over the last couple of years. Nairobi is not unique and has suffered the effects of this decline. Instead, community health in the County has small pockets of donor support for parallel and donor-specific programs. Key community health financing challenges include:

1. **Limited resource allocation for community health services:** County financing for community health services is limited to CHP stipends, leaving little or no funds for service delivery needs such as commodities and supplies, supervisory visit allowances for supervision teams, and CHP kits. Also, partner support for programs is not necessarily aligned with health sector needs and priorities, and the County does not track or pool partners' financing for community health.
2. **Donor dependency on funding for community health program-related costs:** Over the years, partner programs implementing vertical programs have funded community health programmatic costs. Recently, there has been a shift in donor funding towards local Community-Based Organizations (CBO), with reduced funding and a call for self-reliance on governments and requirements to mobilize domestic resources for most programs.

2.3.4 Community Health Information Systems

The community health program in Nairobi has embraced the community health module in the Kenyan Health Information System (KHIS). However, inadequate reporting tools, skills gap (data management, collection, analysis, interpretation and presentation, and data utilization by community health workforce continues to be a challenge. In addition, heavy workload contributes to low data utilization.

The County is in the process of embracing the Electronic Community Health Information System (eCHIS) to improve community health data management and quality. Currently, the implementation of eCHIS is being piloted in three sub counties (Langata, Starehe and Ruaraka). Challenges associated with eCHIS set up include the high cost of start-up (infrastructure, equipment, and training).

1. **Inadequate reporting tools:** There are inadequate community health reporting tools from the national government. This has affected reporting of community health data not just in Nairobi City County but in all the counties.
2. **Data quality:** Despite the standardization of community health data collection across all community health units, it was noted that the data submitted by the CHPs has data quality gaps. This could affect decision-making and problem-solving.
3. **Irregular meetings for data review and feedback:** Data review and feedback meetings are not held on a regular basis. This contributes to the underutilization of community health data.
4. **Delays in household register updates:** Household registers are not updated on a regular basis. Over the last two years, only two sub counties were supported by partner organizations to update household registers. This means that community health services and resources cannot be accurately planned if household registers are not updated. The delay in household registers is because of inadequate household registers.
5. **Planning, monitoring and evaluation:** The community health units are involved in the development of annual workplans through the link facility. However, community health continues to suffer inadequate resources (human capacity, budget allocation) to fully accomplish planned community health services and activities.

2.3.5 Community Health Service Delivery

Community health services in Nairobi are fully integrated in primary health care to advance the goals and objectives of UHC. The community health service package aligns to the national community health policy. However, gaps exist in the comprehensiveness of service delivery such as mental health and nurturing care. The figure below shows the community health service package, both basic and technical training modules that each CHP must undertake before deployment to the CHU as per the MoH Community Health Volunteer Training and Certification Guidelines.

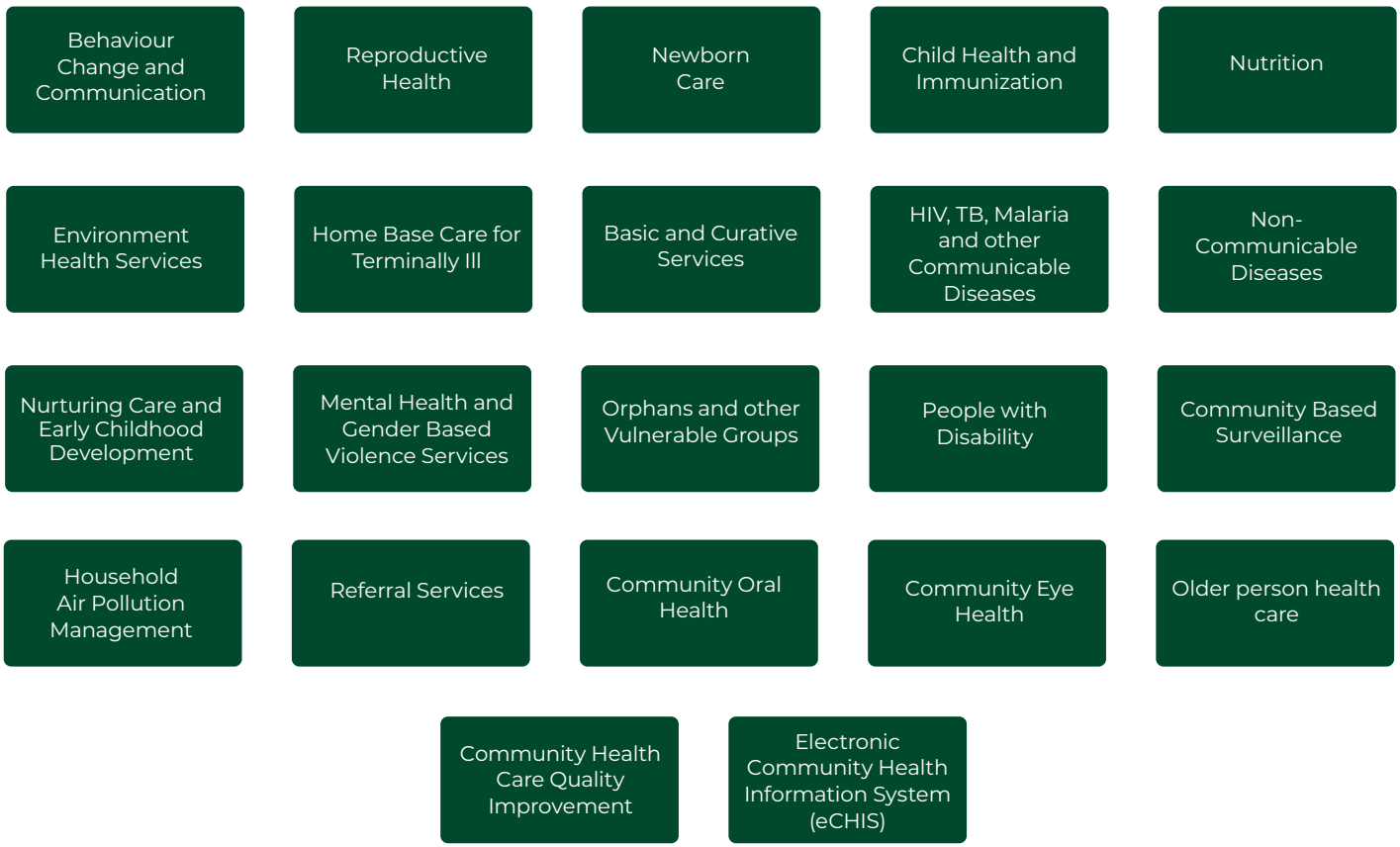


Figure 9. *Community health service package*
Source: *MoH Community Health Volunteers Integrated Curriculum*

1. **Inadequate skills capacity of the CHPs to provide the full range of services:** Community health service delivery is affected by inadequate training on technical modules, job aids and reporting tools.
2. **Weak referral system between level 1 and link health facilities:** There is a weak referral link from the facility back to the community, resulting in poor client follow-up on adherence to treatment, appointment scheduling, and home-based care services. This is mainly because the client is occasionally not provided with the facility to the community referral form due to knowledge gap amongst health provider in facility-community referral. In addition to this, the referral forms are also not consistently available.

2.3.6 Community Health Commodities and Supplies

Inadequate and frequent stock-out of commodities and supplies has hindered community health service delivery. The main challenges noted in community health supplies were:

1. **Community Health Promoter Kit:** There is an existing CHP kit as per the CHS guidelines. However, only a few CHPs have been provided with CHP kit by partners.
2. **Commodity tracking and management:** There exists a system to track the community health commodities and supplies. The community health workforce has not been trained on the 2022 community health commodity management KHIS tool.

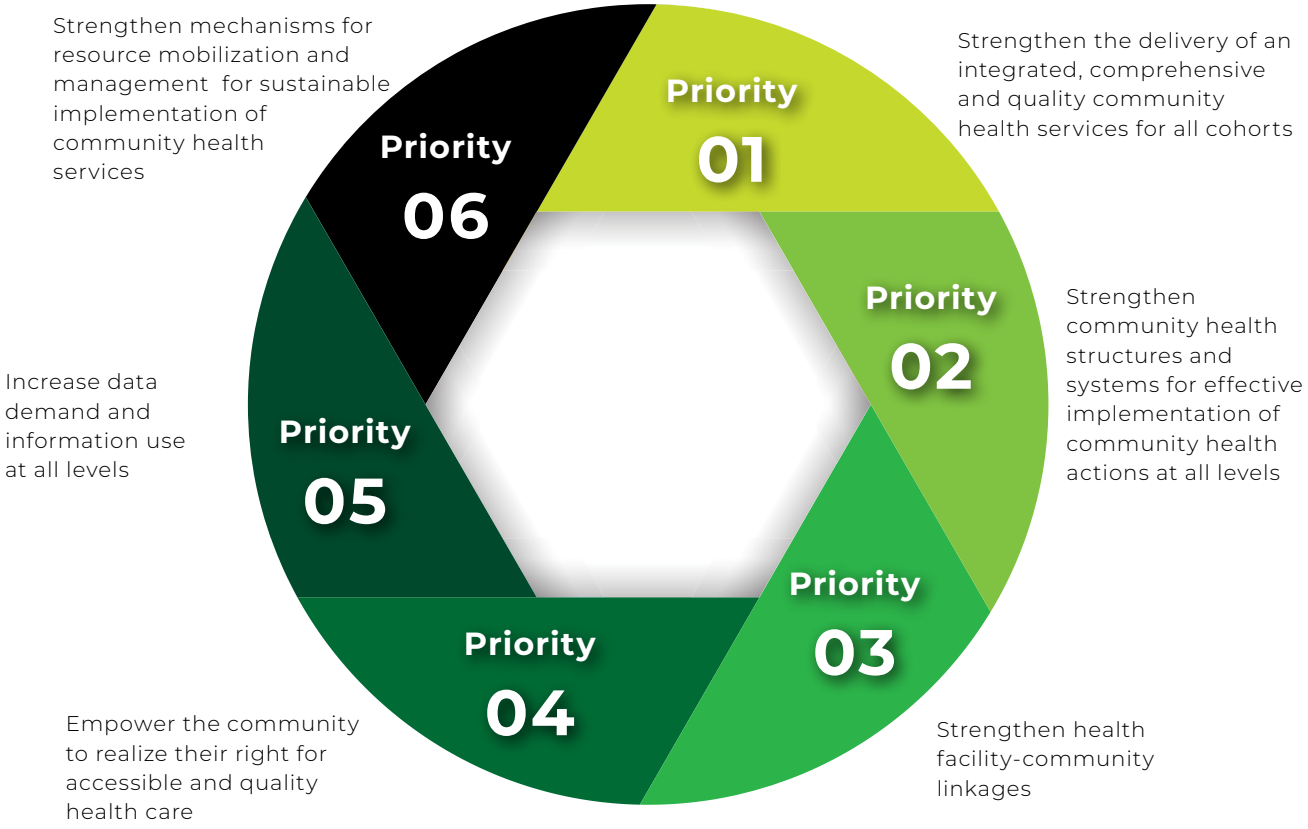
03

Priority 2023 – 2027

03 | Priority 2023 – 2027

This chapter provides details on the community health services priority areas, and interventions over the next five years. The Nairobi City County Community Health Services Implementation Plan is anchored on the Kenya Community Health Policy 2020–2030 and Kenya Community Health Strategy 2020–2025. The Community Health Services Vision, Mission, Goal, and Program Objectives align well with the County's Health Wellness and Nutrition Sector goals and objectives.

3.1 Community Health Services Vision, Mission, Goal, and Program Objectives



3.2 Priority Areas, Key Interventions and Activities

The Health Wellness and Nutrition Sector has identified program improvement priority areas and interventions to guide the implementation of the Community Health Services Implementation Plan 2023-2026. After preliminary situational analysis, the priority areas were proposed through consultative stakeholder engagement and input. The proposed priority areas and interventions are anchored in the national community health policy and plan documents and aligned to the six WHO health systems building blocks. The priority areas and objectives are discussed below:

Priority Area 1: Strengthen leadership and governance for community health services

Priority Area 2: Explore, design innovative and sustainable financing solutions for community health services

Priority Area 3: Build a highly motivated, skilled, and equitably distributed community health workforce

Priority Area 4: Improve Community health data reporting systems

Priority Area 5: Increase access, coverage, and utilization of community health services

Priority Area 6: Ensure efficient and sustainable commodities and supplies

The logical flow will be as shown in the figure:

Priority Area 1: Strengthen leadership and governance for community health services

According to the WHO[20], Leadership and governance involve guaranteeing health strategic policy frameworks, coupled with effective attention to system-design and accountability, coalition building, oversight, and regulation. Further, Siddiqi et al. (2009) stated that leadership and governance require wholistic oversight and direction, not just the public system, to protect the public interest - broader than simply improving health status.[21] Therefore, a functional community health system needs a strong coordination and management mechanism to provide oversight and guidance in implementing community health services while ensuring accountability, coalition building, effective coordination of services, regulation, strategic resource alignment and policy adherence, and overall attention to system design.

Objective 1.1: Strengthen community health oversight through planning and policy

Key Interventions and Activities:

1.1.1. Develop a costed community health services implementation plan 2023-2027
- Cost the five-year community health implementation plan
- Conduct internal validation of the draft costed community health services implementation plan
- Conduct external validation of the costed community health services implementation plan
- Design and print the final costed community health services implementation plan
- Launch and the community health services costed implementation plan
- Disseminate the Costed Community Health Implementation Plan 2023–2027 at all levels of service delivery

1.1.2 Strengthen community health services coordination and management
- Establish community health services technical advisory committee
- Hold inaugural community health services technical advisory committee meeting
- Hold quarterly community health technical advisory committee meetings
- Establish CHCs in newly created CHUs
- Train appointed CHC members for the newly created CHUs using the revised CHC curriculum
- Hold refresher training for existing CHCs using the revised CHC curriculum
- Hold bi-annual community health services stakeholder forums
- Co-opt CHC members into the health facility management committees
- Conduct quarterly CHU functionality assessments

[20] *World Health Organization, 2007. Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action*
[21] *Siddiqi, Masud, Nishtar, Peters, Sabri, Bile, and Jama 2009, 90:13-25. Framework for assessing governance of the health system in developing countries: Gateway to good governance. Health Policy.*

1.1.3 Review performance of the costed community health services implementation plan
- Hold quarterly community health services performance review meetings
- Produce quarterly and annual reports on the implementation progress of the costed community health services plan

1.1.4 Community health services regulation framework
- Develop the community health services regulation framework as per recommendations of the NCCG CHS 2019 Act

Priority Area 2: Explore, design innovative and sustainable financing solutions for community health services

Despite community health in Nairobi City County receiving a share of the County health budget, limited financing was highlighted as a significant impediment to the successful implementation of community health services. In addressing the gaps in health financing, stakeholders proposed financial solutions for community health services.

Objective 2.1: Develop advocacy and resource mobilization strategies for community health services
Key Interventions and activities:

2.1.1 Strengthen capacity in health financing, advocacy, and resource mobilization
- Train the Sub County community health services coordinators in community health financing, advocacy and resource mobilization
- Train CHMT in community health financing, advocacy and resource mobilization
- Train the SCHMT in community health financing, advocacy and resource mobilization
- Train health facility committee members community health financing, advocacy and resource mobilization
- Develop and disseminate the community health investment case
- Develop and disseminate community health services advocacy toolkit
- Develop and disseminate community health services resource mobilization plan

2.1.2 Build and maintain strategic public-private partnerships financing of community health services
- Conduct community health services needs assessment
- Map out community health services stakeholders and their interests
- Hold annual community health services advocacy forums
- Invest in digital platform to ensure efficient and effective use of resources

2.1.3 Design self-sustaining and financing solutions for community health promoters
- Lobby for ring fencing of community health services financing within the County health legal framework
- Fully integrate CHS annual work plan and budgets in the health facility work planning process
- Establish Community Health Units Savings and Loans Associations (CHUSLA)
- Training of ToTs on CHUSLA
- Training of CHAs and link facility in-charges on CHUSLA
- Training of CHPs on CHUSLA
- Engage Sub County development officers in the oversight of the CHU-CBOs
- Sensitize CHPs and CHCs on CBO registration requirements and benefits
- Train registered CHU-CBOs on entrepreneurship, basic financial management skills
- Monitor budgetary allocation, expenditure, and absorption of CHS funds quarterly

Priority Area 3: Build a highly motivated, skilled, and equitably distributed community health workforce

The delivery of community health care services is determined mainly by the availability of an adequate and carefully selected, appropriately trained, equally distributed, motivated, and continuously supervised community health workforce. To help recruit and deploy an adequate community health workforce, the Kenya Community Health Strategy 2020-2025 provides a breakdown of the allocation criteria of CHPs to the population based on population density. Nairobi City County has a population density ranging from 351 to 6247 persons per square kilometre; the recommended CHP to persons ratio will be 1:500, according to the Kenya Community Health Policy 2020–2030, which Nairobi has attained and surpassed. The following interventions are designed to select, build, motivate, support, and supervise and equitably distribute a community health workforce in Nairobi City County.

Objective 3.1: Strengthen community health services workforce recruitment, coordination, and management
Key Interventions and activities:

3.1.1 Equitable recruitment and deployment of community health services workforce
- Recruit and deploy additional community health assistants (A CHA/CHO per CHU as defined in the Community Health Services Policy and Strategy documents and scheme of service for CHA/CHO salary)
- Recruit and deploy additional Community Health Promoters

3.1.2 Strengthen the community health services workforce performance management system - appraisal, supervision, and productivity
- Conduct refresher training for community health coordination teams on CHP reporting and supervisory tools
- Train CHAs on supervisory skills from recognized institutions
- Conduct quarterly integrated community health supervisory visits
- Quarterly update of the community health workforce registry (KHIS)

Objective 3.2: Strengthen the capacity of the community health services workforce for improved service provision
Key Interventions and activities:

3.2.1 Conduct a community health services workforce capacity and coverage assessment
- Map out community health services workforce coverage and capacity
- Rationalize community health services workforce needs, distribution, and allocation at CHU and sub-county level

3.2.2 Strengthen the capacity of community health services workforce effective implementation of community health services
- Support CHP career progression for Community Health Promoters (Kenya Medical Training College Community Health Assistant Certificate Course)
- Train CHPs on basic modules
- Train CHPs on technical modules
- Conduct CHP on job training, mentorship and continuous professional development activities
- Conduct CHA on job training, mentorship and continuous professional development activities
- Carry out CHP assessment for certification
- Develop and maintain a community health workforce skills inventory

Priority Area 4: Improve Community Health Services Data Reporting systems

Data use for decision-making is vital in improving community health services access, quality, and resourcing. The Kenya Community Health Policy (2020–2030) and the National Community Health Digitization Plan (2020–2025) emphasize the need to strengthen the community-based health information system (CHIS). The CHS unit has embraced community data reporting, and over 805 of the CHUs are making regular reporting. The suggested improvement areas aim to improve community health information systems from the community level, all way up to the KHIS and eCHIS.

Objective 4.1: Strengthen Community Health Services Information System (CHIS)
Key Interventions and activities:

4.1.1 Deploy the electronic community health information system (eCHIS)
- Train ToTs/CHAs on eCHIS platform
- Train CHPs on eCHIS platform
- Roll out the electronic data collection and reporting tools
- Monitor eCHIS implementation and performance
- Provide eCHIS compliant mobile phones to all CHPs
- Provide tablets for Sub County Community Health Coordinators and CHAs

Objective 4.2: Enhance the capacity of the community health workforce on data quality and utilization
Key Interventions and activities:

4.2.1 Build the capacity of the community health workforce to collect, collate and report quality community health data
- Train Community Health Promoters on quality and accurate data collection reporting and utilization techniques
- Conduct CHAs training on KHIS/CHIS data management, analysis, presentation, and use for decision making
- Conduct County and sub-county community health service coordinators on KHIS/CHIS data management, analysis, presentation, and use for decision making
- Conduct monthly data review meeting between CHPs and CHAs

Objective 4.3: Strengthen community health services monitoring, evaluation, research and learning
Key Interventions and activities:

4.3.1 Improve the quality of Community health services data
- Procure and distribute CHIS reporting tools
- Conduct integrated quarterly community health data quality audits at CHU, link facility and sub-County level
- Conduct quarterly data review meeting CHU, link facility, sub-County, and County level

4.3.2 Promote learning and knowledge exchange on community health
- Conduct and publish at least annual CHS operational research
- Participate in national, regional and international community health conferences and seminars

Priority Area 5: Increase access, coverage, and utilization of community health services

According to the Kenya Essential Package for Health (KEPH), community health services should provide comprehensive promotive, preventive, and essential curative health services in line with the Kenya Quality Model for Health (KQMH for level 1). Community health services access, availability, and coverage are critical success drivers to achieve this goal. Below are interventions to address gaps in access to quality community health services in line with the community health services essential package.

Objective 5.1 Increase access to preventive, promotive and basic curative services at the household and community level
Key Interventions and activities:

5.1.1 Intensify household visits as per establishment guidelines
- Conduct regular household visits as per established
- Conduct continuous refresher for CHPs on service delivery

Objective 5.2: Increase community awareness, demand, and utilization of community and primary health care services
Key Interventions and activities:

5.2.1 Undertake integrated outreach and awareness campaigns on community health services
- Conduct community mobilization and awareness creation on NHIF services
- Conduct community mobilization and follow up for pregnant women for Linda Mama and other Services
- Hold quarterly community dialogue meetings
- Hold monthly action days

5.2.2 Increase demand for health services
- Create demand for utilization of health services
- Map and identify PHC and CHS champions
- Sensitize champions on PHC services portfolio and facilities
- Disseminate PHC messaging through existing community health channels such as community dialogue days and action days, public barazas
- Conduct social mobilization during outreaches
- Award best performing CHUs and CHPs in the implementation of PHC services

Objective 5.3: Strengthen the linkage between community and link facility referral system
Key Interventions and activities:

5.3.1 Effective referral from community health units to PHC facilities
- Create awareness of the community referral pathways
- Conduct follow-up visits for members referred from health facilities
- Establish community health services linkage desks in all link health facilities

Objective 5.4 Enhance quality of community health services
Key Interventions and activities:

5.4.1 Implement the community scorecard
- Train CHCs on use of the community score card
- Conduct quarterly community scorecard review and assessments
- Hold joint community and link facility meetings to discuss findings of the scorecard assessment

5.4.2 Strengthen Continuous Quality Improvement for community health services
- Conduct annual household mapping and registration
- Conduct continuous community-based disease surveillance and response
- Establish Work Improvement Teams (WITs)
- Provide monthly WITS support meetings at CHU level

5.4.3 Promote community health best practices and incentivise good performance
- Hold annual community best practices sharing forum (sub-county and county level)
- Document best practices and success stories on community health services

Priority Area 6: Ensure availability, timely distribution of community health commodities and supplies

The Kenya Community Health Policy 2020-2030 provides guidelines on the requisite commodities, supplies, and tools to help the community health workforce execute their duties effectively while being accountable for the appropriate use of the commodities and supplies issued. The situational analysis gaps in supplies and commodities ranged from financial limitations, operational and planning issues, availability, and access which impede community health service delivery.

Objective 6.1: Strengthen coordination and management of community health commodities and supplies
Key Interventions and activities:

6.1.1 Capacity building of community health workforce on commodity and supplies forecasting and quantification
- Train community health assistants and sub-county community focal persons on commodity and supplies forecasting and quantification, and inventory keeping
- Train CHPs on proper disposal of expired and used drugs and supplies

6.1.2 Provide adequate and timely community health commodities and supplies
- Provide timely and sufficient logistics support to the community health workforce to enhance commodity movement
- Provide CHP kit to all CHPs as per the Community Health Services Policy document

04

Implementation Plan

04 | Implementation Plan

4.1 Introduction

This chapter outlines the proposed key interventions and activities that need to be implemented over the next five years to improve the community health services at scale. The priority areas have been categorised into six thematic areas in accordance with the WHO Health Systems Building Blocks: leadership and governance, financing, workforce, health information, service delivery and commodities and supplies. For each priority area there are proposed key interventions and activities. After consultations with the head of the community health unit, document review, stakeholder engagement and analysis of secondary data, several interventions and activities were agreed upon for each priority area.

Nairobi City County is endowed with several groups of interest and stakeholders ranging from public and private institutions, civil society organizations including households and communities, faith-based, and non-governmental organisations, private sector, health development partners among other stakeholders involved in community health services. These stakeholders play an essential role as strategic enablers, implementers, and service providers towards ensuring health for all in the county by 2030. This implementation framework, therefore, aims to:

1. Provide clarity on key interventions and activities under each priority area
2. Enable all actors to play an effective role in promoting and implementing the costed community health implementation plan
3. Build, maintain and maximise strategic partnerships, public participation, stakeholder coordination and accountability
4. Ensure accountability for performance and results by all implementing partners

4.2 Implementation Framework

The Nairobi City County Community Health Implementation Plan (2023-2027) will be supported by key operational documents including:

1. A Costed Nairobi City County Community Health Implementation Plan
2. County Community Health Services Monitoring and Evaluation Framework
3. Kenya's Annual Budget Cycle
4. Community Health Resource Mapping and the Public Finance Management ACT, 2021
5. Annual work plans and budgets developed within the county planning and budgeting framework
6. The County Integrated Development Plan 2023–2027

Implementation of the costed community health plan will adopt a joint multi sectoral approach under the leadership of the Health Wellness and Nutrition Sector. To improve coordination and harmonisation of implementation, non-state actors and partners will be expected to align their respective assistance and partnership interventions to the Nairobi City County Community health implementation plan 2023–2027.

Table 6 below outlines a detailed summary of the priority areas, objectives, expected outcomes and outputs, key interventions and activities to be implemented over the next five years.

Table 6. *Five-year Implementation Plan*

Strategic objective	Expected Outcome	Expected Output	Key Intervention	Activity	Financial Year (2023/24 - 2026/27)				
					Y1	Y2	Y3	Y4	Y5
Priority Area 1: Strengthen leadership and governance for community health services									
Objective 1.1 Strengthen community health oversight through planning and policy	Enhanced community health services policy and planning processes	A Robust and well-coordinated community health program in the County	1.1.1 Develop a costed community health services implementation plan 2023–2027	1.1.1.1 Cost of the five-year community health implementation plan	x				
		Draft implementation plan validated among internal stakeholders		1.1.1.2 Conduct internal validation of the draft costed community health implementation plan	x				
		Draft implementation plan validated among external stakeholders		1.1.1.3 Conduct external validation of the costed community health implementation plan	x				
		N/A		1.1.1.4 Design and print the final costed community health services implementation plan	x				
		1 Costed Community health services implementation plan Launched		1.1.1.5 Launch the community health services costed implementation plan	x				
		1 Costed Community health services implementation plan disseminated		1.1.1.6 Disseminate the Costed Community Health Implementation Plan 2023-2027 at all levels of service delivery	x				
		1 community health services technical advisory committee	1.1.2 Strengthen community health services coordination and management	1.1.2.1 Establish Community Health Services Technical Advisory Committee	x				
		1 Inaugural community health services technical committee meeting		1.1.2.2 Hold inaugural community health services technical advisory committee meeting	x	x	x	x	x
		4 quarterly meetings per year		1.1.2.3 Hold quarterly community health technical advisory committee meetings	x	x	x	x	x

		92 CHCs established		1.1.2.4 Establish CHCs in newly created CHUs	x	x	x	x	x
		CHC members trained on CHC curriculum		1.1.2.5 Train appointed CHC members for the newly created CHUs using the revised CHC curriculum	x	x	x	x	x
		Refresher training for CHC members held		1.1.2.6 Hold refresher training for existing CHCs using the revised CHC curriculum	x	x	x	x	x
		2 CHS stakeholder forums per year		1.1.2.7 Hold bi-annual community health services stakeholder forums	x	x	x	x	x
		CHC members co-opted in the HFMCs		1.1.2.8 Co-opt CHC members into the health facility management committees (HFMCs)	x	x	x	x	x
		4 CHU functionality assessments per year		1.1.2.9 Conduct quarterly CHU functionality assessments	x	x	x	x	x
		4 CHS performance review meetings per year	1.1.3 Review performance of the costed community health services implementation plan	1.1.3.1 Hold quarterly community health services performance review meetings	x	x	x	x	x
		4 quarterly and 1 annual report		1.1.3.2 Produce quarterly and annual reports on the implementation progress of the costed community health services plan	x	x	x	x	x
		1 CHS regulation framework	1.1.4 Community health services regulation framework	1.1.4.1. Engage the County legal team in developing a community health services regulation framework (Ref. CHS Act 2019)		x			
Priority Area 2: Explore and design innovative and sustainable financing solutions for community health services									
Objective 2.1 Develop advocacy and resource mobilization strategies for community health services	Increased and sustainable financing for community health	A community health services resource mobilization plan	2.1.1 Strengthen health management and leadership teams' capacity in health financing, advocacy, and resource mobilization	2.1.1.1 Train the sub-county community health services coordinators in community health financing, advocacy, and resource mobilization	x				
				2.1.1.2 Train CHMT in community health financing, advocacy, and resource mobilization	x				

				2.1.1.3 Train the SCHMT in community health financing, advocacy, and resource mobilization	x				
				2.1.1.4 Train health facility committee members in community health financing, advocacy and resource mobilization	x				
				2.1.1.5 Develop and disseminate community health investment case	x				
				2.1.1.6 Develop and disseminate community health services advocacy toolkit	x				
				2.1.1.7 Develop and disseminate community health services resource mobilization plan	x				
			2.1.2 Build and maintain strategic public-private partnerships financing of community health services	2.1.2.1 Conduct community health services needs assessment	x				
				2.1.2.2 Map out community health services stakeholders and their interests	x				
				2.1.2.3 Hold annual community health services advocacy forums	x	x	x	x	x
				2.12.4 Invest in digital platform to ensure efficient and effective use of resources		x			
			2.1.3 Design self-sustaining and financing solutions for community health promoters	2.1.3.1 Lobby for ring-fencing of community health services financing within the County health legal framework	x	x	x	x	x
				2.1.3.2 Fully integrate CHS annual work plan and budgets in the health facility work planning process	x	x	x	x	x
				2.1.3.3 Establish Community Health Units Savings and Loans Associations (CHUSLA)	x	x	x	x	x
				2.1.3.4 Training of ToTs on CHUSLA	x	x	x	x	x
				2.1.3.5 Training of CHAs and link facility in-charges on CHUSLA	x	x	x	x	x
				2.1.3.6 Training of CHPs on CHUSLA	x	x	x	x	x
				2.1.3.7 Engage Sub County development officers in the oversight of the CHU-CBOs	x	x	x	x	x

				2.1.3.8 Sensitize CHPs and CHCs on CBO registration requirements and benefits	x	x	x	x	x
				2.1.3.9 Train registered CHU-CBOs on entrepreneurship, basic financial management skills	x	x	x	x	x
				2.1.3.10 Monitor budgetary allocation, expenditure, and absorption of CHS funds quarterly	x	x	x	x	x
Priority Area 3: Build a highly motivated, skilled, and equitably distributed community health workforce									
3.1 Strengthen community health services workforce recruitment, coordination, and management	Adequately deployed community health services workforce	1 CHA per CHU	3.1.1 Equitable recruitment and deployment of community health services workforce	3.1.1.1 Recruit and deploy additional community health assistants (A CHA/CHO per CHU)	x	x	x	x	x
		940 CHAs trained in supervisory and reporting tools	3.1.2 Strengthen the community health services workforce performance management system - appraisal, supervision, and productivity	3.1.2.1 Conduct refresher training for community health services management teams on CHP reporting and supervisory tools	x	x	x	x	x
		940 CHAs trained in supervisory skills		3.1.2.2 Train CHAs/CHOs on supervisory skills from recognized institutions	x	x	x	x	x
		1 quarterly support supervision report		3.1.2.3 Conduct quarterly integrated community health supervisory visits	x	x	x	x	x
		An updated community health services workforce registry		3.1.2.4 Quarterly update of the community health workforce registry (KHIS)	x	x	x	x	x
Objective 3.2 Community health services workforce capacity and coverage assessment	Adequate, equitably distributed, highly motivated, and skilled community health workforce	Community health workforce capacity and coverage assessment report A well-skilled community health workforce	3.2.1 Conduct a community health workforce capacity and coverage assessment	3.2.1.1 Map out community health services workforce coverage and capacity	x	x	x	x	x
				3.2.1.2 Rationalize community health services workforce needs, distribution, and allocation at CHU and Sub-County level	x	x	x	x	x

			3.2.2 Strengthen the capacity of the community health work force for effective implementation of community health services	3.2.2.1 Support CHP career progression for Community Health Promoters (Kenya Medical	x	x	x	x	x
				3.2.2.2 Train CHPs on basic modules	x	x	x	x	x
				3.2.2.3 Train CHPs on technical modules	x	x	x	x	x
				3.2.2.4 Conduct CHP on-job training, mentorship and continuous professional development activities	x	x	x	x	x
				3.2.2.5 Conduct CHA on-job training, mentorship and continuous professional development activities	x	x	x	x	x
				3.2.2.6 Carry out CHP assessment for certification	x	x	x	x	x
				3.2.2.7 Develop, maintain and update community health workforce skills inventory quarterly	x	x	x	x	x
Priority Area 4: Improve Community Health Services Data Reporting systems									
Objective 4.1 Strengthen Community Health Services Information System (CHIS) Key Interventions and activities	Automated community health services reporting	N/A	4.1.1 Deploy the electronic community health information system (eCHIS)	4.1.1.1 Train ToTs/CHAs on eCHIS platform	x	x	x	x	x
				4.1.1.2 Train CHPs on eCHIS platform	x	x	x	x	x
				4.1.1.3 Roll out the electronic data collection and reporting tools	x	x	x	x	x
				4.1.1.4 Monitor eCHIS implementation and performance	x	x	x	x	x
				4.1.1.5 Provide eCHIS compliant mobile phones to all CHPs	x	x	x	x	x
				4.1.1.6 Provide tablets for Sub County Community Health Coordinators and CHAs	x	x	x	x	x
Objective 4.2 Enhance the capacity of the community health workforce on data quality and utilization	Improved quality of community health services reporting	7480 CHPs trained in community health data quality collection, reporting, and checks	4.2.1 Build the capacity of the community health workforce to collect, collate and report quality community health data	4.2.1.1 Train Community Health Promoters on quality and accurate data collection reporting and utilization techniques	x	x	x	x	x
		940 CHAs trained in data reporting and monitoring		4.2.1.2 Conduct CHAs training on KHIS/ CHIS data management, analysis, presentation, and use for decision making	x	x	x	x	x

		Community health services coordinators trained on KHIS/CHIS		4.2.1.3 Conduct County and sub-county community health service coordinators on KHIS/CHIS data management, analysis, presentation, and use for decision making	x	x	x	x	x
				4.2.1. 4 Conduct monthly data review meeting between CHPs and CHAs					
Objective 4.3 Strengthen community health services monitoring, evaluation, research and learning	Robust community health services monitoring, evaluation, research and learning	All CHPs provided with MOH community health services reporting tools 4 community health data quality audits held per annum	4.3.1 Improve the quality of Community health services	4.3.1.1 Procure and distribute CHIS reporting tools	x	x	x	x	x
		4 community health data quality audits held per annum		4.3.1.2 Conduct integrated quarterly community health data quality audits at CHU, link facility and sub-County level	x	x	x	x	x
		4 data quarterly review meetings are held per annum		4.3.1.3 Conduct quarterly data review meeting CHU, link facility, sub-County, and County level	x	x	x	x	x
Priority Area 5: Increase access, coverage, and utilization of community health services									
Objective 5.1 Increase access to preventive, promotive and basic curative services at the household and community level	Increased access to preventive, promotive and basic curative services at household and community level	N/A	5.1.1 Intensify household visits as per establishment guidelines	5.1.1. Conduct regular household visits	x	x	x	x	x
				5.1.1.2 Conduct continuous refresher for CHPs on service delivery	x	x	x	x	x

Objective 5.2 Increase community awareness, demand, and utilization of community and primary healthcare services	Increased demand for community and primary health care services	Continuous community mobilization held	5.2.1 Undertake integrated outreach and awareness campaigns on community health services	5.2.1.1 Conduct community mobilization and awareness creation on NHIF services	x	x	x	x	x
		Continuous community mobilization for pregnant women held		5.2.1.2 Conduct community mobilization and follow-up for pregnant women for Linda Mama Services	x	x	x	x	x
		4 community dialogue meetings are held per CHU/annum		5.2.1.3 Hold quarterly community dialogue meetings	x	x	x	x	x
		12 monthly action days held per CHU/per annum		5.2.1.4 Hold monthly action days	x	x	x	x	x
		Number and type of services referred at community and household level	5.2.2 Increase demand for health services	5.2.2.1 Create demand for utilization of health services	x	x	x	x	x
		Number of CHPs identified as champions		5.2.2.2 Map and identify PHC and CHS champions	x	x	x	x	x
		Number of sensitization forums held		5.2.2.3 Sensitize champions on PHC services portfolio and facilities	x	x	x	x	x
		N/A		5.2.2.4 Disseminate PHC messaging through existing community health channels such as community dialogue days and action days, public barazas	x	x	x	x	x
		N/A		5.2.2.5 Conduct social mobilization during outreaches	x	x	x	x	x
		N/A		5.2.2.6 Award best performing CHUs and CHPs in the implementation of PHC services	x	x	x	x	x

Objective 5.3 Strengthen the linkage between community and link facility referral system		Continuous community awareness on referral pathways held	5.3.1 Effective referral from community health units to PHC facilities and back to community	5.3.1.1 Create awareness of the community referral pathways	x	x	x	x	x
		All link facilities have linkage desks		5.3.1.2 Establish community health services linkage desks in all link health facilities	x	x	x	x	x
		Client follow up at household level		5.3.1.3 Conduct follow-up visits for members referred from health facilities					
Objective 5.4 Enhance quality of community health services	Improved client satisfaction of community health services	940 CHC members trained on the use of community scorecard	5.4.1 Implement the community scorecard	5.4.1.1 Train CHCs on use of the community score card					
		4 community scorecard assessments held per CHU		5.4.1.2 Conduct quarterly community scorecard review and assessments	x	x	x	x	x
		4 joint community and link facility meetings to discuss scorecard assessment findings		5.4.1.3 Hold joint community and link facility meetings to discuss findings of the scorecard assessment	x	x	x	x	x
	Improved quality, and community case management of illnesses	1 household mapping and registration exercise	5.4.2 Strengthen Continuous Quality Improvement for community health services	5.4.2.1 Conduct annual household mapping and registration	x	x	x	x	x
		Community structures and systems to identify, mitigate, report and respond to disease outbreaks and unusual illnesses		5.4.2.2 Conduct continuous community-based disease surveillance and response	x	x	x	x	x
		All CHUs have functional WITS		5.4.2.3 Establish Work Improvement Teams (WITs)	x	x	x	x	x
		12 WITS per CHU per year		5.4.2.4 Provide monthly WITS support meetings at CHU level	x	x	x	x	x

		1 annual community best practices forum	5.4.3 Promote community health best practices and incentivize good performance	5.4.3.1 Hold annual community best practices sharing forum (sub-county and county level)	x	x	x	x	x
		At least 4 documents per year		5.4.3.2 Document best practices and success stories on community health services	x	x	x	x	x
		Community health services officers participating in conferences and seminars		5.4.3.3 Participate in national, regional and international community health conferences and seminars	x	x	x	x	x
Priority Area 6: Ensure availability and timely distribution of community health commodities and supplies									
Objective 6.1 Strengthen coordination and management of community health commodities and supplies	Effective and timely coordination and management of community health commodities and supplies	CHAs, CHP coordinators and CHPs trained on commodities and supplies chain management	6.1.1 Capacity building of community health workforce on commodity and supplies forecasting and quantification	6.1.1.1 Train community health assistants and sub-County community health services coordinators on commodity and supplies forecasting and quantification, and inventory keeping	x	x	x	x	x
				6.1.1.2 Train CHPs on proper disposal of expired and used drugs and supplies	x	x	x	x	x
		CHPs adequately kitted	6.1.2 Provide adequate and timely community health commodities and supplies	6.1.2.1 Provide timely and sufficient logistics support to the community health workforce to enhance commodity movement	x	x	x	x	x
				6.1.2.2 Provide and ensure timely distribution of the CHP kit to all CHPs	x	x	x	x	x

4.3 Monitoring and Evaluation Framework

Monitoring and evaluation (M&E) of the community health implementation plan is fundamental in assessing achievements, successes, and progress of implementation of the strategic objectives, key interventions, activities against set targets in the short, medium, and long term. Monitoring and evaluation activities enhance programmatic accountability, adaptability, resource allocation and distribution, knowledge and learning for programme improvement. To measure the performance of the plan, an M&E framework has been developed to guide program coordination, planning, implementation, and tracking. Over the five years, monitoring and evaluation activities will be conducted as follows:

Quarterly performance monitoring: The quarterly performance review process will be the responsibility of the community health technical working group. The quarterly monitoring activities will assess achievement against set targets. A 5-page quarterly report will be prepared and shared with the health leadership by the 15th of each month following the end of the quarter/implementation period. During the bi-annual stakeholder forum, the County Community Health Focal Person shall share the implementation progress with the stakeholders.

Mid-term performance review: A mid-term review of the community health implementation plan will be conducted at three (3) years (2023/24) following the launch of the implementation plan. The review will focus on performance against targets, bottleneck identification, lessons learnt, program refocus if necessary. A 10-page report will be prepared and shared with the health leadership by the 15th of the month following the end of performance review period.

Annual performance review: At the end of each implementation and fiscal year, a performance review will be conducted to assess annual program implementation progress against set targets. This review will help in subsequent annual planning, resource allocation, program activities refocus and provide a reflection of the past implementation year. A 20-page report will be prepared and shared with the health leadership by the 15th of the month following the end of the performance review period.

End term/Impact evaluation: At the end of the five-year implementation period, a detailed evaluation process will be undertaken (2026/27). This exercise will evaluate overall program implementation, achievements, successes, lessons learnt, constraints against set targets. A detailed end of term review report will be prepared and shared with all community health stakeholders. This will also inform the implementation plan review, strategic priorities for subsequent implementation years. A report of not more than 50 pages will be prepared and shared with health leadership within 45 days following the end of the implementation period.

Table 7 outlines a compendium of indicators while Table 7 outlines a detailed M&E framework for the implementation plan.

Table 7. *Indicators Compendium*

Input indicators	Output indicators	Outcome indicators	Impact indicators
Priority Area 1: Strengthen leadership and governance for community health services			
Community health advisory committee	Number of community health advisory held	Better coordination and management of community health services	• Proportion of children under one year who are fully immunized • Proportion of infants less than 6 months old on Exclusive Breastfeeding • Proportion of Children under five attending CWC who under weight • Proportion of children under five with diarrhea treated with zinc & ORS (Community) • Proportion of children aged 12-59 months supplemented with Vitamin A • Vitamin A Coverage for Children 6 - 59 Months • Proportion of Children under five attending CWC who under weight
Community health advisory committee progress report	Number of quarterly progress reports produced		
Annual community health stakeholder forums	Number of community health stakeholder forums held		
Quarterly Community health committee meetings	Number of quarterly CHU meetings held per CHU	Functional CHUs	
Quarterly CHU functionality assessment	CHU functionality report		
CHU performance review report	Number of CHU performance review meetings held per CHU		
Priority Area 2: Map, mobilize and adopt innovative and sustainable financing for community health services			
Domestic community health expenditure as % of the total health expenditure	% of budget allocation from domestic resources allocated to community health	Increase in domestic resource allocation for community health	
Community health expenditure as a % of the total county health expenditure	% of county health budget allocation to community health services	Increase in county health budget allocation to community health	
CHUs financially viable	Number of CHUs with established IGA activities	CHU members run viable and sustainable IGA activities	
		CHU members report improved household income from IGA activities	
Priority Area 3: Ensure equitable distribution, a highly motivated and skilled community health workforce			
CHP distribution and coverage per 5,000 population	Number of Community Health Promoters distributed per 5,000 population	Evenly distributed CHPs	
CHP career ladder and pathing	Number of CHPs upgrading their career (Community Health Certification at the Kenya Medical Training College)	Evidence in CHP career growth and development	
CHP registry updated 4 times a year	An up-to-date CHP database	CHP real time and available data for decision making	

Performance improvement guidelines, indicators and tools	Number of performance review and feedback meetings held	Improved indicator performance and reporting	• Proportion of Under 5yrs attending CWC who are stunted • Proportion of children aged 12-59 months dewormed • Proportion of households using treated water (performance) • Proportion of Households with Hand washing facilities • Proportion of households with functional latrines (performance) • Proportion of Households with Refuse disposal Facility • Newly diagnosed diabetes patients per 100,000 population • Newly diagnosed hypertension patients per 100,000 population
	Number of CHAs trained on supervisory skills	Increase in CHA supervisory visits conducted	
	Number of integrated supervisory visits conducted	Community health services fully integrated in sector supervisory visits	
Priority Area 4: Improve Community health data reporting systems			
Availability of community health reporting tools	MOH tools made available to all CHPs	Timely reporting	
Accurate, timely and completeness of community health data in KHIS and eCHIS	Number of CHPs, CHAs and coordinators trained on eCHIS	Increase number of CHUs reporting in eCHIS	
	% of CHUs reporting in KHIS and eCHIS	Improved reporting rate for community health	
		Community health data/ information utilized in decision and policy making	
	Number of community health data quality checks and review meetings held	Improved quality of community health data	
Priority Area 5: Increase access, coverage, and utilization of community health services			
Community health services coverage at household and community level	Number of household visits conducted	Increase in number of household visits	
	Number and type of services delivered at household level	Increase in access to community health service package at household level	
Community level awareness creation of NHIF services on offer	Number of awareness creation sessions held	Increased community awareness on available NHIF services	
	Number of mothers registering for Linda Mama	Increased registration of mothers for Linda Mama	
	Number of mothers followed up and delivering at the link facility	Increased facility deliveries	
CHU and link facility performance awards	Number of CHUs and link facilities receiving best performance awards	Increased demand for services at link facility because of CHP intervention	
Community health referral pathways	Number of link facilities with a CHS link desk	Proportion of facilities with a community focal person to receive CHP referrals	
Quarterly community health scorecard assessment	Number of CHUs conducting scorecard assessments and review	Increased accountability	
	Number of scorecard assessment and reviews meetings held to discuss findings		
Priority Area 6: Ensure efficient and sustainable commodities and supplies			
Availability of community health basic medicines, commodities, and supplies	9380 CHPs provided with community health commodities and supplies	Percentage of community health workers reporting stock-outs	
		Average time taken to replenish stock-out	

Table 8. *Monitoring and Evaluation Framework*

Indicators	Baseline 21/22		Next 5 years Target					Frequency	Sources of data
	Year	Value	22/23	23/24	24/25	25/26	26/27		
Priority Area 1: Strengthen leadership and governance for community health services									
One (1) Costed Community Health Services Implementation Plan 2023-2027	2022	0	1	0	0	0	0	Once	N/A
Number of community health services technical advisory committee meetings	2022	0	0	4	4	4	4	Annual	Meeting minutes, Participants list
Number of CHC members trained based on MoH CHC curriculum	2022	748	0	76	39	39	38	Annual	Participants list, training reports
Number of CHU functionality assessment	2022	0	748	938	938	938	938	Annual	CHU functionality assessment reports, participants list
Number of community health services stakeholder forums	2022	0	0	2	2	2	2	Biannual	Participants list, meeting minutes
One (1) community health services regulation	2022	0	0	1	0	0	0	Once	Community Health Services Act 2019
Priority Area 2: Explore, design innovative and sustainable financing solutions for community health services									
Number of health management teams trained on community health financing, advocacy, and resource mobilization	2022	0	0	50	50	50	50	Annual	Training reports, participants list
Community Health Investment Case	2022	0	0	1	0	0	0	Once	N/A
Community Health Advocacy Toolkit	2022	0	0	1	0	0	0	Once	N/A
# of community health services advocacy round table meeting	2022	0	0	1	1	1	1	Annual	N/A
% of community health expenditure over County health expenditure (domestic resources) allocation	2022	N/A	N/A	N/A	N/A	N/A	N/A	Annual	AWP, Annual County health performance reports
% of community health services external budget sources	2022	N/A	N/A	N/A	N/A	N/A	N/A	N/A	AWP, Annual County health performance reports

Priority Area 3: Ensure equitable distribution, a highly motivated and skilled community health workforce									
Number of CHAs/CHO recruited	2022	0					100%		
Number of CHPs recruited	2022	N/A							
Number of CHAs trained on supervisory skills	2022	0							
Number of performance review and feedback meetings held	2022	N/A	N/A	100%	100%	100%	100%	Continuous	Training reports
Number of integrated supervisory visits conducted	2022	N/A	N/A						
Priority Area 4: Improve Community health data reporting systems									
% of CHPs, CHAs and coordinators trained on eCHIS	2022	0	N/A	100%	100%	100%	100%	Continuous	Training reports, participants lists
Number of community health data quality checks and review meetings held	2022	0	N/A	4 per SC/ year	4 per SC/ year	4 per SC/ year	4 per SC/ year	Quarterly	Participants lists, data quality checks reports
% of CHUs reporting in KHIS and eCHIS	2022	80%	N/A	100%	100%	100%	100%	Monthly	eCHIS dashboard, KHIS
Priority Area 5: Increase access, coverage, and utilization of community health services									
% of household visits conducted	2022	N/A	N/A	100%	100%	100%	100%	Quarterly	eCHIS dashboard, CHP monthly reports, KHIS
% of mothers followed up and delivering at the link facility	2022	N/A	N/A	100%	100%	100%	100%	Monthly	CHP monthly reports, eCHIS dashboard, KHIS
Number of CHUs and link facilities receiving best performance awards	2022	N/A	3	3	3	3	3	Annual	Winning CHU list
% of link facilities with a CHS link desk	2022	N/A	100%	100%	100%	100%	100%	Annual	KHIS, eCHIS
Number of CHUs conducting scorecard assessments and review	2022	N/A	N/A	748	748	748	748	Quarterly	Score card findings reports, participants lists
Number of scorecard assessment and reviews meetings held to discuss findings	2022	N/A	N/A	748	748	748	748	Quarterly	Participants list, meeting reports
Priority Area 6: Ensure efficient and sustainable commodities and supplies									
9380 CHPs provided with community health commodities and supplies	2022	N/A	100%	100%	100%	100%	100%	Annual	Distribution list

05

Resource Requirements

05 | Resource Requirements

The Community Health Implementation Plan for Nairobi City County outlines a comprehensive plan to strengthen and sustain community health systems, with a focus on leveraging primary healthcare to achieve universal health coverage. This executive summary provides an overview of the plan's key components, including the costing methodology, assumptions, limitations, and resource needs.

5.1 Costing Approach

The Community Health plan was costed using the bottom-up, input-based Activity-Based Costing (ABC) approach and the UNICEF/MSH Community Health Planning and Costing Tool. This approach allocated costs of inputs based on activities, ensuring that all costs are traced to the products or services for which the activities are performed. The Community Health Planning and Costing Tool facilitated the calculation of costs and financing elements associated with community health service packages.

5.1.1 Components of the Programme Included in Costing

The cost analysis considered various components of the programme, such as scaling up Community Health Volunteers (CHPs) and Community Health Assistants (CHAs), training for CHPs and CHAs, management staff, equipment, supervision, capital costs, supplies and commodities, and digitalization. The costs were determined based on the baseline year of 2020 and projected requirements for the implementation period.

5.1.2 Sources of Data

Data for the analysis was gathered from primary sources, including relevant Ministry of Health documents, County Statistical Abstracts, and discussions with County Department of Medical Services and Public Health officials, community health assistants, and community health volunteers. Secondary literature in journals and reports was also reviewed, and inflation rate and exchange rate data were obtained from the Central Bank of Kenya.

5.1.3 Assumptions and Limitations

Several key assumptions were made during the costing process, including factoring in inflation based on the baseline year, CHPs volunteering for 2 hours per day for 3 days per week, mobile phones having a useful life of 3 years, and procurement and disposal following the PPDA Act and its regulations. The cost of items was based on the 2021 market rates as per the County Procurement Office Price List.

5.2 Resource Needs and Gaps for the Plan

The estimated cost of implementing the Community Health Plan for Nairobi City County from 2023 to 2027 is **KES 8.2 billion**. On average, the per capita cost of implementation is estimated at **KES 1,816**, while the cost per CHP is projected to be **KES 859,236** for the five-year period.

Currently, Nairobi City County incurs KES 313 million per annum for 7467 CHP stipend. In FY 2021/22 and 2022/23, Nairobi City County allocated KES 100 million and KES 314 million respectively for CHP stipend, besides community health assistants and coordinators salaries and emoluments. Therefore, the county still has a resource gap of **KES 6.2 billion** to fully implement this plan. An investment case and resource mobilisation framework for the community health plan outlines plans to bridge the resource gaps.

Table 9. *Cost of the strategy per priority areas*

Cost per Priority Area	2022/23	2023/24	2024/25	2025/26	2026/27	Total
Priority area 1. Strengthen leadership and governance for community health services	126 420 500	117 018 000	120 018 000	123 018 000	124 536 000	604 703 500
Priority area 2. Map, mobilize and adopt innovative and sustainable financing for community health services	102 996 000	97 409 000	100 633 000	104 153 000	105 161 000	510 352 000
Priority area 3. Build a highly motivated, skilled, and equitably distributed community health workforce	829 887 000	802 424 000	883 151 000	963 704 000	758 024 000	4 129 184 000
Priority area 4. Improve community health data reporting systems	160 521 000	87 182 000	86 750 000	86 750 000	87 992 000	509 195 000
Priority area 5. Increase access, coverage and utilization of community health services	517 517 000	342 625 000	399 513 000	374 775 000	388 171 000	2 022 601 000
Priority area 6. Ensure availability and timely distribution of community health commodities and supplies	96 943 600	65 265 600	65 265 600	65 265 600	65 577 600	358 318 000
Total cost	**1 834 285 100**	**1 511 923 600**	**1 655 330 600**	**1 717 665 600**	**1 529 461 600**	**8 248 666 500**

Table 10: Cost per interventions

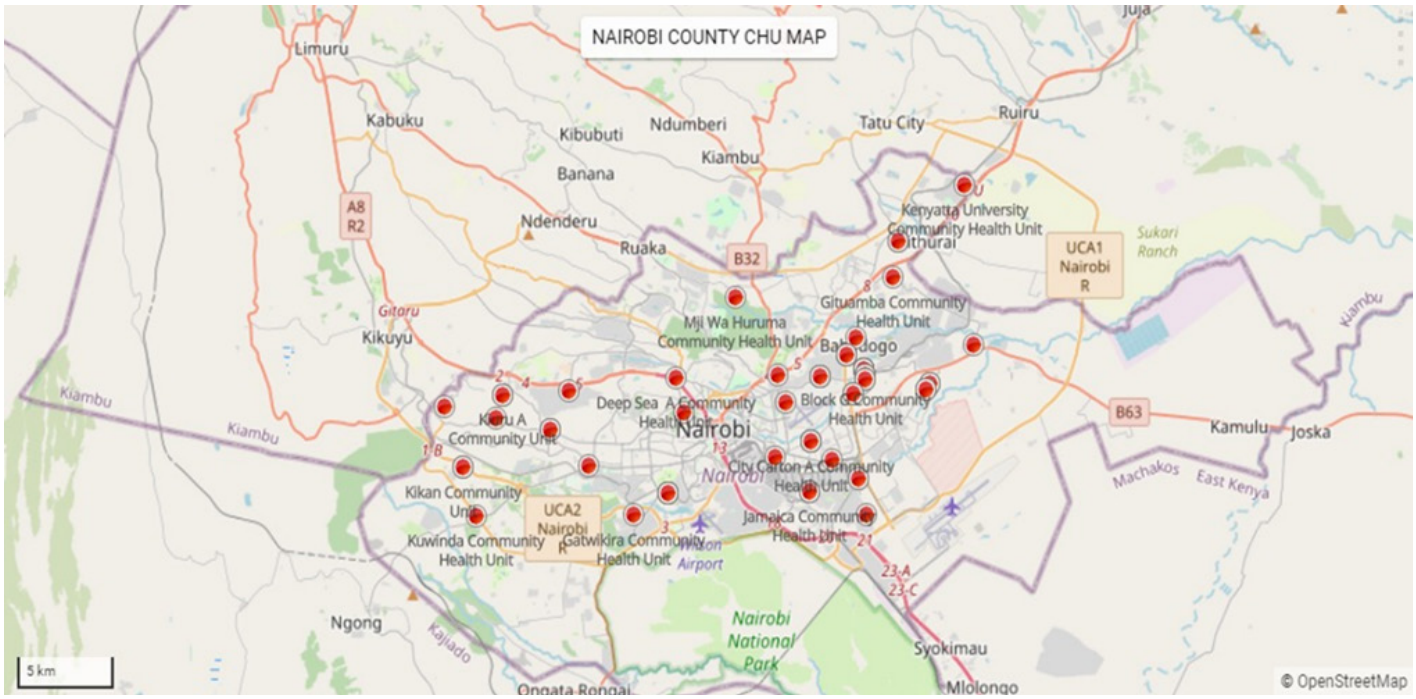
Cost per Priority Area	2022/23	2023/24	2024/25	2025/26	2026/27	Total
Priority Area 1. Strengthen leadership and governance for community health services	**126 420 500**	**117 018 000**	**120 018 000**	**123 018 000**	**124 536 000**	**611 010 500**
Objective 1.1. Strengthen community health oversight through planning and policy	**126 420 500**	**117 018 000**	**120 018 000**	**123 018 000**	**124 536 000**	**611 010 500**
1.1.1 Develop a costed community health services implementation plan 2023-27	8 965 500	-	-	-	-	8 965 500
1.1.2 Strengthen community health services coordination and management	83 126 000	86 086 000	89 086 000	92 086 000	93 604 000	443 988 000
1.1.3 Review performance of the costed community health services implementation plan	30 932 000	30 932 000	30 932 000	30 932 000	30 932 000	154 660 000
1.1.4 Development of the Community health services regulation framework	3 397 000	-	-	-	-	3 397 000
Priority Area 2. Map, mobilize and adopt innovative and sustainable financing for community health services	**102 996 000**	**97 409 000**	**100 633 000**	**104 153 000**	**105 161 000**	**510 352 000**
Objective 2.1 Develop advocacy and resource mobilization strategies for community health services	**102 996 000**	**97 409 000**	**100 633 000**	**104 153 000**	**105 161 000**	**510 352 000**
2.1.1 Strengthen health management and leadership teams' capacity in health financing, advocacy, and resource mobilization	7 202 500	-	-	-	-	7 202 500
2.1.2 Build and maintain strategic public-private partnerships financing of community health services	73 265 000	75 289 000	78 809 000	82 329 000	85 321 000	395 013 000
2.1.3 Strengthen community health services financing pathways	22 528 500	22 120 000	21 824 000	21 824 000	21 824 000	110 120 500
Priority Area 3. Build a highly motivated, skilled, and equitably distributed community health workforce	**829 887 000**	**802 424 000**	**883 151 000**	**963 704 000**	**758 024 000**	**4 237 190 000**
Objective 3.1. Strengthen community health workforce recruitment, coordination, and management	**721 881 000**	**802 424 000**	**883 151 000**	**963 704 000**	**758 024 000**	**4 129 184 000**
3.1.1 Equitable recruitment and deployment of community health workforce	709 680 000	790 320 000	870 960 000	951 600 000	745 920 000	4 068 480 000
3.1.2 Strengthen the community health workforce performance management system - appraisal, supervision, and productivity	12 201 000	12 104 000	12 191 00	12 104 000	12 104 000	60 704 000
Objective 3.2. Strengthen the capacity of the community health workforce for improved service provision	**108 006 000**	**-**	**-**	**-**	**-**	**108 006 000**
3.2.1 Conduct a community health services workforce capacity and coverage assessment	-	-	-	-	-	-
3.2.2 Strengthen the capacity of community health workforce effective implementation of community health services	**108 006 000**	**109 896 000**	**109 896 000**	**108 450 000**	**108 450 000**	**544 698 000**
Priority Area 4. Improve Community Health Data Reporting systems	**160 521 000**	**87 182 000**	**86 750 000**	**86 750 000**	**87 992 000**	**509 195 000**
Objective 4.1 Strengthen Community Health Services Information System	**63 437 500**	**59 804 000**	**59 488 000**	**59 488 000**	**59 954 000**	**302 171 500**
4.1.1 Operationalize the electronic community health information system	63 437 500	59 804 000	59 488 000	59 488 000	59 954 000	302 171 500

Objective 4.2. Enhance the capacity of the community health workforce on data quality and utilization	**12 396 500**	**11 964 000**	**11 848 000**	**11 848 000**	**12 624 000**	**60 680 500**
4.2.1 Build the capacity of the community health workforce to collect, collate and report quality community health data	12 396 500	11 964 000	11 848 000	11 848 000	12 624 000	60 680 500
Objective 4.3: Strengthen community health services monitoring, evaluation, research and learning	**84 687 000**	**15 414 000**	**15 414 000**	**15 414 000**	**15 414 000**	**146 343 000**
4.3.1 Improve the quality of Community health services data	82 805 000	13 532 000	13 532 000	13 532 000	13 532 000	136 933 000
4.3.2 Promote learning and knowledge exchange on community health	1 882 000	1 882 000	12 716 000	1 882 000	1 882 000	63 580 000
Priority Area 5. Increase access, coverage, and utilization of community health services	**517 517 000**	**342 625 000**	**399 513 000**	**374 775 000**	**388 171 000**	**2 022 601 000**
Objective 5.1 Increase access to preventive, promotive and basic curative services at the household and community level	**4 108 000**	**4 108 000**	**4 108 000**	**4 108 000**	**4 108 000**	**20 540 000**
5.1.1 Intensify household visits as per establishment guidelines	4 108 000	4 108 000	4 108 000	4 108 000	4 108 000	20 540 000
Objective 5.2 Increase community awareness, demand, and utilization of community and primary health care services	**242 010 000**	**254 010 000**	**266 010 000**	**278 640 000**	**288 840 000**	**1 329 510 000**
5.2.1 Undertake integrated outreach and awareness campaigns on community health services	235 800 000	247 800 000	259 800 000	271 800 000	282 000 000	1 297 200 000
5.2.2 Increase demand for health services	6 210 000	6 210 000	6 210 000	6 840 000	6 840 000	32 310 000
Objective 5.3 Strengthen the linkage between community and link facility and referral system	**95 326 000**	**-**	**20 564 000**	**-**	**-**	**115 890 000**
5.3.1 Effective referral from community health units to PHC facilities	95 326 000	-	20 564 000	-	-	115 890 000
Objective 5.4 Enhance quality of community health services	176 073 000	84 507 000	108 831 000	92 027 000	95 223 000	556 661 000
5.4.1 Implement the community scorecard	95 326 000	-	20 564 000	-	-	115 890 000
5.4.2 Strengthen Continuous Quality Improvement for community health services	74 106 000	77 866 000	81 626 000	85 386 000	88 582 000	407 566 000
5.4.3 Promote community health best practices and incentivise good performance	6 641 000	6 641 000	6 641 000	6 641 000	6 641 000	33 205 000
Priority Area 6. Ensure availability, timely distribution of community health commodities and supplies	**96 943 600**	**65 265 600**	**65 265 600**	**65 265 600**	**65 577 600**	**358 318 000**
Objective 6.1 Strengthen coordination and management of community health commodities and supplies	**96 943 600**	**65 265 600**	**65 265 600**	**65 265 600**	**65 577 600**	**358 318 000**
6.1.1 Capacity building of community health workforce on commodity and supplies forecasting and quantification	1 872 000	1 872 000	1 872 000	1 872 000	2 184 000	9 672 000
6.1.2 Provide adequate and timely community health commodities and supplies	95 071 600	63 393 600	63 393 600	63 393 600	63 393 600	348 646 000
GRAND TOTAL	**1 827 978 100**	**1 511 923 600**	**1 655 330 600**	**1 717 665 600**	**1 529 461 600**	**8 242 359 500**

References

1. Nairobi City County. County Health Sector Annual Performance Review Report 2020/21. 2022.
2. Kenya National Bureau of Statistics. Kenya Population and Housing Census. 2019. https://www.knbs.or.ke/?wpdmpro=2019-kenya-population-and-housing-census-volume-i-population-by-county-and-sub-county
3. The Nairobi City County Assembly. Nairobi City County Sessional Paper No. 3 of 2021 on Land Use Policy. 2021. https://nairobiassembly.go.ke/ncca/wp-content/uploads/paperlaid/2021/NAIROBI-CITY-COUNTY-SESSIONAL-PAPER-NO.-3-OF-2021-ON-LAND-USE-POLICY.pdf
4. Kenya Institute for Public Policy Research and Analysis. Kenya Economic Report 2022. 2022. https://kippra.or.ke/download/kenya-economic-report-2022-main-report/?wpdmdl=12909&ind=1671612606121
5. Nairobi City County. County Annual Development Plan (CADP) 2021/2022. 2021. https://nairobiassembly.go.ke/ncca/wp-content/uploads/paperlaid/2020/ANNUAL-DDEVELOPMENT-PLAN-2021-22.pdf
6. Kenya National Bureau of Statistics. 2015/16 Kenya Integrated Household Budget Survey (KIHBS). 2018. https://statistics.knbs.or.ke/nada/index.php/catalog/13
7. Republic of Kenya. The Nairobi City County Community Health Services Act 2019. In: Assembly TNCC, editor. Nairobi: Government Printer; 2019.
8. Ministry of Health Kenya. Kenya Community Health Policy 2020-2030. 2020. https://repository.kippra.or.ke/bitstream/handle/123456789/3076/Community-Health-Strategy.pdf?sequence=1&isAllowed=y
9. Ministry of Health Kenya. Kenya National Community Health Strategy, 2020-2025. 2020. https://chwcentral.org/wp-content/uploads/2021/07/Kenya_Nat'l_Community_Health_Strategy_2020-2025.pdf
10. County Department of Health. County Community Health Services Quarterly Report Oct-Dec 2021. 2021.
11. Nairobi City County. The Nairobi City County Fiscal Plan Paper, 2021. 2021. https://nairobiassembly.go.ke/ncca/wp-content/uploads/paperlaid/2021/THE-NAIROBI-CITY-COUNTY-FISCAL-STRATEGY-PAPER-FY-2021-2022.pdf
12. Ministry of Health. Kenya Harmonized Health Facility Assessment (KHFA), 2018/2019. 2020. Accessed 21 May 2021. https://www.health.go.ke/wp-content/uploads/2020/01/KHFA-2018-19-Community-Systems-Report-Final.pdf
13. World Health Organization. Declaration of Alma-Ata. 1978.
14. United Nations General Assembly. Sustainable development goals. Vol. 2030. 2015:6-28. SDGs Transform Our World.
15. World Health Organization. Declaration of Astana: Global Conference on Primary Health Care: Astana, Kazakhstan, 25 and 26 October 2018. 2019.
16. African Union. Africa health strategy 2016–2030. 2016.
17. Republic of Kenya. The constitution of Kenya: 2010. Nairobi: Chief Registrar of the Judiciary; 2010.
18. Ministry of Planning and National Development. Kenya Vision 2030. 2007.
19. Ministry of Health. Kenya primary health care strategic framework 2019–2024. Minsitry of Health Nairobi; 2019.
20. Ministry of Health. Advocacy, Communication, and Community Engagement (ACCE) Framework for Primary Health Care in Kenya, 2021-2024. 2021. https://chu4uhc.org/wp-content/uploads/2023/03/ACCE-FOR-PHC-FRAMEWORK.pdf
21. Ministry of Health. Primary Health Care Network Guidelines. 2021. http://guidelines.health.go.ke:8000/media/Primary_Health_Care_Network_Guidelines_-_May_2021.pdf

Annex 1: Community Health Units Map in Nairobi City County



Annex 2: Community Health Promoters (CHP) Service Package

1. Behavior Change Communication
2. Nurturing Care and Early Childhood Development
3. Reproductive Health
4. Newborn Care
5. Child Health and Immunization
6. Nutrition
7. Environmental Health Services
8. Home Based Care for Terminally Ill Residents
9. Basic Curative Services
10. HIV, TB, Malaria and other Communicable Diseases
11. Non-Communicable Diseases
12. Mental Health and Gender Based Violence Services
13. Orphans and other Vulnerable Groups
14. People with Disabilities
15. Community Based Surveillance
16. Household Air Pollution Management
17. Referral Services
18. Community Oral Health
19. Community Eye Health
20. Community Scorecard
21. Older Persons Health Care
22. Community Quality Improvement
23. Electronic Community Health Information System (eCHIS)

Annex 3: CHP Monthly Performance Evaluation Checklist

NAIROBI CITY COUNTY

Telephone 020 344 194
www.nairobi.go.ke

City Hall,
P. O. Box 30075-00100,
Nairobi, KENYA.

DIRECTORATE OF HEALTH

CHVs MONTHLY PERFORMANCE EVALUATION CHECKLIST

Name of Community Health Volunteer (CHV).....

Name of the Link Health Facility.....

Name of Community Health Unit.....

Activity month under review.....

A. Background

A CHV shall be paid a monthly stipend when the CHA confirms satisfactory performance by scoring a total of at least 80% as per Nairobi City County Community Health Services ACT;2019 part 14(1).

Evidence shall be derived from MOH 514 and MOH 100

B. Performance Checklist

a. Reporting (15 marks) CHV has completed MOH 514 register and submitted to the CHA by the end of activity Month by (28th).
b. Household visitation and documentation at least total 33 households per month (20 marks) CHV have visited and reported number of House Holds (HH) allocated as shown below.

1 to 10 Households	11- 20 Households	21-32 Households	More than 33 Households
5marks	**10marks**	**15marks**	**20marks**

C. Case finding and referral for core services per month (Max 50 marks)

	Trace, refer or follow up one or more clients for	YES	NO	If YES MARKS
1	ANC			5 Marks
2	PNC/FP			5 Marks
3	Skilled delivery			5 Marks
4	Immunization			5 Marks
5	Growth monitoring			5 Marks
6	Delayed developmental milestones			5 Marks
7	Nutrition			5 Marks
8	TB/HIV			5 Marks
9	Mental health/SGBV			5 Marks
10	NCDS			5 Marks

Award **5 (marks)** for any other service reported in MOH 514 not stipulated above .....

.....

Specify the service.....

D. Participation in Community Mobilization in the unit activities. (10 marks)

i. During the month CHV has actively participated in either dialogue day/health action day/National health days and outreaches (confirm with CHA reports and MOH 514) **(5 marks)**

ii. CHV has participated in Monthly planning/meetings, Data feedback, and quarterly planning meetings (Confirm with Participants list). **(5marks)**

Assessment done by Community Health Assistant

1. Name..... Signature..... Date.....

Verified by Community Health Committee Chair person

2. Name..... Signature..... Date.....

Approval by Sub County Community Health Services Coordinator

3. Name..... Signature..... Date.....

Official stamp- link facility stamp

Annex 4: Community Health Promoters Kit

Equipment and Supplies

- Weighing scale
- Umbrella
- Gumboots
- Raincoats
- Spray pumps-CHU
- Wheelbarrow-CHU
- Brooms-CHU
- Heavy duty gloves
- Gloves
- Flashlight torch
- First aid box
- Vision kit
- BP machine
- Biohazard box
- Biosafety box
- Reflector jacket
- Digital thermometer
- Timer
- MUAC tape
- BMI wheels

Medicines and Consumables

- Condoms, COCs and POPs (Family planning)
- Handwashing soaps
- Sanitizers
- Dewormers
- Surgical masks
- Gauze
- ORS and Zinc
- Glucometer
- Chlorine
- Lab strips – for the glucometer

Others

- Mobile phone and bundles
- Integrated fact sheets-job aids
- Tools –MOH 100,513,514,515 and 516
- Commodity tracking tools
- Inventory tracking sheets
- Job aids
- CHP name tag
- Back bag pack

Annex 5: Membership of the Community Health Services Technical Advisory Committee

i. Membership of the Technical Advisory Committee

The Executive Committee Member is responsible to the establishment of the County Community Health Services Technical Advisory Committee.

The County Community Health Services Technical Advisory Committee will have representation as below:

1. Representative from academic institutions (middle level colleges, universities, other educational institutions -1
2. Development Partners – 1
3. County Health Services – 7
4. County Social Services – 1
5. Community Health Promoter -1
6. Community Representative -1
7. Ex officio members from any relevant department, incorporated on need arise basis – 3

ii. Functions of the Technical Advisory Committee

The Technical Advisory Committee is responsible to the Executive Committee Member. The committee is responsible for:

1. Ensuring a coordinated, effective, efficient, and consultative approach in delivering of CHS
2. Adopt and formulate policies relating to management of CHS
3. Monitor, evaluate and revise implementation of CHS work plan
4. Mobilise resources for purposes of efficient management of CHS
5. Advice Executive Committee Member on matters general policy
6. Perform any other functions assigned to it under the CHS Act 2019

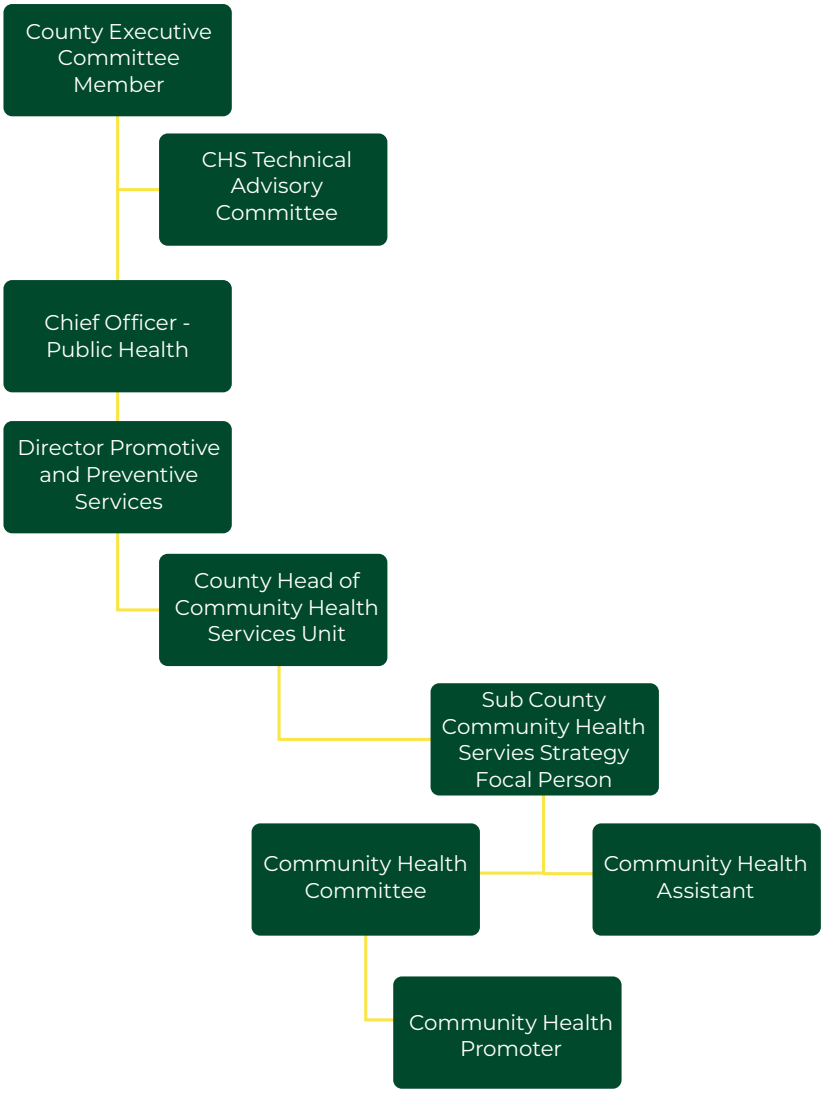
Annex 6: Community Health Implementation Plan Development Process

The community health plan 2023–2027 has been developed through a consultative and participatory approach that included many partners and stakeholders involved in community health services. The content development process was rigorous and thorough with a lot of input and feedback for consensus building. The process is outline in the table 11 below:

Activity	Objectives	Participants	Approach
Preliminary needs assessment and partner engagement (January 2022)	• To identify the county community health needs and potentials areas of collaboration between the county Department of Medical Services and Public Health Financing Alliance for Health	County Department of Medical Services and Public Health (MoH) and Financing Alliance for Health (FAH)	Community health reports and face-to-face discussion with FAH team
Formal engagement (January 2022)	• Formal request for partnership between MoH and FAH to develop a costed community health plan, investment case and advocacy toolkit, mapping of potential and existing resources and capacity building of MoH teams	MoH and FAH	Formal request letter with clear technical areas of support
Situational assessment (January – February 2022)	• Develop a common view of Nairobi City County CH situation • Identify strengths and issues • Synthesize other national, regional, and global experiences, and extract lessons for Kenya's community health 2020-2025 plan	The County directorate of Health Services and Financing Alliance for Health (FAH)	Interviews, desk review, meetings with the community health stakeholders
Stakeholders' workshop (February 2022)	• Conduct a situational analysis of Nairobi City County community health programme. • Synthesize other regional and global experiences, extract lessons for Nairobi County's community health plan 2023-2027. • Achieve consensus in Nairobi City County future community health delivery model, strategic interventions and identify the ideal community health service package	Included 67 participants including community health volunteers and assistants, county and sub-county MoH officials and community health stakeholders	Facilitated learning and engagement such as power point presentations, thought expertise, breakout sessions for problem solving, plenary, discussions and gallery walk to review poster presentations

Technical writing team meetings (March 2022– May 2022)	• Prioritization of key issues in thematic areas • Fleshing out the outputs from the workshop into a plan document	The technical writing team (County Community Health Coordinators, FAH technical advisors)	Technical review and writing meetings
County and Sub County community health services coordinators validation meeting (June/July 2022)	• Identify potential implementation gaps in the plan and align the draft plan to identified priorities prior to validation	11 participants including the writing team and representatives	In-depth review and critique of proposed activities and implementation timelines Discussion on costing approaches and cost drivers
County and Stakeholder validation (June 2023)	• Sensitize the county health leadership and stakeholders on the draft County Community Health Implementation plan and priorities 2023–2027 • Deliberate on the strategic objectives, receive inputs for incorporation in the final implementation plan 2023-2027 • Share the costing approach and methodology, cost drivers, overall costs, and financial sustainability plan • Validate the draft County Community Health Implementation plan and priorities 2023-2027 and define the next steps towards finalization of the Community Health Implementation plan 2023-2027	55 participants including members of the CHMT, stakeholders and FAH technical advisors	Facilitated learning and engagement such as power point presentations and plenary discussions
Handover of the Implementation Plan (June 2023)	• Launch of the Implementation Plan	Health Wellness and Nutrition Sector	Public event

Annex 7: Community Health Services Coordination Mechanism Structure



Annex 8: Stakeholder Roles and Responsibilities

Sector	Relevance and areas of integration
County Assembly Health Committee	• Political buy in of community health services and activities • Advocate for increased budget allocation for community health services • Ensure CHS laws and regulation frameworks are enacted
Health Wellness and Nutrition	• Provide coordination, direction, leadership, management and oversight of community health services at County, Sub County, Facility and CHU levels

Green Nairobi (Environment, Water, Food and Agriculture)	• Coordinate with the Health Wellness and Nutrition sector to ensure refuse removal, refuse damp and solid waste management • Support CHPs efforts in household air pollution • Collaborate and work in synergy with Health Wellness and Nutrition sector to address climate change effects • In coordination with Health Wellness and Nutrition sector participate in the planning and implementation of pest control strategies • Actively engage Health Wellness and Nutrition sector in the planning and provision of safe water and sewerage services • Work closely with Health Wellness and Nutrition sector to reduce burden of increasing diarrhoea cases • Support in training CHPs on WASH related topics as an when requested
Talent, Skills Development and Care	• Coordinate to ensure deworming/Vitamin A supplementation in all schools is effective • Monitor immunization for example through confirming immunization status for all children before enrolment to play group and referring immunization defaulters. • Offer comprehensive adolescents sexual health information with aim of delaying sexual debut • Coordinate with Health Wellness and Nutrition Sector to provide care for the aged • Collaborate with Health Wellness and Nutrition Sector to support CHPs socioeconomic empowerment as a model for financial sustainability • Collaborate with the health sector to mitigate spread and drugs and substance use at household level
Inclusivity, Public Participation and Customer Service Sector	• Participate in implementation of the community score card for social accountability of primary health care and community health units • Train health care workers including CHPs on gender programming in health • Advocate for equal opportunities for men, women, girls, and boys in terms of accessing health services • Actively sensitize and participate in disability and gender mainstreaming activities for health • Support the health sector in community health GBV awareness and creation
Finance and Economic Planning Affairs	• Participate in fiscal space analysis to inform budgeting and allocation for the health sector • Strengthening financial and fiscal relations with the Health Wellness and Nutrition Sector • Avail adequate budgetary resources to the Health Wellness and Nutrition Sector • Provide technical support and participate in capacity building sessions on PFM, Domestic Resource Mobilization
Community gate keepers and opinion leaders	• Engage in behaviour change and communication activities • Support in community sensitization barazas on community health services • Advocate for budgetary allocation and equitable distribution of resources • Participate in TWGs and other community health forums as and when needed • Support in mobilizing for community health activities e.g., medical camps, outreaches • Support the county health department in increasing social accountability through media and community feedback sessions and community score card
Health stakeholders	• Participate in community health services TWGs and other forums • Support the County in the implementation and monitoring of the CHS implementation Plan 2023-2027 • Actively participate in the annual budgeting and planning for community health services

Appendix 9. List of Contributors

Name of Participant	Designation
Alice Kimani	Nairobi City County Health Wellness and Nutrition Sector
Alice Mburu	Nairobi City County Health Wellness and Nutrition Sector
Anjeline Kingi	Nairobi City County Health Wellness and Nutrition Sector
Anthony Kiplangat	Nairobi City County Health Wellness and Nutrition Sector
Aron Khaemba	Nairobi City County Health Wellness and Nutrition Sector
Benard Maingi	Nairobi City County Health Wellness and Nutrition Sector
Catherine Arika	Nairobi City County Health Wellness and Nutrition Sector
Catherine Mugo	Nairobi City County Health Wellness and Nutrition Sector
Catherine Mwaniki	Nairobi City County Health Wellness and Nutrition Sector
Chepkemoi Judith	Nairobi City County Health Wellness and Nutrition Sector
Domitila Ogaro	Nairobi City County Health Wellness and Nutrition Sector
Domitillah Kimani	Nairobi City County Health Wellness and Nutrition Sector
Doris Ogola	Nairobi City County Health Wellness and Nutrition Sector
Dr Anastasia Nyalita	Nairobi City County Health Wellness and Nutrition Sector
Dr Andrew Toro	Nairobi City County Health Wellness and Nutrition Sector
Dr Carol Ngunu	Nairobi City County Health Wellness and Nutrition Sector
Dr Essam A Said	Nairobi City County Health Wellness and Nutrition Sector
Dr Isabel Dola	Nairobi City County Health Wellness and Nutrition Sector
Dr Judy Gichuki	Nairobi City County Health Wellness and Nutrition Sector
Dr Lucina Koyio	Nairobi City County Health Wellness and Nutrition Sector
Dr Moses Owino	Nairobi City County Health Wellness and Nutrition Sector
Dr Musa Mohamed	Nairobi City County Health Wellness and Nutrition Sector
Dr Oda C Mirimo	Nairobi City County Health Wellness and Nutrition Sector
Dr Queenter Oyato	Nairobi City County Health Wellness and Nutrition Sector
Dr Rebecca Musyoki	Nairobi City County Health Wellness and Nutrition Sector
Dr. Thomas Ogaro	Nairobi City County Health Wellness and Nutrition Sector
Elizabeth Naini	Nairobi City County Health Wellness and Nutrition Sector
Emillio Nyabende	Nairobi City County Health Wellness and Nutrition Sector
Emily Orina	Nairobi City County Health Wellness and Nutrition Sector
Eric Inda	Nairobi City County Health Wellness and Nutrition Sector
Esther Kiambati	Nairobi City County Health Wellness and Nutrition Sector
Eunice Gitindi	Nairobi City County Health Wellness and Nutrition Sector
Evalyne Mbogori	Nairobi City County Health Wellness and Nutrition Sector
Evanjilin Mugo	Nairobi City County Health Wellness and Nutrition Sector
Florence Kabuga	Nairobi City County Health Wellness and Nutrition Sector

Geoffrey Tumaini	Nairobi City County Health Wellness and Nutrition Sector
James Kibaki	Nairobi City County Health Wellness and Nutrition Sector
Japheth Mutula	Nairobi City County Health Wellness and Nutrition Sector
Jessica Mbochi	Nairobi City County Health Wellness and Nutrition Sector
Joyce Boyani	Nairobi City County Health Wellness and Nutrition Sector
Judy Macharia	Nairobi City County Health Wellness and Nutrition Sector
Julia Kimutai	Nairobi City County Health Wellness and Nutrition Sector
Lilian Kayesi	Nairobi City County Health Wellness and Nutrition Sector
Lilian M Mutua	Nairobi City County Health Wellness and Nutrition Sector
Lincoln Kabanya	Nairobi City County Health Wellness and Nutrition Sector
Lucy Muchiri	Nairobi City County Health Wellness and Nutrition Sector
Malkia Abuga	Nairobi City County Health Wellness and Nutrition Sector
Margret K Sunguti	Nairobi City County Health Wellness and Nutrition Sector
Martha Chege	Nairobi City County Health Wellness and Nutrition Sector
Mike Mitoko	Nairobi City County Health Wellness and Nutrition Sector
Mohamed A Dayow	Nairobi City County Health Wellness and Nutrition Sector
Moses Nyaata	Nairobi City County Health Wellness and Nutrition Sector
Mwanaisha Kanoti	Nairobi City County Health Wellness and Nutrition Sector
Neville Ngira	Nairobi City County Health Wellness and Nutrition Sector
Nicholas Kiambi	Nairobi City County Health Wellness and Nutrition Sector
Pamela Anyango	Nairobi City County Health Wellness and Nutrition Sector
Peter Ojiambo	Nairobi City County Health Wellness and Nutrition Sector
Phoebe Okech	Nairobi City County Health Wellness and Nutrition Sector
Priscilla Mburu	Nairobi City County Health Wellness and Nutrition Sector
Roselyne Mukabana	Nairobi City County Health Wellness and Nutrition Sector
Sammy Simiyu	Nairobi City County Health Wellness and Nutrition Sector
Stella Waruingi	Nairobi City County Health Wellness and Nutrition Sector
Susan Kivondo	Nairobi City County Health Wellness and Nutrition Sector
Susan Mahero	Nairobi City County Health Wellness and Nutrition Sector
Susan Omondi	Nairobi City County Health Wellness and Nutrition Sector
Timothy Kibe	Nairobi City County Health Wellness and Nutrition Sector
Titus Khadudu	Nairobi City County Health Wellness and Nutrition Sector
Tom Nyakaba	Nairobi City County Health Wellness and Nutrition Sector
Vincent Sunda	Nairobi City County Health Wellness and Nutrition Sector
Wycliffe Ongenya	Nairobi City County Health Wellness and Nutrition Sector
Zafarana Njoroge	Nairobi City County Health Wellness and Nutrition Sector

Roselyne Nguti	Aga Khan University-IHD
Aloise Gikunda	Amref Health Africa
Nyambura Gitonga	Amref Health Africa
Wilkister Olando	Carolina for Kibera-CFK Africa
Hezron Nambiro	Kenya Red Cross
Jullian Lynnet	Kibera Integrated Community Self-Help Programme-KICOSHEP
Sophie Donde	Kibera Integrated Community Self-Help Programme-KICOSHEP
Faith Munyao	LVCT Health
Linet Okoth	LVCT Health
Josephine Mutenyo	Malteser International
Nicholas Mwenda	Options Consultancy Services
Elsie Sang	Save the Children
Caroline Kisia	Shining Hope for Communities-SHOFCO
Rose Njiraini	United Nations Children's Fund-UNICEF
Juliana Ngei	USAID Fahari ya Jamii -University of Nairobi
Catherine Mboche	USAID Fahari ya Jamii-University of Nairobi
Catherine Kimemia	USAID Tumikia-World Vision International
Dr Angela Gichaga	Financing Alliance for Health (FAH)
Dennis Munguti	Financing Alliance for Health (FAH)
Dorothy Mwengei	Financing Alliance for Health (FAH)
Dr Said Gaya	Financing Alliance for Health (FAH)
June Musau (Stakeholder engagement, Technical Advisory, Strategy Writing)	Financing Alliance for Health (FAH)
Samwel Gatimu (Costing and Investment Case Technical Advisor)	Financing Alliance for Health (FAH)

REPUBLIC OF KENYA

NAIROBI CITY COUNTY