LAIKIPIA HEALTH SERVICE
LHS
Quality Health Care for All

County Government of Laikipia

Laikipia Community Health Strategy

2021 - 2025

Enquiries regarding the Laikipia County Community Health Strategy 2021–2025 should be addressed to:
Laikipia Health Service (LHS)
P.O. Box 30016-00100
Nanyuki, Kenya.
Email: info@laikipia.go.ke
Website: https://www.laikipia.go.ke/

Suggested Citation: Laikipia Health Service (2021). Laikipia County Community Health Strategy 2021–2025. Nanyuki, Kenya. County Government of Laikipia.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS AND ACRONYMS

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
CHV	Community Health Volunteer
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
LHS	Laikipia Health Service
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

GLOSSARY

Community Health:	This is the first level of Kenya health system structure. Health services at this level are basic curative, preventive and promotive.
Community Health Unit:	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 and 10 community health volunteers.
Community Health Volunteer (CHV):	A member of the community selected to serve in a community health unit. A CHV is well known to his/her community and is selected for the role of CHV by his/her community members.
Community Health Assistant / Officer:	A formal employee of the County Government forming the link between the community and the link health facility.
Community Health Committee:	A committee charged with the governance and oversight of a community health unit.
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).
Health Systems:	A health system consists of all organizations, people, and actions whose primary intent is to promote, restore or maintain health. Like any other system, it is a set of interconnected parts that must function together to be effective.
Health Systems Building Blocks:	The World Health Organization recommends supporting and strengthening a health system based on the six building blocks. When you strengthen a health system, you improve the six-health system building blocks and manage their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes.
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.
Medical Products:	Procurement and supply programs need to ensure equitable access, assured quality, and cost-effective use.
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 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

The Constitution of Kenya, Article 43, obligates the state to ensure quality standards, legislative, policy, and other regulations that facilitate the gradual achievement of the right to the highest attainable standards of health for all. Community health plays a critical role in the provision of preventive and promotive healthcare services in Laikipia, in line with the goal of the Laikipia County Health Act of 2014 of a healthy and productive county.

To contribute towards this, the Laikipia Health Service has developed the County Community Health Strategy 2021–2025 to guide the effective planning, coordination, implementation, management, and optimal service provision to the residents of the county as a key pillar of preventive and promotive healthcare services. The strategy consolidates the gains of community health programs by emphasising preventive and promotive healthcare services—an essential pillar of the county's universal health coverage plans. It outlines the county's community health priorities and proposes clear mechanisms to strengthen implementation of community health in the county. The strategy is necessary to bridge the financing gaps in community health and strengthen partnerships for community health in the county.

The strategy builds on the prevailing political will and commitment by the Laikipia County leadership to address issues that have affected the effective implementation of the community health program since its inception in 2012. The implementation of the strategy is especially key in promoting post-COVID-19 recovery and building a resilient county health system.

I, therefore, urge all stakeholders, both individuals and organizations, to play an active role in supporting the implementation of this strategy to realise the set goals and targets, towards universal health coverage in Laikipia County by 2030.

Hon. Rose Maitai
County Executive Committee Member
Laikipia Health Service

Preface

Preventive and promotive healthcare services are the foundation for a sustainable universal healthcare model. Community health programs play a significant role in preventive and promotive healthcare services and have been shown to be one of the cost-effective interventions with a positive return of investment on 10:1 when accounting for increased productivity from a healthier population, the avoidance of the high costs of health crises, and the economic impact of increased employment.

In the Laikipia Health Service, community health volunteers are key players in the county's universal health coverage model. This necessitated the need to develop a County Community Health Strategy 2021–2025 to strengthen the implementation of community health services with the aim of empowering individuals, families, and communities to attain the highest possible standard of health.

The strategy will ensure effective leadership and governance in the formation, maintenance, and management of community health structures and participation mechanisms; recruitment and retention of the community health workforce; and strengthening mechanisms for capacity building and supportive supervision.

Additionally, the strategy will ensure the provision of high-quality community health services at the household and community level, including referral and follow-up services. It will also support the development, strengthening, and monitoring of the community-based health information system to inform evidence-based decision making for the implementation of community health services at all levels.

Furthermore, the strategy will help strengthen the management of commodities and supplies for community health, which is integrated into the government-led reporting systems and link health facilities, including the use of available technology. Besides, it will help provide various mechanisms for mobilising, managing, and appropriately allocating resources for sustainable financing and delivery of community health services at all levels.

I hope that all players in the community health space in Kenya will embrace and implement this strategy.

Dr. Donald Mogoi
Chief Officer
Laikipia Health Service

Acknowledgement

The Laikipia County Community Health Strategy 2021–2025 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.

We are greatly indebted and thankful to all those who participated and made contributions to the development of this policy. We are greatly indebted to the Financing Alliance for Health under the leadership of Dr. Angela Gichaga and Nelly Wakaba for both technical and financial support during the process of developing this strategy. We appreciate the great effort and contribution of the County Executive Committee Member for Laikipia Health Services, the county and sub-county Health Management Teams, the county and sub-county community health focal persons, and the community health assistants and volunteers during various meetings and stakeholders' forums.

We are especially grateful to the exceptional technical writing team that oversaw the development of the strategy. The team, led by Dr. Moses O. Guya, Deputy Director of Preventive and Promotive Services and Universal Health Coverage Focal Person, also included Ms Eunice Maina, Community Health Strategy Focal Person; Joyce Mueni, Robert Kamau and Ruth Manyara, Sub-county Community Health Strategy Focal Persons; Beth Ngugi and Alex Mwai, Community Health Assistants; and Samwel Maina Gatimu and June Mwende, Technical Advisors from the Financing Alliance for Health. An additional list of contributors is annexed.

Special thanks and gratitude to the senior management of the Laikipia Health Service under the leadership of County Executive Committee Member, Hon. Rose Maitai (Mrs.) and Chief Officer, Dr Donald Mogoi, for creating an enabling environment for the implementation of community health services.

Dr. Josephine Ohas
Acting Director, Promotive and Preventive Health Services
Laikipia Health Service

Executive Summary

Community health is the first level of service delivery within the six-tiered health system. According to the Kenya Community Health Strategy (2021–2025), community health services are provided within a community health unit (CHU) by a community health workforce composed of Community Health Committees (CHC), Community Health Assistant (CHA) and Community Health Volunteers (CHVs). The services offered at level 1 (community) are majorly preventive and promotive with little or no basic curative services.

Since 2012, Laikipia County has invested in Community Health Strategy resulting in a significant impact on health systems, employment, economy, and quality of life of Laikipia. However, a recent situational analysis conducted by the Laikipia Health Service and Financing Alliance of Health highlighted gaps in the implementation of the community health strategy that risk eroding the gains made mainly due to inadequate community health financing.

The program is also plagued by inadequate supply of essential equipment and supplies, uncoordinated field supervision of CHVs, inadequate training for CHVs and missed or delayed opportunities for the provision of essential services due to insufficient CHVs capacity. Despite the challenges, the program has increased access to health services and has recently been essential in sensitisation and enrolment of residents to the NHIF hence making an important contribution towards Universal Health Coverage.

The Laikipia Health Service has identified and prioritized key strategic directions and objectives to guide the implementation of the County Community Health Strategy 2021 – 2025. The strategies were proposed through an active stakeholder engagement and a situational analysis. The strategic directions and objectives are anchored in the national policy and strategy documents for community health. The strategic directions and objectives are discussed below:

1. Strengthen leadership and governance for community health services
2. Mobilize innovative and sustainable financing for community health services
3. Build a highly motivated, skilled, and equitably distributed community health workforce
4. Improve community health data reporting systems
5. Increase access, coverage, and utilization of community health services
6. Ensure efficient and sustainable commodities and supplies

Strategic Objective	Key Interventions
Strategic Direction 1: Strengthen leadership and governance for community health services	
Strategic Objective 1.1: Operationalize a county community health technical working group	1.1.1 Define the scope and membership of the community health technical working group
	1.1.2 Provide oversight on the implementation of the community health strategy
	1.1.3 Review performance of the community health technical working group
Strategic Objective 1.2: Strengthen existing community health social accountability and oversight mechanisms	1.2.1 Build the capacity of the community health oversight team (community health assistants, chief/sub-chief, ward administrator and facility-in-charge) to strengthen the linkage between the community
Strategic Objective 1.3: Operationalize the county health bill articles on community health	1.3.1 Advocate for the community health services bill and enactment into law
Strategic Objective 1.4: Strengthen community health partnership and stakeholder coordination mechanisms	1.4.1 Develop a community health partnership framework to enhance partner alignment and engagement

Strategic Direction 2: Mobilize innovative and sustainable financing for community health services	
Strategic Objective 2.1: Establish advocacy and resource mobilization strategies for community health services	2.1.1 Strengthen the capacity of health management and leadership teams on health financing, advocacy, and resource mobilization for community health
	2.1.2 Build and maintain strategic public-private partnerships for community health financing
	2.1.3 Track community health program domestic and external financing
	2.1.4 Partner with Department of Gender and Social Services on CBOs registration and management
Strategic Direction 3: Build a highly motivated, skilled, and equitably distributed community health workforce	
Strategic Objective 3.1: Strengthen the capacity of the community health workforce for improved service provision	3.1.1 Assessment of community health workforce capacity and coverage
	3.1.2 Training of new and existing community health workforce
Strategic Objective 3.2: Strengthen community health workforce coordination and management	3.2.1 Develop community health services workforce norms and standards
	3.2.2 Equitable deployment of community health workforce
	3.2.3 Strengthen community health workforce performance management mechanism - appraisal, supervision, and productivity
	3.2.4 Development of community health workforce registry
Strategic Direction 4: Improve Community Health Data Reporting System	
Strategic Objective 4.1: Strengthen the existing County CHIS	4.1.1 Digitalize the community health information system
Strategic Objective 4.2: Enhance the capacity of the community health workforce on CHIS	4.2.1 Build the capacity of the community health workforce to effectively collect, collate and report quality community health data
Strategic Objective 4.3: Strengthen community health services monitoring systems	4.3.1 Ensure community health data quality checks
Strategic Direction 5: Increase access, coverage, and utilization of community health services	
Strategic Objective 5.1: Demand creation for community health services	5.1.1 Undertake integrated outreach and awareness campaigns on community health services
	5.1.2 Develop a network of community health champions to promote healthy behaviours and address barriers to social determinants of health
Strategic Objective 5.2: Increase utilization of community health services	5.2.1 Roll out community health service package
	5.2.2 Adequately equip community health workforce with a comprehensive kit
Strategic Objective 5.3: Reinforce community health linkages and referral mechanism	5.3.1 Strengthen the capacity of community health workforce on referral linkages
	5.3.2 Strengthen referrals and follow-up of patients referred from the facility to the community
Strategic Direction 6: Ensure efficient and sustainable commodities and supplies	
Strategic Objective 6.1: Strengthen coordination and management of community health commodities and supplies	6.1.1 Capacity building of community health workforce in commodity and supplies forecasting and quantification
	6.1.2 Equip community health workforce with appropriate technologies

The organizational arrangement for the Laikipia County Community Health Strategy implementation, coordination and management considers the division of functions, powers, and responsibilities between the different levels of county governments, and between state and non-state actors, communities, households, and individual citizens. The implementation of the Laikipia Community Health Strategy will, therefore, adopt and use a combination of approaches including rights-based, multi-sectoral, public-private partnership, socially inclusive, consultative, and participatory approaches to realise the objectives of the strategic plan.

This page was intentionally left blank

Laikipia County Community Health Strategy 2021 - 2025

MISSION: To build a responsive client-centred and evidence-based health system for accelerated attainment of the highest standard of health to all in Laikipia County

VISION: A healthy and productive County

BACKGROUND

Demographics (2019)
- Total population – 518,560
- Male – 51% and Female – 49%
- Total households – 149,271
- Average household size – 3.4

Macroeconomic Environment
- Gross County Product (GCP) (2020) – KES 94,810 million[3]
- Annual GDP growth rate (2020) - 8.9%
- Human poverty index - 57.3 (national - 29.1)
- Main economic activity – Agriculture

Health Financing Status
- % Health Exp. to Total Govt. Exp. (2019/20) - 33%[1]
- Total Health budget (2019/20) – KES 5.067 B[1]
- Community Health Allocation – KES 33 M[2]

Community Health (CH) Status
- CH program launched in 2012
- Active CHVs – 1,100 (2019/20)
- Active CHUs – 65; active CHAs – 65
- 1 CHA supervises 10–30 CHVs
- 1 CHV serves 100–150 households

SITUATION

Strengths
- Existing political goodwill at the executive and county assembly
- Pool of trained community health volunteers (1100)
- Each CHU has a link facility to effectively implement CH linkages

Weaknesses
- Inadequate financing for community health
- Unstructured supportive supervision and performance management
- No community health legislature and policy
- Irregular provision of commodities and supplies (CHV/CHA Kit)

Opportunities
- Community health stakeholders willing to support the County in advancement of community health
- Use of technology in community health service delivery
- Provision of comprehensive service package

Threats
- Emerging diseases and pandemics
- High CHV attrition
- Perception of community-on-community health services

GOAL

The strategy aims to provide efficient, cost effective and accessible health and sanitation services and accountability for quality public service delivery

STRATEGIC DIRECTIONS	STRATEGIC OBJECTIVES	KEY INTERVENTIONS
GOVERNANCE & LEADERSHIP	• Operationalized a county community health technical working group • Strengthen existing community health social accountability and oversight mechanisms • Operationalize the county health bill articles on community health • Strengthen community health partnership and stakeholder coordination mechanisms	• Define the scope of the CH Technical Working Group • Provide oversight on implementation of the Community Health Strategy • Review performance of the CH Technical working group • Build capacity of oversight committee on community health linkages • Advocate for enactment of the CH bill • Map community health stakeholders • Develop a community health partnership framework
FINANCING	• Establish advocacy and resource mobilization strategies for community health services	• Strengthen the capacity of CHMT on health financing, advocacy, and resource mobilization • Build and maintain strategic public-private partnerships • Track community health program domestic and external financing • Partner with Department of Gender and Social Services on CBOs registration and management
HUMAN RESOURCE	• Strengthen the capacity of community health workforce for improved service provision • Strengthen community health workforce coordination and management	• Assess community health workforce capacity and coverage • Train new and existing community health workforce • Develop a community health services workforce norms and standards • Equitable deployment of community health workforce • Strengthen community health workforce performance management mechanisms • Develop a community health workforce registry

STRATEGIC DIRECTIONS	STRATEGIC OBJECTIVES	KEY INTERVENTIONS
SERVICE DELIVERY	• Demand creation for community health services • Increase utilization of community health services • Reinforce community health linkages and referral mechanism	• Undertake integrated CH outreach and awareness campaigns • Develop a network of community health champions to promote healthy behaviors and address barriers to social determinants of health • Roll out CH service package • Equip CHW with a comprehensive kit • Strengthen the capacity of CHW on referral linkages • Strengthen CH referrals/Linkages and follow
HEALTH INFORMATION	• Strengthen the existing County community health information platform (CHIS) • Enhance the capacity of CHW on CHIS • Strengthen community health services monitoring systems	• Digitalize the community health information system • Build the capacity of the community health workforce to effectively collect, collate and report quality community health data • Conduct community health data quality checks
DRUGS & SUPPLIES	• Strengthen coordination and management of community health products and technologies	• Capacity building of community health workforce in commodity and supplies forecasting and quantification • Equip community health workforce with appropriate technologies

STRATEGY IMPLEMENTATION COSTS AND RESOURCE NEED

STRATEGY COSTS BY INPUT	ANNUAL INPUT COSTS					
	2021/22	2022/23	2023/24	2024/25	2025/26	Total
Stipends	36,780,000	36,780,000	36,780,000	36,780,000	36,780,000	183,900,000
NHIF	9,000,000	9,000,000	9,000,000	9,000,000	9,000,000	45,000,000
Airtime	10,668,000	10,668,000	10,668,000	10,668,000	10,668,000	53,340,000
CHV Training	67,110,000	18,220,013	18,450,013	10,920,013	37,350,000	152,050,039
CHA and Management Training	3,039,500	183,000	2,836,000		4,870,000	10,928,500
CHV Equipment/Kits	18,285,050	58,910,283	29,165,037	5,090,037	34,060,000	145,510,407
Medicines and Supplies	1,934,874	1,934,874	1,934,874	1,934,874	1,934,860	9,674,356
Digitalisation of CHIS reporting	-	10,500,000	1,500,000	1,000,000	1,000,000	14,000,000
CHA / Management Salary	28,056,000	28,056,000	28,056,000	28,056,000	28,056,000	140,280,000
Supervision						
Quarterly Dialogue Days	1,764,000	1,764,000	1,764,000	1,764,000	1,764,000	8,820,000
Monthly Feedback Meetings	10,320,000	10,320,000	10,320,000	10,320,000	10,320,000	51,600,000
Recurrent Costs						
Action days	12,198,000	12,198,000	12,198,000	12,198,000	12,198,000	60,990,000
Dialogue days	4,102,280	4,102,280	4,102,280	4,102,280	4,102,000	20,511,120
Reporting Tools	3,347,500	3,347,500	3,347,500	3,347,500	3,347,500	16,737,500
Coordination (TWGs and Stakeholders Forums)	847,000	756,500	756,500	756,500	756,500	3,873,000
Other Costs	5,728,250	711,000	9,604,250	392,000	392,000	16,827,500
	213,180,454	**207,451,450**	**180,482,454**	**136,329,204**	**196,598,860**	**934,042,422**

Funding Needed:
KES 934M
USD 8.32M

Funding Available:
KES 350M
USD 3.24M

Funding Gap:
KES 584M
USD 5.08M

[1] National and County Health Budget Analysis, FY 2019/20
[2] County Government of Laikipia: Programme Based Annual Estimates of Recurrent and Development Expenditure for the Year Ending 30 June, 2022
[3] Kenya National Bureau of Statistics: Gross County Product (GCP) 2021

LAIKIPIA HEALTH SERVICE
LHS
Quality Health Care for All

1 Introduction & Background

Introduction and Background

1.1 County Overview

Laikipia County is one of the 47 counties of the Republic of Kenya. The County borders Samburu County to the North, Isiolo to the Northeast, Meru to the East, Nyeri to the Southeast, Nyandarua to the South, Nakuru to the Southwest and Baringo County to the West. It covers an area of 9,532.2 km^2 and is the 15th largest county in the country. The county has altitudes ranging between 1,500 metres above sea level in the vicinity of the Ewaso Ng'iro river, to over 2,600 metres above sea level in the Marmanet uplands. Laikipia is a multi-cultural, multi-ethnic county with 55% of its population[1] residing in Laikipia West and Nyahururu sub-counties. There are over 23 main communities settled in the County including Maasai, Samburu, Rendille, Somali, Pokot, Tugen, Asian, European, Meru, Kikuyu, and Turkana, among others.[1]

1.2 Administrative and Political Units

Laikipia County is divided into five administrative sub-counties: Laikipia East, Laikipia North, Nyahururu, Laikipia Central and Laikipia West. The sub-counties headquarters are at Nanyuki, Doldol, Rumuruti, Lamuria and Nyahururu, respectively. To ease management of the counties the County is further divided into 17 divisions under three broad constituencies: Laikipia East, Laikipia West and Laikipia North. Figure 1 outlines Laikipia's County geographical position and the three political boundaries.

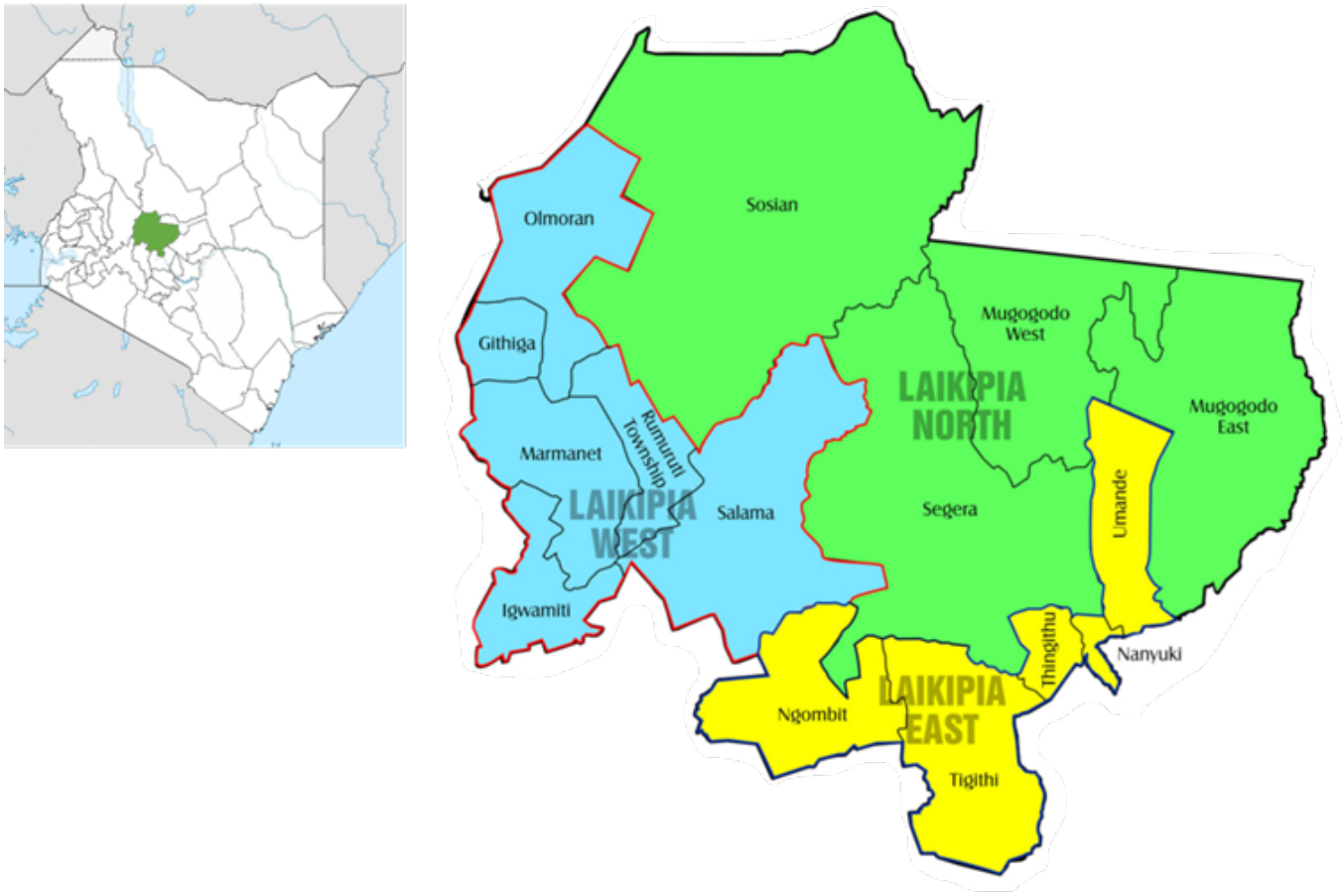


Figure 1. *Map showing Laikipia's geographical position and political boundaries (Source: Laikipia County Statistical Abstract, 2020)*

1.3 Demographic Features

Laikipia County has a population of 518,537, which accounts for 1.1% of the national population.[2] The county has approximately 259,437 males, 259,100 females and 18 intersex persons with an estimated county annual population growth rate of 0.7%. A majority of the county's population is 0–19 years (48.5%). Table 1 highlights the age and sex distribution of the county's population.

Table 1. County population by age group

Age (Years)	Male	Female	Total
0 – 4	33,156	32,385	65,541
5 – 9	32,430	31,814	64,244
10 – 14	33,372	31,925	65,297
15 – 19	29,265	27,195	56,460
20 – 24	21,069	22,501	43,570
25 – 29	18,205	19,068	37,273
30 – 34	17,892	19,335	37,227
35 – 39	15,676	14,944	30,620
40 – 44	13,668	13,084	26,752
45 – 49	11,319	10,920	22,239
50 – 54	9,179	9,081	18,260
55 – 59	7,538	7,714	15,252
60 – 64	5,101	5,466	10,567
65 – 69	4,059	4,505	8,564
70 – 74	3,481	3,756	7,237
75 – 79	1,864	2,378	4,242
80+	2,163	3,029	5,192
Total	**259,437**	**259,100**	**518,537**

Source: *Laikipia County Statistical Abstract, 2020*

Fifty-five (55%) of the population in Laikipia County resides in Laikipia West and Nyahururu sub-counties while 73% are aged 0–35 years (378,410 people). The County has 149,271 households and a population density of 54 persons per square kilometre against a national average of 84 persons per square kilometre (Figure 2). Three-quarters of the county's population resides in rural areas with a quarter residing in the county's eight urban centres. Besides, the average household size is 3.4 against a national average of 3.9 persons per household; though Laikipia North sub-county has a higher average household size of 4.6. Moreover, the county has a higher average life expectancy at 71.9 years compared to 67 years nationally.[1]

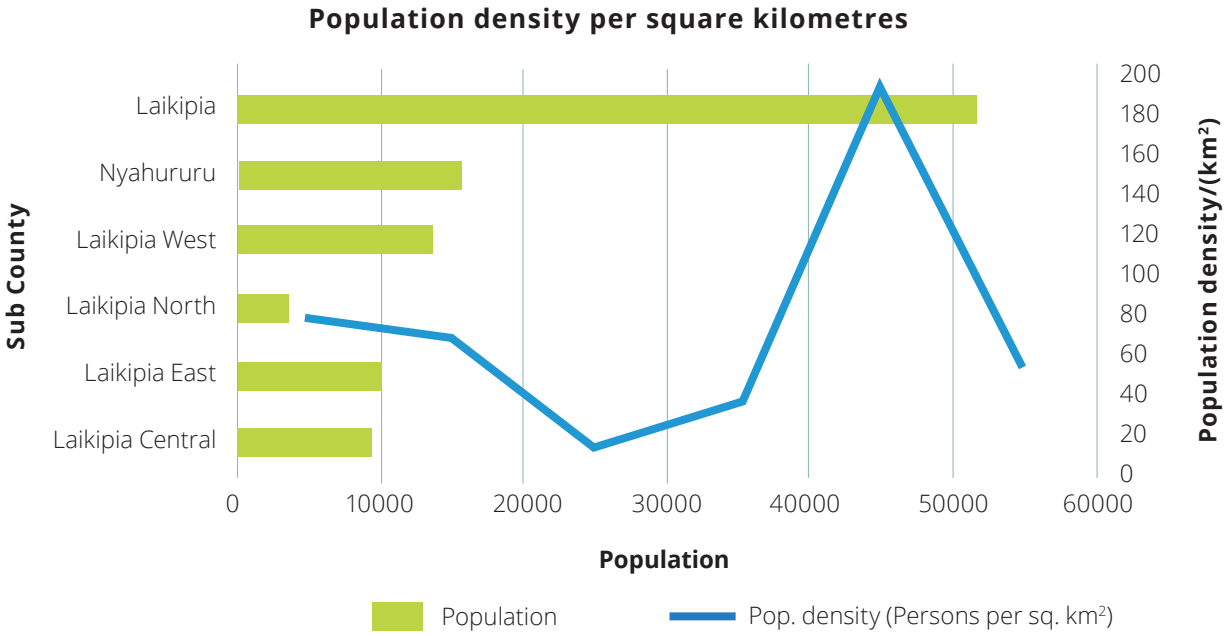


Figure 2. *Population density per square kilometres, 2019*
(Source: Kenya Population and Housing Census)

1.4 Socio-economic Status

Laikipia County is gradually transforming into an economic hub for the Central Rift Valley block of counties. It is a major transit county for foreign and local tourists and a host for key local and international corporate and financial institutions including the British Army Training Unit (BATUK). The recent rehabilitation of the Nairobi–Nanyuki railway line is set to further open the county as a logistics hub for the Mount Kenya region, especially for industrial and agricultural products. In addition, the county has a road network of over 7,000 kilometres, connecting the sub-counties and the county to neighbouring counties in Central, Upper Eastern and the Rift Valley regions of Kenya.

Laikipia County is among the 10 Central Kenya Economic Bloc counties that contributed 26.2% of Kenya's Gross Domestic Product (GDP) in 2019.[3] In 2017, Laikipia was estimated to have contributed 1.0% to the GDP. Despite this low contribution to the national GDP, Laikipia reported a County Gross Domestic Product of KES 98 billion in 2019; a growth from KES 89 billion in 2018. The county has also seen an increase in revenue collection from KES 460 million in 2016/17 to 815 million in 2018/19.[1]

The major economic activities in Laikipia County are ranching, crop and dairy farming, tourism, and trade. Most trading activities are mainly in the urban centres. Tourism is fast becoming a major economic driver with the main tourist attractions being the Maa community cultural practices, wildlife, and the Thomson Falls.

The County Government of Laikipia has outlined robust, diverse, and competitive investment strategic directions and innovations to boost and drive the economic growth of the county including recovery from the impact of COVID-19. The innovations will not only create wealth for the people of Laikipia County but also create employment opportunities for the residents of the county, especially the youth who comprise 73% of the population. Through collaboration with major banking institutions, Laikipia County has lined-up stimulus programme that targets 5,000 small-medium enterprises and 60,000 farmers in financial year (FY) 2020/21.[4] The package cushions the county residents from the negative impacts of COVID-19 to their income-generating activities.

1.5 Epidemiology and Health Indicator Performance

Laikipia County has made great progress on key health indicators, some of which performed better than the national average as demonstrated in figure 3:

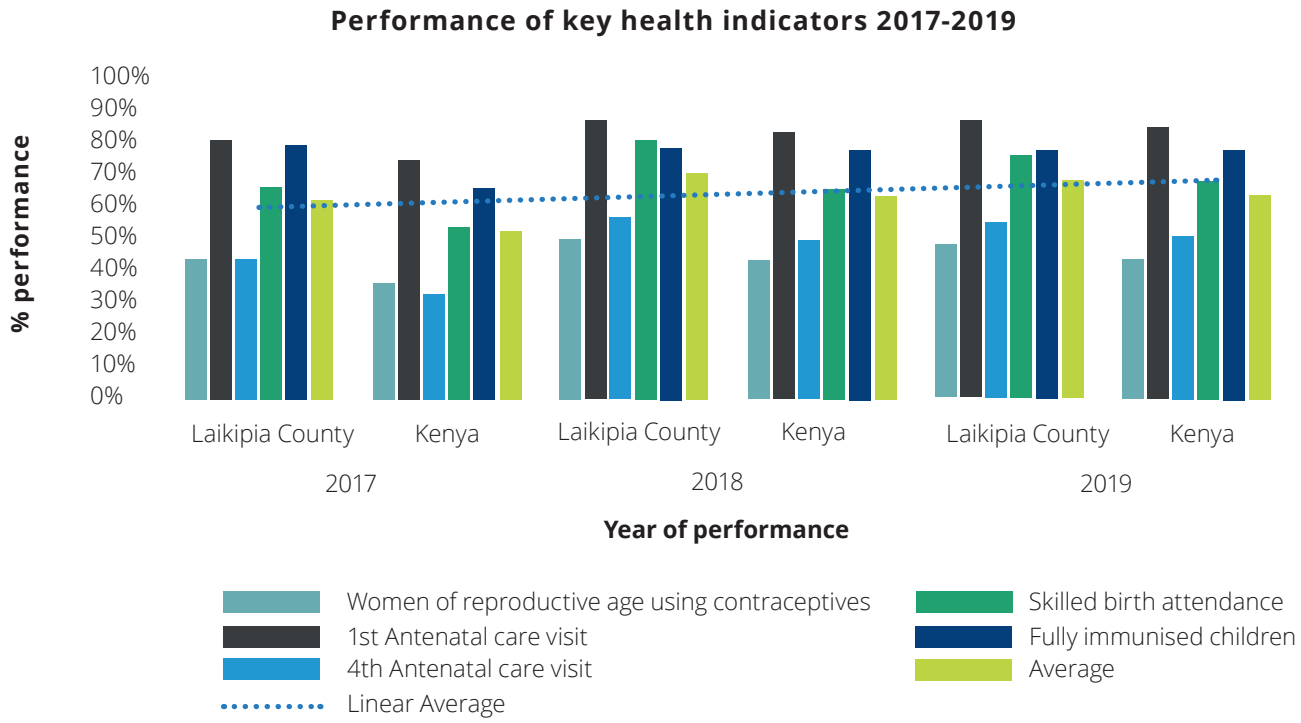


Figure 3. *Laikipia County Key Health Indicator Performance, 2019*
(Source: DHIS2, 2019)

As demonstrated by figure 3 above, some leading causes of disease persist: the top five communicable and non-communicable diseases (NCDs) for under-five years in 2019 were upper respiratory tract infections (URTIs), diarrhoea, diseases of the skin, tonsillitis, pneumonia and asthma, malnutrition, cardiovascular, mental disorders, and rickets, respectively. On the other hand, leading causes of morbidity for children above five years in 2019 were URTI, diseases of the skin, diarrhoea, urinary tract infections, intestinal worms, ear infection and arthritis, hypertension, diabetes, asthma, and musculoskeletal conditions, respectively.[5] Sadly, the epidemiological transition has become a reality in Laikipia, precipitating the rise of NCDs. In 2019, cancer was the leading cause of mortalities in the county (Figure 4).

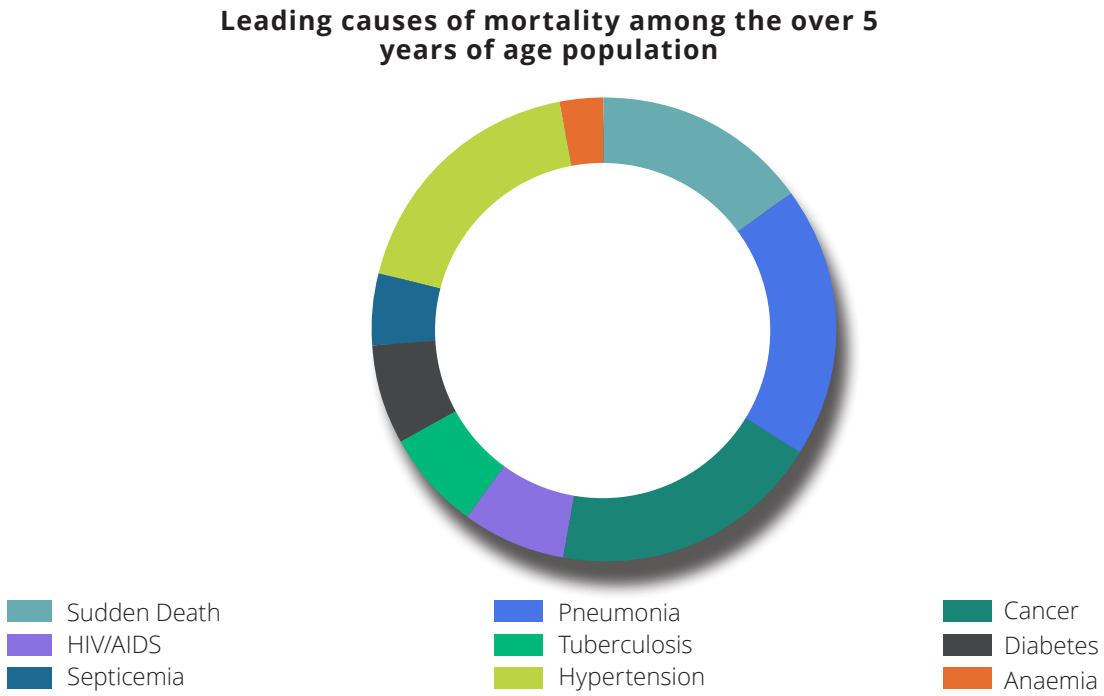


Figure 4. *Leading causes of mortality in Laikipia in 2019 (Source: Laikipia County Statistical Abstract, 2020)*

1.6 Health System Structure

Laikipia Health Service (LHS) mission is to build a responsive, client-oriented, and evidence-based health system for accelerated attainment of the highest standards of health to all its residents through the provision of equitable, affordable, quality health services at the highest attainable standards. The county's health mission and objectives are aligned to the national Kenya Health Policy 2021–2030 goal and objectives.[6] The LHS functions and operations are anchored in the Laikipia County Health Services Act, 2014, which identifies the five levels of healthcare system in the county as shown in Figure 5.

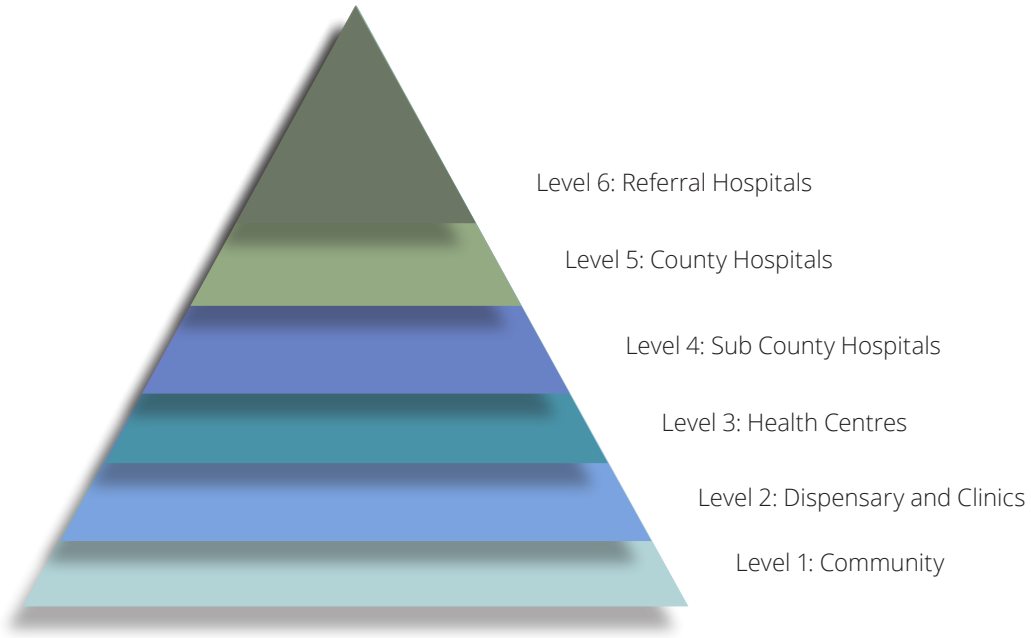


Figure 5. *The six levels of health care service delivery in Laikipia County*

At the community level, the community health workforce offers services at the Community Health Units and household levels. The community health workforce has been instrumental in advancing primary health care in the County. The County is a leading County among others in Kenya in its journey towards the attainment of the Universal Health Coverage (UHC) agenda. Laikipia County strategic priorities for UHC are to improve access to quality and affordable health care through increased enrolment to National Health Insurance Fund at the community level and expanding the role of primary health care through upscaling the role of community health volunteers.[7]

1.6.1 Service Delivery

The health facility ownership in the County is spread among public, private, non-governmental and faith-based organizations. In 2017, the County had 137 health facilities, which increased to 160 facilities due to population growth and increased demand for health services.[8] At the community level, service delivery is focused on preventive and promotive services at the household level and with a referral linkage with the level 2 health facilities. There are 65 community health units, spread across the County. Table 2 shows health facility ownership by type, ownership, and constituency/sub-county in 2019.

Table 2. County health facility distribution by type, ownership, and constituency

Constituency	Dispensaries and Clinics				Health Centres			Sub County & County Hospitals		
	CG	NGO	FBO	Private	CG	FBO	Private	CG	FBO	Private
Laikipia East	22	1	5	20	0	2	1	2	0	1
Laikipia West	27	0	4	19	7	8	4	3	0	0
Laikipia North	26	0	0	5	0	1	0	2	0	0
Sub Total	**75**	**1**	**9**	**44**	**7**	**11**	**5**	**7**	**0**	**1**
Grand Total				**129**			**23**			**8**

CG: *County Government; NGO: Non-governmental organization; FBO: Faith-based organization*
Source: County Community Health Department, 2021

1.6.2 Community Health Service Delivery

Community health is the first level of service delivery within the six-tiered health system. According to the Kenya Community Health Strategy (2021–2025), community health services are provided within a community health unit (CHU) by a community health workforce composed of Community Health Committees (CHC), Community Health Assistant (CHA) and Community Health Volunteers (CHVs).

A CHU is made up of 500–1000 households or approximately 5,000 people, 10 CHVs and one CHA. Each CHVs oversees 100 households or approximately 500 people while one CHA supervises 10 CHVs and coordinates and manages the CHU. The CHC provides oversight over a community health unit. Currently, Laikipia county has 65 CHU with 65 CHAs and 1100 CHVs spread across the three sub-counties. The county community health structure, however, has no CHCs, as recommended in the national community health policy. Regardless, community gatekeepers and religious leaders—who would typically make up the CHC—are involved in the affairs of the CHU such as CHV identification and recruitment and community mobilization. In addition, the sub-county public health officers and community health focal persons, and county community health focal persons provide oversight over community health services provision at sub-county and county levels, respectively. Moreover, the community health services are integrated with primary health care through a referral mechanism with the link facility nurses supporting referrals from and to the community level.

The services offered at level 1 (community) are majorly preventive and promotive with little or no basic curative services. According to the District Health Information System 2, community health service delivery in the county is suboptimal with only 21%, 27% and 21% of households visited by CHVs in 2016, 2018 and 2020 respectively[9-11].

1.6.3 Health Financing

Laikipia County health services are financed through county budget annual allocations, out of pocket (30%)[12], county revenue collection (46%)[12], national revenue share allocation and disbursements, development partner funding for special programs and social health insurance.

In FY2019/20, 11% (KES 586.54 million) of the total county government general expenditure (KES 5.404 billion) was allocated to healthcare; of this KES 586.54 million, 24% and 18% was from the national government and donor grants and loans respectively, leaving about 58% of the healthcare budget to be financed by local sources of funds.[13] Since 2013, the national government has reimbursed the county government for the User Fee Forgone (UFF) under the Free Primary Health Care program for level II and III health facilities. In addition, the county government received grants from the national government in FY 2019/20 for the Managed Equipment Services Project (tertiary care equipment to level IV and V hospitals) and COVID-19 response. Community health program, advocacy and surveillance was allocated KES 11.89 million[13], accounting for about 2% of the total annual budget projection. Figure 6 shows the breakdown of projected sources of funds for FY 2019/20.

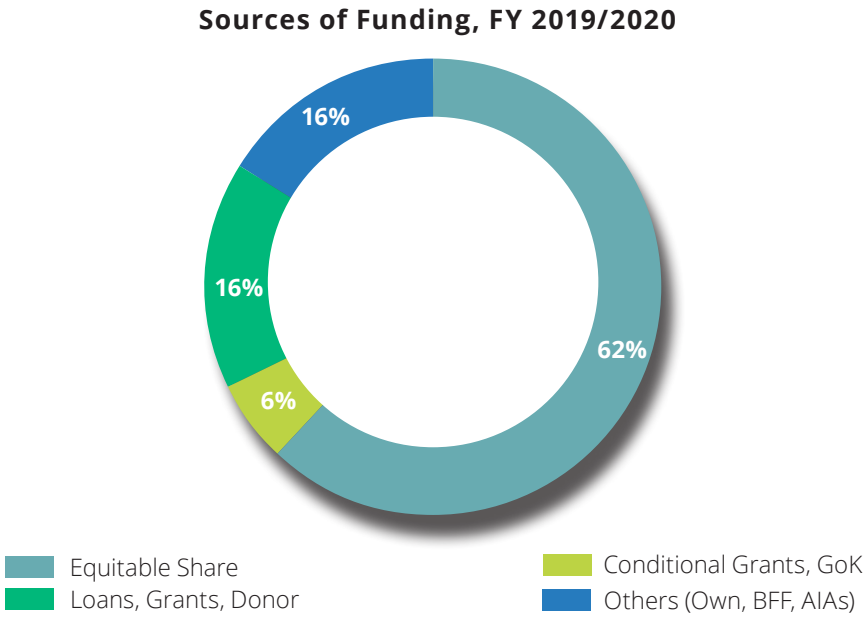


Figure 6. *Sources of funding for health, FY 2019/20*
(Source: Laikipia County Statistical Abstract, 2020)

In FY 2019/20, the average County Government General Health Expenditure as a percentage of the County Total Government Expenditure was 10%; an increase from about 7% in 2015/16.[13]

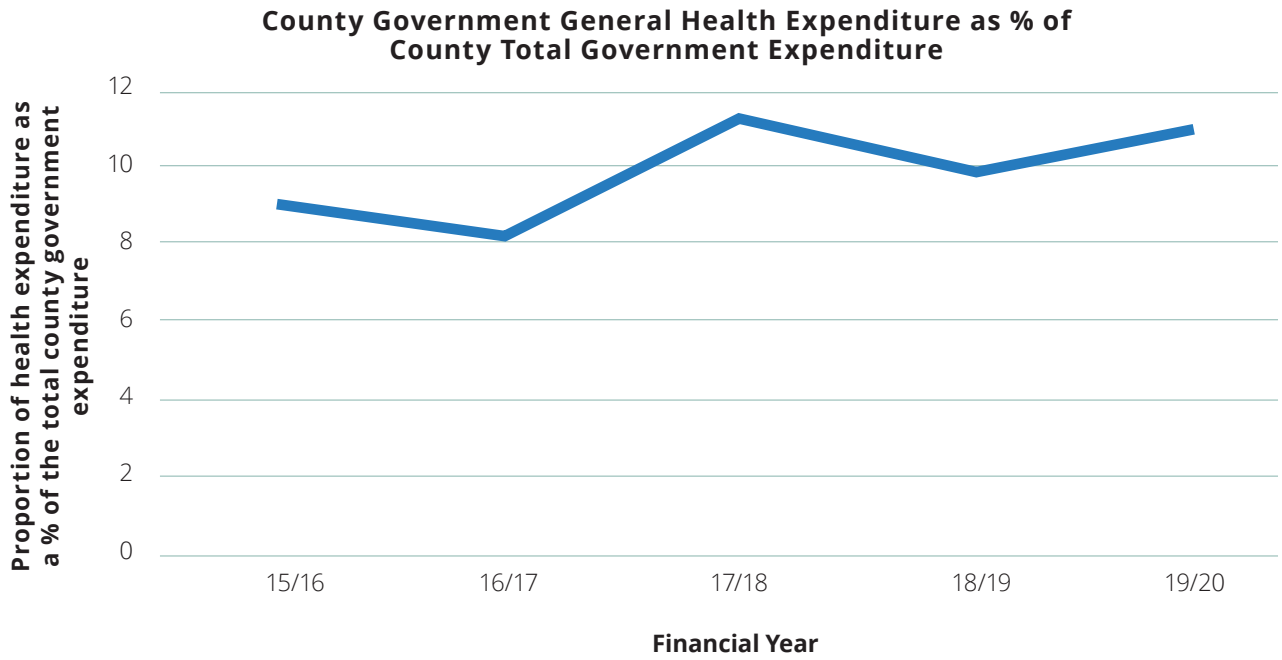


Figure 7. *County Government General Health Expenditure as a percentage of the County Total Government Expenditure (Source: Office of the Controller of Budget, County Governments' Budget Implementation Review Report 2015/16–2019/20)*

1.6.4 Human Resources for Health

According to the Laikipia County Statistical Abstract (2020), the total number of healthcare workers was 780 (289 male and 491 female). The county's ratio of doctor/nurse per 100,000 of the population is 92.17,[5] with the total number of doctors and nurses (consultants, medical officers, Kenya Registered Community Health Nurses and Kenya Enrolled Community Health Nurses) at 513, compared to the World Health Organization (WHO) recommended 250 and Kenya's average of 15.6 per 100,000 population.[14] In 2020, the county had 1,027 active CHVs, 65 CHAs and 65 functional CHUs. The distributions of CHV per sub-county is provided in Table 3:

Table 3. Community health service workforce distribution by sub-county

Sub-county	Population per sub-county	Population density/per sq. km	Active CHVs	Established CHUs	Active CHAs
Laikipia North	104,302	14	207	15	15
Laikipia West	295,363	228	530	30	30
Laikipia East	153,492	145	290	20	20
Total	**553,157**		**1027**	**65**	**65**

Source: *County Government of Laikipia, Community Health Reports, 2021*

1.6.5 Health Insurance

In 2020, sixty-four per cent (287,791 people) of the county population was registered under National Health Insurance Fund (NHIF) medical scheme, which was higher than the national average of 36%[8]. Enrollment to NHIF increased almost four-folds from 17% in 2014 to 64% in 2020[4] demonstrating the county's robust and vibrant universal health coverage programme.

Community health volunteers have been instrumental in mobilizing communities to enrol in NHIF including identification of 4,500 low socioeconomic households that were supported by the County to register for NHIF. In addition, they continue to provide preventive and promotive services at the community level and contributed to the containment of COVID-19, thus effectively 'insuring' the health system and the county from the pandemic.

1.6.6 Health Information System

Laikipia health data is reported into the national district health information system 2 (DHIS2). The DHIS2 carries all health information necessary for policy and planning for health services. The system, however, has gaps in terms of integrating community health data and reporting [8 superscript], accuracy, completeness, and quality. Also, the CHVs have a low capacity for data collection, reporting and review.

In 2020, the county adopted the use of mobile devices for collection of data on socio-economic status of households in the county. However, mobile phones were provided for only a few of the CHVs. In addition, due to poor network connectivity, data is still transmitted manually by CHVs to the CHAs and is not regularly updated in the DHIS2, which is a nationally shared problem.

1.7 Policy Context

The development of the Laikipia County community health strategy is underpinned by global, regional, and national policies and strategies which recognize that the community health workforce is an integral part of the acceleration of primary health care and universal health coverage goals and objectives (Figure 8).

Figure 8. *Summary of the community health policy context*

1.7.1 Global Political Context Supporting the Development of Community Health

There is a growing global momentum that 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 includes an emphasis on 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.[15]

In 2018, the World Health Organization Policy Guidelines for Community Health Workers (CHWs) provided evidence-based guidelines to assist governments and their partners to improve the design, implementation, performance, and evaluation of CHW programmes, contributing to the progressive realization of universal health coverage. It contains pragmatic recommendations on selection, training, and certification; management and supervision, and integration into primary healthcare systems.[16]

1.7.2 Regional Policy Frameworks on Community Health

The Africa Health Strategy 2016–2030, a part of the African Union agenda, seeks to achieve universal health coverage by fulfilling existing global and continental commitments which strengthen health systems and improve social determinants of health in Africa by 2030. The strategy seeks to strengthen community health and information systems, decentralise service delivery with a focus on integrated comprehensive primary health care and efficient use of resources.(Superscript 17). Moreover, the African Union has urged governments to prioritize recruitment, training and deployment of 2 million CHWs to address the human resources gap in the African region as a key step towards the achievement of the Sustainable Development Goals.[18]

1.7.3 The Constitution of Kenya 2010

The Constitution of Kenya 2010,[19] 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 while article 53(1) (c) provides for the rights of every child to access basic nutrition, shelter, and health care. Under Article 56 (e), the state shall put in place affirmative action programmes designed 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 and to further their development and protect and promote the rights of minorities and marginalized communities.

1.7.4 Kenya Vision 2030

Kenya Vision 2030 is Kenya's developmental blueprint and its first flagship project under health is to 'revitalize community health centres to promote preventive health care as opposed to curative and to promote a healthy individual lifestyle.[20] This highlights the role of community health as a key contributor to Kenya's development agenda.

1.7.5 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 and acknowledges that community health units are the first level of healthcare delivery in Kenya. The framework 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 CHVs and will focus on promotive and preventive health services.[21]

1.7.6 Kenya Community Health Policy (2020–2030) and the Kenya Community Health Strategy (2020–2025)

The community health policy and strategy provide a framework for implementation of community health services in Kenya. The policy aim to empower individuals, families, and communities to attain the highest possible standard of health across all health domains, as a pathway towards the attainment of a strong, equitable, holistic, and sustainable community health system and effectively, leaving no one behind.

1.7.7 Laikipia County Integrated Development Plan (CIDP), 2018–2022

The CIDP seeks to strengthen the county's health system by expanding the role of Primary Health Care through upscaling the role of CHVs.

1.7.8 The Laikipia County Health Services Act, 2014

The Act recognizes community health units as one of the five levels of health services in the county (Section 7 (1)) and one of the basic units of primary health care (Section 25 (1)). The County Executive Committee Member for health is expected to prescribe the number of community health units in each ward (Section 8 (1d)) and the way the units would be managed (Section 14 (2)). Further, in section 23 (1) and (2), the Act requires the Laikipia Health Service to ensure (a) the provision of health services are aimed at achieving the prescribed health outcomes and (b) health policies, plans and budget and implementation of the policies are developed and implemented to achieve the prescribed health outcomes, that shall conform to the national policy, standards, norms, and the guidelines prescribed by the World Health Organization. Lastly, the Act in section 25 (3) requires that the County Executive Committee Member ensure each community unit is sufficiently resourced.

1.8 Rationale for the Development of the Community Health Strategy

In sub-Saharan Africa, there is evidence that investing in community health generates up to 10 times the return on investment. The Division of Community Health Services at the Ministry of Health developed an investment case that demonstrated that for every KES 1 invested in community health, Kenya gets a return on investment of KES 9.4 on both economic and societal benefits.[22] This further justifies why community health is the critical success factor in driving and achieving the universal health coverage agenda in Kenya. Counties including Laikipia have access to this investment case prototype to help generate county evidence on why investing in community health is a “best buy”.

Further, the devolution of health services following the promulgation of the Kenyan Constitution in 2010, emphasizes the right to the highest attainable standards of health. Article 43 of the Constitution of Kenya obligates the state to ensure quality standards, legislative, policy and other regulations that facilitate the gradual achievement of the right to health for all.

The purpose of the community health strategy is to guide the Laikipia Health Service in the effective planning, coordination, development, management, and optimal service provision to the residents of the county. The strategy presents an opportunity for the Laikipia County Health Services to address historical community health services issues while setting a conducive environment to develop and implement a strategic plan for improved coordination and management of community health. It also builds on the existing political will and commitment by the leadership to effective implementation of the community health programme.

LAIKIPIA HEALTH SERVICE
LHS
Quality Health Care for All

2 Laikipia County Community Health Situational Analysis

Laikipia County Community Health Situational Analysis

2.1 Overview

The Laikipia Health Service conducted a situational analysis of the County Community Health Services. The situational analysis approach was a mix of methodologies, aimed at a deeper understanding of the Community Health Programme and how that fits into the county's primary health care.

A desk review was conducted to establish the status of the programme guided by the six WHO health systems building blocks. This information was triangulated with information from interviews with county and sub-counties community health focal persons and representatives of the county health management team. In addition, a stakeholder's inception workshop was held to share the findings of the situation analysis and acquire additional input to enhance the situational analysis drawn from representatives of the County Government of Laikipia, CHVs, CHAs and donors and implementing partners. This section details the (current) status of community health programmes based on the health systems building blocks.

2.2 Evolution of Community Health Services in Laikipia County

Figure 9 outlines the evolution of the community health services in Laikipia County.

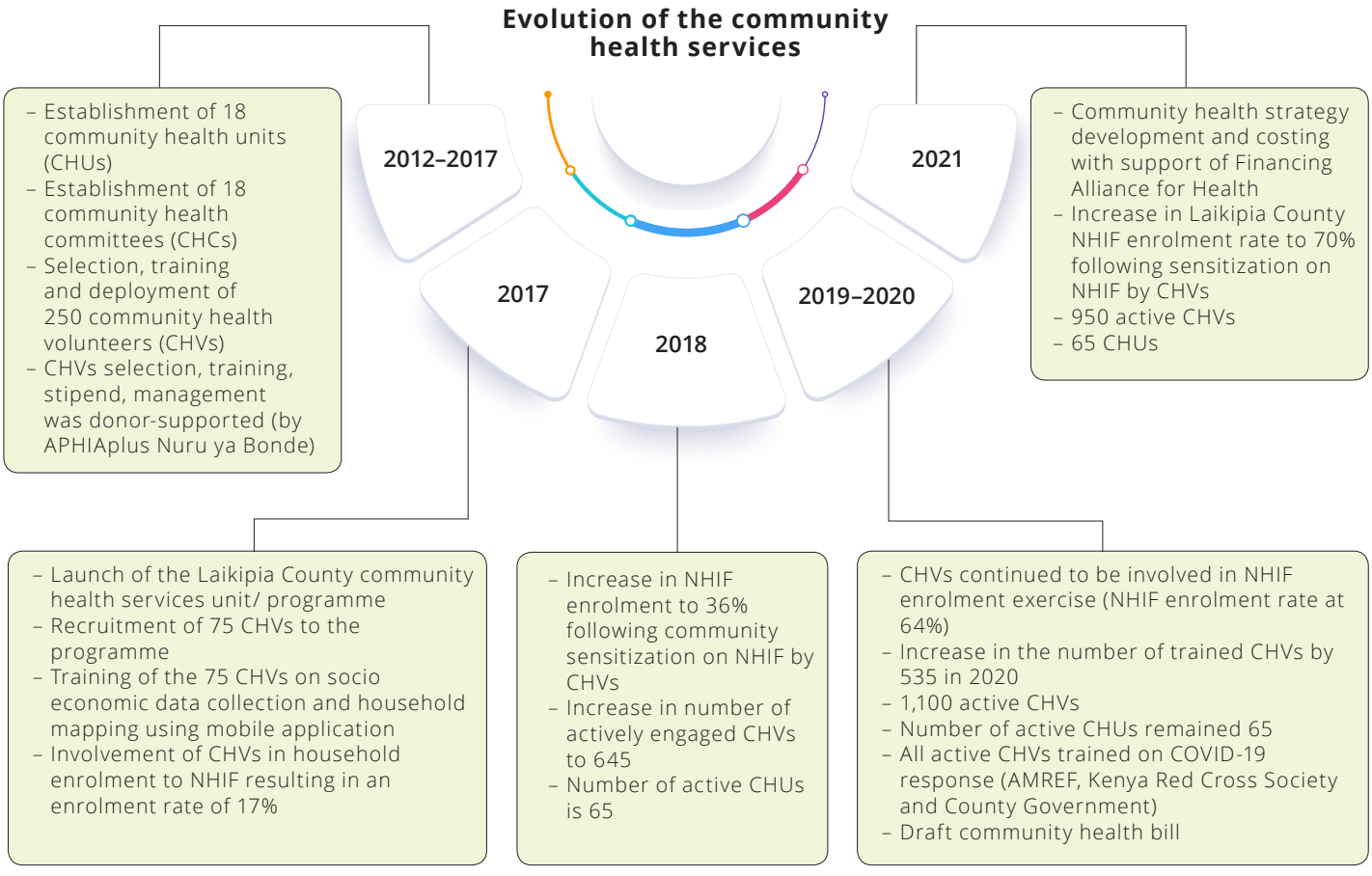


Figure 9. *Evolution of community health services in Laikipia County*

2.3 Community Health Leadership and Governance

In Laikipia County, the governance of the community health units is under the mandate of the CHA in close coordination with the sub-county community strategy focal person, the CHVs under the respective community unit and community gatekeepers and religious leaders. At the inception of the county's community health strategy in 2012, the community health committee provided oversight to the community health units. However, as the programme expanded, the community health committees were dissolved due to their lack of clear roles and responsibilities leaving a gap in the governance structure of the community health units. In addition, the following key gaps in leadership and governance were identified:

i. **Limited contextualization of the community health committee mandate affecting the committee's morale and motivation.** There is a disconnect between the mandate of the CHCs and CHAs. The CHCs mandate, roles and responsibilities are not well delineated creating disharmony between the committees and the CHAs especially in supervision and coordination of CHV activities at the community level. Besides, the absence of incentives for the committees has resulted in low morale and motivation leaving no functional CHCs at the community units and a gap in governance of the units. Table 4 outlines the functionality status of the existing 65 CHUs in Laikipia, which have a sub-optimal level of functionality at 41%.

ii. **Sub-optimal coordination mechanisms among the stakeholders providing community health services.** In the absence of a community health coordination mechanism, the county has experienced partners supporting vertical programs leaving a gap in impact and knowledge learning across programs, sub-counties, and communities. The lack of a partner coordination framework further aggravates this working modality resulting in poor resource allocation and misaligned priorities between partners and county government. Moreover, program quality assurance and improvement are not well managed due to missing technical coordination and management mechanisms.

Table 4. Laikipia County community health unit functionality status

Indicator (CHW AIM Tool)	Status	Score (0 or 1)	Comments
Existence of trained Community Health Committee (CHCs) that meets at least quarterly	No existence of CHCs in Laikipia County	0	CHCs were dissolved due to a lack of clarity on their mandate especially on CHV supervision and management
Trained Community Health Volunteers (CHV) and Community Health Assistants (CHA) that meet prescribed guideline	Laikipia County has trained 1,100 CHVs, out of which 1,040 are active. The CHVs are deployed across the 65 CHUs in the three sub-counties: – Laikipia East - 290 – Laikipia North - 220 – Laikipia West - 530	1	– All active CHVs have been taken through the 10-day mandatory training. – Refresher trainings are offered on an ongoing basis subject to funding availability and programs implementation needs
	Currently, 65 CHAs coordinate and manage the 65 CHUs (1:1). All CHAs have been trained	1	The CHAs have been trained on the recommended CHA curriculum
Coordination by county community health leadership	The County Community Health Services is under the coordination and management of the Directorate of preventive and promotive services. The county has an officer (County Community Health Strategy Focal Person) assigned to provide leadership, support, and oversight to the sub-county community health teams	1	At the sub-county level, the county has deployed 3 sub-counties Community Health Strategy Focal persons (1 per sub-county.)
Supportive supervision for all community health personnel done at least quarterly	CHV supervision is conducted by the CHA monthly	1	– Inadequate staffing (CHA) in addition to regular transfers which affect the performance of some community health units – Unstructured supportive supervision and performance management at all levels of management

			– The support supervision tool assesses technical areas only and not necessarily overall performance supervision including individual performance monitoring
All CHVs and CHAs have reporting and referral tools	a) MOH 513 tool not available	0	The availability of tools and supplies to the CHVs and CHAs is irregular. The community health services have recently adopted paperless reporting through a mobile phone application. However, the adoption of electronic data collection and reporting is undermined by weak mobile networks, intermittent internet connectivity and lack of mobile phones by some CHVs.
	b) MOH 514 not available	0	
	c) MOH 100 not available	0	
	d) MOH 515 not available	0	
	e) MOH 516 not available	0	
	f) CHVs have referral booklets (MOH 100)	0	
All Community Health Volunteers make household visits as per their targets and at least to each household once per quarter. Recommended household visits per month are 80% per CHV	Community Health Volunteers report on households visits is not available	0	
Presence of functional health information system structure per the prescribed guideline	There is the existence of a community health information system, however weak because community health data is not reported in DHIS2.	0	Community health data is not linked to DHIS2
	All Community Health Volunteers meet every month to submit reports (MoH 514)	1	CHAs ensure monthly data submission to the sub-county community health focal person. Major gaps were identified in the data review and feedback loop with the quality of data being questionable.
Availability and use of a mechanism for feedback local tracking and dialogue	Reported under dialogue days, health action days and monthly feedback meetings	0	Overall, the community health services feedback loop is weak.
Availability of community health supplies and commodities as defined by prescribed guideline	All CHVs in a unit should have CHV kits based on local epidemiology	0	The CHVs are not provided with the CHV kit due to funding limitation
CHUs registered in Master Community Health Unit List (MCHUL) and linked to a health facility	Only 29% (19 CHUs) of the total 65 CHUs are registered in the MCHUL	0	Of the 19 CHUs, only three reflect in the DHIS2 reporting system
CHUs conduct meetings at least quarterly for dialogue days and monthly for health action days and household registration exercises at least once every six months	Quarterly community dialogue days that is data-informed are held	1	
	Monthly data-informed action days are held	1	
	CHU with sustainable income-generating activities (IGAs) registered as CBOs or other	0	There are no existing IGA activities among the CHVs in all the 65 CHUs
Total Score		**7 out of 17**	
Percentage Score		**41%**	

2.4 Community Health Financing

The county reported a limitation in resource allocation for community health which impedes optimal implementation of community health services, coupled with a gap in impact and knowledge on community health strategy. In FY 2019/20, only 2% of the total annual budget estimate was allocated to community health strategy, advocacy, and surveillance. The resources for community health strategy were majorly for the CHV stipend. In FY 2019/20, 24% and 18% of the health budget was financed from the national government and donor grants and loans, respectively, leaving about 58% of the healthcare budget to be financed by local sources (County Government Budget). Donor funding has over the last couple of years dwindled across counties and programs. Laikipia County 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. The key community health financing challenges include:

i. **Limited funding for community health services.** County financing for community health services is limited to CHV stipend leaving little or no funds for other community health services delivery needs such as commodities and supplies, supervisory visit allowances for supervision teams, CHV kit, among others. Also, partner support for programs is not necessarily aligned to health sector needs and priorities and the county does not track or pool partners financing for community health.

ii. **Lack of legislation to strengthen community health care financing.** Currently, the county does not have a bill or regulation that operationalizes the delivery of community health services regarding the number of CHUs, remuneration for CHVs and the financing for community health activities. However, the Health Act mandates the County Executive Committee Member for Health to ensure each community unit is sufficiently resourced.

2.5 Community Health Workforce

The community health workforce in Laikipia is composed of CHAs, CHVs and county and sub-county community strategy focal person. This team is linked to the local health facilities through the health facility nurse in-charge who receives referrals from the community level and refer patients back to the community for follow-up. Since the community health program inception, the county in collaboration with health development partners has trained 1,100 CHVs. However, in 2020 only 1,027 were reported as active CHVs (Figure 10). A 10% attrition was reported in 2020 and coverage in hard-to-reach areas remains sub-optimal. Currently, the hard-to-reach areas of Laikipia County have a CHV ratio of 1 CHV to approximately 503 persons against the recommended ratio of 1 CHV to 200 persons.

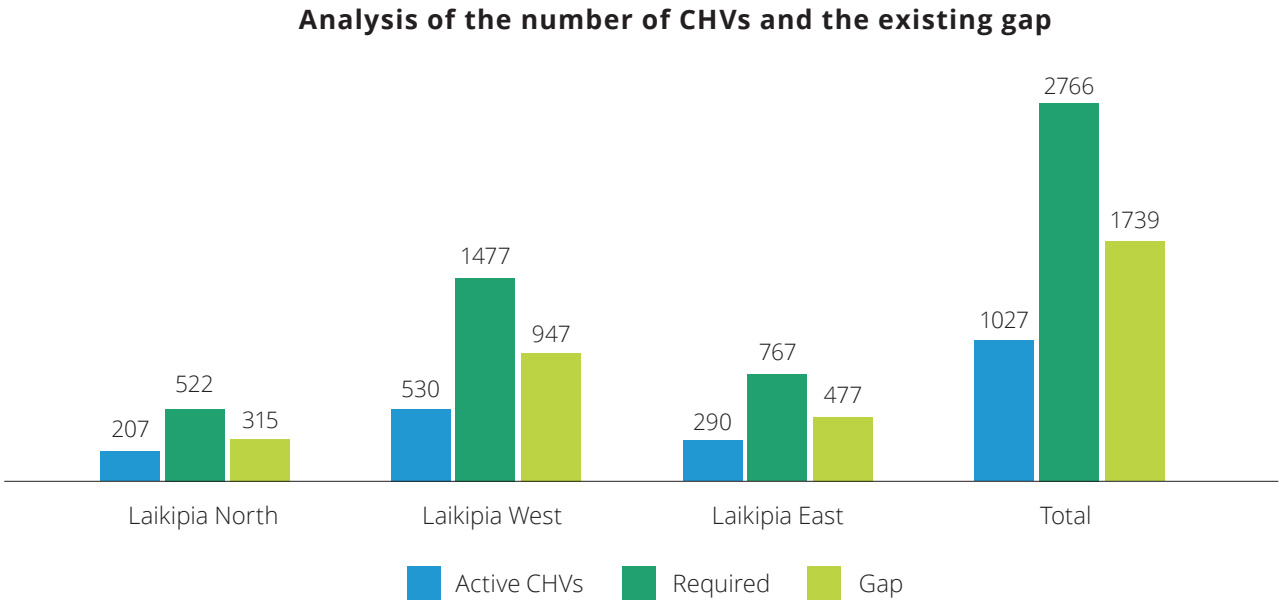


Figure 10. *The number of active CHVs required based on national recommendations and the gap (Source: Laikipia County Government, Community Health Records, 2021)*

In addition, there are currently 65 CHAs against the recommended number of 277 CHAs. For the optimal provision of community health services, Laikipia County needs 2766 CHVs and 277 CHAs (Figure 11).

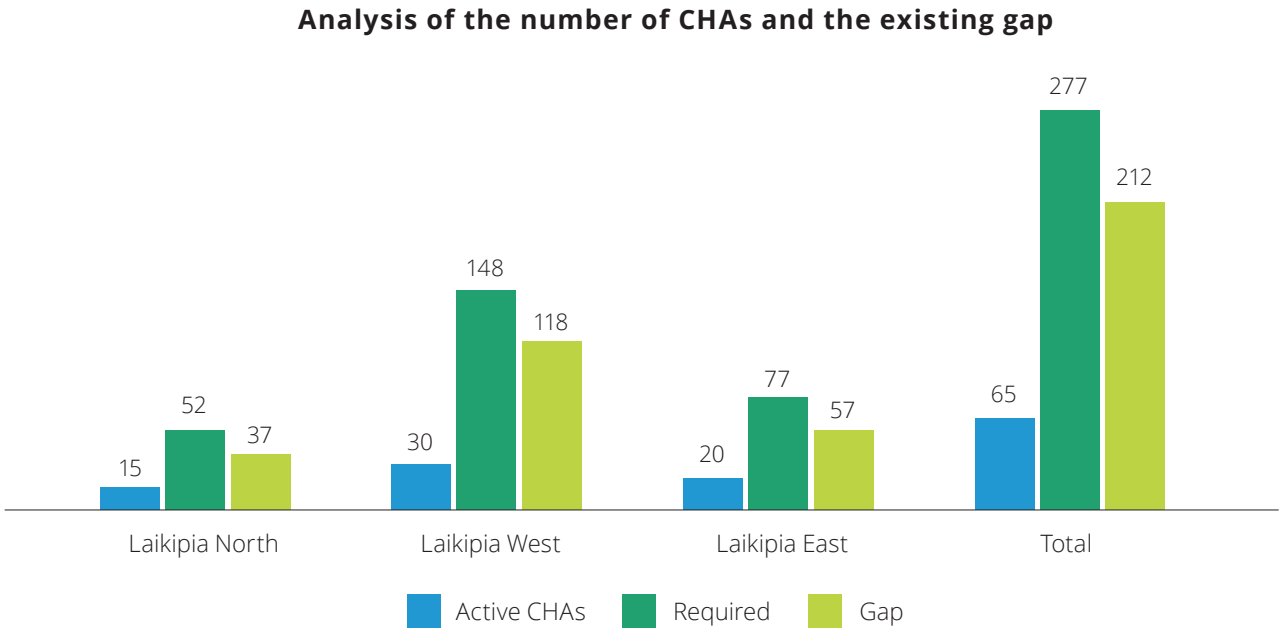


Figure 11. *The number of active CHAs, the required numbers based on national recommendation and the gap analysis (Source: Laikipia County Government, Community Health Report, 2021)*

The County Government of Laikipia is responsible for the recruitment, deployment, management, and remuneration of CHVs. The distribution of CHVs is based on community health needs and population within the periphery of a health facility. Major gaps identified were:

i. **Community health volunteer selection.** In the absence of a defined and documented CHV selection criterion, the process of CHV recruitment is often not adhered to, especially at the community health committee level.

ii. **A suboptimal number of community health volunteers and community health assistants.** The number of CHVs and CHAs is not proportional to the growing population, emerging health needs and geographies of Laikipia County. There were reported maldistribution of CHVs, and major CHV/CHA gaps especially in the Northern parts of the County

iii. **Inadequate capacity building of community health volunteers.** CHV training is not harmonized creating gaps in terms of curriculum content coverage, duration, and quality of training. The CHVs have been trained on the basic modules but are yet to be trained on the technical modules. Other emerging issues such as gender-based violence and mental health are also not covered in the curriculum. Lastly, refresher training and skills update is not done regularly and on-job training is hampered by the suboptimal supervision by the CHAs.

iv. **Community health volunteers' supervision.** The community health programme is characterized by an unstructured supervision support system both at a programme and health workforce level. A lack of support supervision tools and a standard supervision structure, coupled with low supervisory skills amongst CHAs create a gap in overall performance, productivity, and quality of outputs by the CHV.

v. **Low morale, motivation, and retention of community health volunteers.** Inconsistent CHV stipend—occasioned by limited community health programme funding—has led to high attrition and low morale and motivation. The CHVs felt that a reward system for well-performing CHVs would boost and improve motivation. Also, the absence of the CHV kit has led to low morale among CHVs because they are not optimizing services that they can provide based on established and emerging needs at the community/household level.

2.6 Community Health Information System

Overall, the Laikipia community health programme experiences a sub-optimal uptake of a community-based health information system. It was noted that the community health information system is faced with challenges of timeliness, quality, documentation, and reporting. Additionally, the system is not linked to the county DHIS2 system, therefore, leaving gaps in data use for decision making at a program and policy decision making level. The absence of a monitoring and evaluation framework further aggravates these challenges. Recently, the county embraced the use of technology (mobile application) and provided CHVs with smartphones to enrol residents to the National Health Insurance Fund Scheme. However, no exploration has been done to expand the functions of the gadgets to include program data collection and reporting.

i. **Low adoption of technology for data collection and management.** Only 645 of the active CHVs have been issued with mobile phones with the remaining 345 still using paper-based reporting tools, which are not available. Also, the CHV mobile phones have a limited storage capacity affecting timeliness in data transmission. Besides, the use of mobile technology for data collection, management and migration to a paperless system has been characterized by both software and hardware shortcomings including poor network connectivity affecting the transmission of data and causing delays in reporting especially for those CHVs in remote/rural areas of Laikipia.

ii. **Stockout of reporting tools.** There is a reported and prolonged stockout of all community health reporting tools.

iii. **Inaccurate, unreliable, and untimely data.** Data collection process is not standardized across community health units and sub-counties presenting a challenge in the harmonization of reporting and linkage of the data into DHIS2. Also, the reported data is also not always accurate, timely and consistent limiting its utility in data-driven decision making and problem-solving. Also, there are capacity gaps among CHVs and CHAs on data quality and program tracking for performance.

iv. **Irregular data and performance review meetings.** In the absence of structured data review meetings, there is a gap in data quality checks. Data review meetings are not consistently held and therefore follow up on identified gaps is not done at an individual and program level.

2.7 Community Health Service Delivery System

According to the Kenya Community Health Policy, the community health workforce should provide a full range of services from preventive, promotive, rehabilitative and management of minor injuries and referral of complicated cases to level 2 and above of the health care system. Community health services in Laikipia are fully integrated with primary health care and most recently in advancing UHC. The county's community health service package is aligned to the national community health policy recommendations, though gaps exist in the comprehensiveness of the services accessible and provided through the community health services programme. However, the following gaps were identified:

i. **The current community health service is not comprehensive.** The current service package has left out critical basic curative, preventive, promotive and rehabilitative services that can be offered by the CHV. Currently, services on mental health, community-based surveillance, support for people living with disabilities, orphans and vulnerable groups, gender-based violence, diagnosis and basic management of communicable and non-communicable diseases, nurturing care, and early childhood development are not outlined in the community health service package. In addition to changing health needs, there are new and re-emerging diseases that need to be included in the community health service package.

ii. **Sub-optimal service delivery.** Community health service delivery is affected by the inadequate capacity of the CHVs to provide the full range of services because of inadequate training, supplies and reporting tools. The service delivery is also affected by the sub-optimal supervision of CHVs. Moreover, in some parts of the county such as the North, cultural barriers hamper delivery of community health services such family planning and vaccination.

iii. **Weak referral system between level 1 and levels 4 and 5.** The CHVs lack referral forms for effective community referrals. Some health facilities also lack a referral linkage desk for receiving referrals from the community.

2.8 Community Health Commodities and Supply Chain

Inadequate and frequent stock-out of commodities and supplies has hindered community health service delivery. In the wake of COVID-19, the CHVs have been instrumental in the mobilization of communities for screening, providing health education. However, they lacked some of the essential commodities to protect themselves and community members from infectious diseases and were not well facilitated to effectively overcome movement restrictions put in place. In particular, the three key issues identified were:

i. **Inadequate personal protective equipment.** The CHVs felt that there is an inconsistent and inadequate supply of personal preventive equipment, especially masks and alcohol-based sanitisers.

ii. **Inadequate medical supplies and stationery.** CHVs and CHAs lack any forms of identification including badges, jackets, or dust coats impeding movement at the community and household level. Also, the CHAs experience fuel shortage for the motorcycles hindering effective support supervision and service provision.

iii. **Lack of a community health volunteer kit.** The CHVs do not have a kit to facilitate the provision of community health services and lack the essential medicines/consumables and equipment.

LAIKIPIA HEALTH SERVICE
LHS
Quality Health Care for All

3 Laikipia Community Health Strategy

The Laikipia Community Health Strategy 2021 – 2025

This chapter provides details on the community health services strategic directions, and interventions over the next five years. The Laikipia County Community Health Strategy is anchored on the Laikipia Health Service vision, mission and goal statements and the overarching national health sectors policies and strategies.

3.1 Vision, Mission and Goal Statements

3.2 Community Health Services Guiding Principles

The County community health service guiding principles are aligned to the national community health programme principles of:

- Human right based approach
- Equity in health regardless of social, economic, demographic, and geographic background
- National government stewardship and support
- Community ownership and social accountability
- Effective community and health facility linkages
- Universal health coverage
- Intergovernmental cooperation and consultation
- Health and non-health actor collaboration

3.3 Strategic Directions

The Laikipia Health Service has identified and prioritized key strategic directions and objectives to guide the implementation of the County Community Health Strategy 2021–2025. The strategies were proposed through an active stakeholder engagement and a situational analysis. The strategic directions and objectives are anchored in the national policy and strategy documents for community health. The key strategic directions include:

Strategic Direction 1: Strengthen leadership and governance for community health services
Strategic Direction 2: Mobilize innovative and sustainable financing for community health services
Strategic Direction 3: Build a highly motivated, skilled, and equitably distributed community health workforce
Strategic Direction 4: Improve community health data reporting systems
Strategic Direction 5: Increase access, coverage, and utilization of community health services
Strategic Direction 6: Ensure efficient and sustainable commodities and supplies

The logical flow will be as shown below:

Strategic Direction 1: Strengthen leadership and governance for community health services

A functional community health system needs a strong coordination and management mechanism to provide oversight and guidance in the implementation of 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.

Strategic Objective 1.1: Operationalise a county community health technical working group

Key Interventions and Activities

1.1.1 Define the scope and membership of the community health technical working group

a) Develop and approve community health technical working group terms of reference
b) Appoint members of the community health technical working group (Appendix 2)

1.1.2 Provide oversight on the implementation of the community health strategy

a) Hold quarterly technical working groups meetings
b) Develop an actionable agenda/work plan for the community health technical working group

1.1.3 Review performance of the community health technical working group

a) Produce quarterly and annual reports on the progress of implementation of the community health strategy

Strategic Objective 1.2: Strengthen existing community health social accountability and oversight mechanisms

Key Interventions and Activities

1.2.1 Build the capacity of the community health oversight team (community health assistants, chief/sub-chief, ward administrator and facility-in-charge) to strengthen the linkage between the community and the health system

a) Sensitize the community oversight and governance team on coordination, governance, and management of community health at the community level
b) Conduct monthly coordination meetings
c) Mobilize resources for the community health units

Strategic Objective 1.3: Operationalize the county health bill articles on community health

Key Interventions and Activities

1.3.1 Advocate for the community health services bill and enactment into law

a) Engage the county assembly health committee on the draft community health services bill
b) Hold public participation forums on the draft community health services bill
c) Disseminate the enacted/gazetted community health services bill

Strategic Objective 1.4: Strengthen community health partnership and stakeholder coordination mechanisms

Key Interventions and Activities

1.4.1 Develop a community health partnership framework to enhance partner alignment and engagement

a) Draft a community health partnership engagement framework
b) Validate the community health partnership engagement framework
c) Operationalize the community health partnership engagement framework

1.4.2 Mapping of community health existing and potential stakeholders

a) Conduct a community health stakeholder mapping exercise
b) Engage existing and potential community health strategic partners on community health strategy implementation
c) Hold biannual stakeholder's forum on the implementation of community health

Strategic Direction 2: Mobilize innovative and sustainable financing for community health services

Limited financing for community health was highlighted as a major impediment to the optimal and successful implementation of community health services in Laikipia County. In addressing the gaps in health financing for community health, stakeholders proposed the following innovative and practical financial solutions for community health service.

Strategic Objective 2.1: Establish advocacy and resource mobilization strategies for community health services

Key Interventions and Activities

2.1.1. Strengthening the capacity of health management and leadership teams on health financing, advocacy, and resource mobilization for community health

a) Train the health management and leadership teams on community health advocacy and resource mobilization
b) Develop a community health investment case
c) Develop an advocacy and resource mobilization plan for community health
d) Identify targeted partners for grants and proposals

2.1.2 Build and maintain strategic public-private partnerships for community health financing

a) Source community health program financing from targeted partners and funders
b) Conduct an annual partnership forum on community health financing to discuss community health financing sources, flows and gaps and impacts

2.1.3 Track community health program domestic and external financing

a) Monitor community health financing sources, flows, and gaps quarterly

2.1.4 Partner with Department of Gender and Social Services on Community Based Organisation (CBO registration and management

a) Sensitize CHVs on CBOs registration requirements
b) Link registered CBOs with potential funding agencies

Strategic Direction 3: Build a highly motivated, skilled, and equitably distributed community health workforce

The delivery of community health care services is largely determined by the availability of an adequate, well trained, equally distributed, and motivated community health workforce. The following strategic interventions are designed to select, build, motivate, and equitably distribute a skilled community health workforce in Laikipia County. To help counties recruit and deploy an adequate community health workforce, the Kenya Community Health strategy has provided a breakdown of the allocation of CHVs to the population based on population density. Laikipia County has a population density ranging from 126 to 350 persons per square kilometre, the recommended CHV to population ratio will be 1:200. Below are interventions designed to help achieve the desired community health workforce.

Strategic Objective 3.1: Strengthening the capacity of community health workforce for improved service provision

Key Interventions and Activities

3.1.1 Assessment of community health workforce capacity and coverage

a) Map out community health workforce coverage and needs at the household level

3.1.2 Training of new and existing community health workforce

a) Train community health assistants as trainers of trainees on both the community health basic and technical modules
b) Conduct community health volunteers training on the basic modules
c) Conduct community health volunteers training on the technical modules
d) Conduct bi-annual needs-based refresher community health volunteers training on basic and technical modules
e) Build the capacity of community health workforce on emerging diseases and population needs, and epidemic pandemic response

Strategic Objective 3.2: Strengthen community health workforce coordination and management

Key Interventions and Activities

3.2.1 Develop a community health services workforce norms and standards

a) Rationalise community health workforce needs at Community health unit and sub-county level
b) Develop community health workforce job descriptions/scope of work and selection criteria
c) Develop community health workforce code of conduct

3.2.2 Equitable deployment of community health workforce

a) Recruit and deploy community health volunteers
b) Recruit and deploy community health assistants

3.2.3 Strengthen community health workforce performance management mechanism - appraisal, supervision, and productivity

a) Train county health management team on supervisory skills
b) Sensitize CHAs on the CHV supervisory tools
c) Hold monthly community health units review (feedback) meetings
d) Conduct quarterly integrated community health supervisory visits
e) Develop and operationalize a standardized financial and non-financial performance-based incentive guideline for community health volunteers

3.2.4 Development of community health workforce registry

a) Consolidate a community health workforce database (County- and partner-recruited CHVs)
b) Update the community health workforce database annually

Strategic Direction 4: Improve Community Health Data Reporting systems

Data use for decision making is key in improving community health services access, quality, and resourcing. The Kenya Community Health Policy (2020–2030) and the National Community Health Digitization Strategy (2020–2025) emphasizes the need to strengthen the community-based health information system (CHIS). The County has been strengthening the existing CHIS with no major successes. Identified gaps in the CHIS included: incomplete and inaccurate data, inconsistent reporting of community health data into the DHIS2, inadequate training of community health workforce on quality data collection and reporting, and poor network connectivity. The key interventions below aim to improve community health information system at all levels.

Strategic Objective 4.1: Strengthen the existing County community health information platform (CHIS)

Key Interventions and Activities

4.1.1 Digitalize the community health information system

a) Develop a county digital community health information platform
b) Train the community health team on the electronic CHIS platform
c) Roll out the digitization of community health information system
d) Monitor and maintain the electronic CHIS implementation and performance

Strategic Objective 4.2: Enhance the capacity of the community health workforce on CHIS

Key Interventions and Activities

4.2.1 Build the capacity of the community health workforce to effectively collect, collate and report quality community health data

a) Train community health volunteers on quality and accurate data collection and reporting
b) Train community health assistants on quality data collection, reporting and monitoring
c) Conduct annual refresher training for community health volunteers on quality data collection, reporting and monitoring
d) Print adequate manuals community health reporting tools

Strategic Objective 4.3: Strengthen community health services monitoring systems

Key Interventions and Activities

4.3.1 Conduct community health data quality checks

a) Conduct integrated quarterly community health data quality checks and reviews at community health unit, link facility, sub-county, and county level

Strategic Direction 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 basic essential curative health services in line with the Kenya Quality Model for Health (KQMH for level 1). To achieve this goal, community health services access, availability and coverage are critical success drivers. Below are interventions to address gaps in access to quality community health services in line with the community health services essential package.

Strategic Objective 5.1: Demand creation for community health services in the county

Key Interventions and Activities

5.1.1 Undertake integrated outreach and awareness campaigns on community health services

a) Conduct quarterly community dialogue days
b) Conduct monthly action days
c) Intensify household visits

5.1.2 Develop a network of community health champions to promote healthy behaviours and address barriers to social determinants of health

a) Identify and nominate competent community champions
b) Sensitize community health champions on their roles
c) Document best practices and success stories

Strategic Objective 5.2: Increase utilization of community health services in the county

Key Interventions and Activities

5.2.1 Roll out community health service package throughout the county

a) Sensitize the public on the community health service package during public forums / barazas **(Appendix 1)**
b) Disseminate the community health service package to all relevant stakeholders

5.2.2 Adequately equip community health workforce with a comprehensive kit (Appendix 3)

a) Procure and distribute the community health volunteers and assistants' kits

Strategic Objective 5.3: Reinforce community health linkages and referral mechanism

Key Interventions and Activities

5.3.1 Strengthen the capacity of community health workforce on referral linkages

a) Train the community health workforce on referral systems
b) Report and document community health referrals

5.3.2 Strengthen referrals and follow up of patients referred from the facility to the community

a) Establish community health services linkage desks in all health facilities
b) Develop home-based care guidelines on eligibility, management, follow up and discharge of patients with diverse health conditions
c) Sensitise the community health workforce on the home-based care guidelines

Strategic Direction 6: Ensure efficient and sustainable 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 appropriate use of the commodities and supplies issued. The situational analysis found gaps in supplies and commodities ranging from financial limitations, operational and planning issues, availability, and access which impede service delivery. Stakeholders proposed solutions to address these challenges and improve access, availability of supplies and commodities.

Strategic Objective 6.1: Strengthen coordination and management of community health products and technologies

Key Interventions and Activities

6.1.1 Capacity building of community health workforce in commodity and supplies forecasting and quantification

a) Train community health assistants and sub-county community focal persons on commodity and supplies forecasting and quantification
b) Develop, distribute forecasting and quantification tools
c) Develop a community health logistics management information system
d) Provide timely and sufficient logistics support to community health workforce to enhance commodity movement
e) Identification and branding of community health workforce

6.1.2 Equip community health workforce with appropriate technologies

a) Provide mobile phones to the community health workforce
b) Provide airtime and data bundles to all community health workforce
c) Integrate community health reporting tools with mobile technology

LAIKIPIA HEALTH SERVICE
LHS
Quality Health Care for All

4 Implementation Framework

Implementation Framework

4.1 Introduction

Community health is an intersection of interventions in health, water, environment, education, food and agriculture, housing, the justice system, and other related sectors. Laikipia County has many public and private institutions, civil society organizations including households and communities, community-based, faith-based, and non-governmental organisations, private sector, and 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:

a) Ensure that mandates, roles and responsibilities among the institutions, stakeholders and sectors are clearly defined
b) Enable all actors to play an effective role in promoting and implementing the community health strategy
c) Foster and maximise strategic partnerships, public participation, stakeholder coordination and accountability
d) Ensure accountability for performance and results by all implementing partners

4.2 Strategic Approach

The Laikipia County Community Health Strategy has been developed through a multi-sectoral consultative and participatory approach. This approach will also guide the implementation of the strategy in addition to approaches that promote human rights, social inclusion, and public-private partnership. The implementation framework proposes a partnership framework and periodic stakeholders' forums, technical working groups meetings and community-based action and dialogue days to engage all the stakeholders—individual citizens, households, communities, private sector, NGOs, development partners and County Government departments—in a mutual exchange of ideas including complimentary use of expertise and resources with partners.

4.3 Community Health Strategy Implementation Framework

The Laikipia County Community health strategy 2021 – 2025 will be supported by key operational documents including:

a) A Costed Laikipia County Community Health Strategy Implementation Plan
b) Laikipia County Community Health Strategy Investment Case
c) Laikipia County Community Health Strategy Resource Mobilisation Strategy
d) Laikipia County Community Health Strategy Monitoring and Evaluation Framework
e) Annual work plans and budgets developed within the county planning and budgeting framework.

Implementation of the community health strategy will be spearheaded by the Laikipia Health Service in partnership with key stakeholders. Stakeholders' forums will provide an accountability mechanism. Non-state actors and partners will be expected to align their respective assistance and partnership strategies to the Laikipia County Community health strategy 2021 – 2025 to improve coordination and harmonisation of implementation. Appendix 5 highlights the organizational arrangement for the implementation of the strategy while Appendix 6 outlines the roles and responsibilities of key stakeholders.

4.4 Implementation Plan

Table 5 outlines a detailed summary of the community health strategic directions, objectives, expected outcomes and outputs, key interventions and activities and the implementation timelines over the five-year strategy period.

Table 5. Strategic directions, objectives, interventions, and implementation timelines of the community health strategy

Strategic objective	Expected Outcome	Expected Output	Key Intervention	Activity	Financial Year (2021/22 – 2025/26)				
					21/22	22/23	23/24	24/25	25/26
Strategic Direction 1: Strengthen leadership and governance for community health services									
Strategic Objective 1.1: Operationalize a county community health technical working group	A well-coordinated community health services programme	County Community health services Technical Working Group (TWG)	1.1.1 Define the scope and membership of the community health technical working group	1.1.1.1 Develop and approve community health technical working group terms of reference	X				
				1.1.1.2 Appoint members of the community health technical working group	X				
			1.1.2 Provide oversight on the implementation of the community health strategy	1.1.2.1 Hold quarterly TWG meetings	X	X	X	X	X
				1.1.2.2 Develop an actionable agenda/work plan for the community health technical working group	X	X	X	X	X
			1.1.3 Review performance of the community health technical working group	1.1.2.3 Produce quarterly and annual reports on the progress of implementation of the community health strategy	X	X	X	X	X
Strategic Objective 1.2: Strengthen existing community health social accountability and oversight mechanisms	Community-led community-owned community health services	Governance and oversight structure for community health	1.2.1 Build the capacity of the community health oversight team (community health assistants, chief/ sub-chief, ward administrator and facility-in-charge) to strengthen the linkage between the community	1.2.1.1 Sensitize the community oversight and governance team on coordination, governance, and management of community health at the community level	X				
				1.2.1.2 Conduct monthly coordination meetings	X	X	X	X	X
				1.2.1.3 Mobilize resources for the community health units	X	X	X	X	X
Strategic Objective 1.3: Operationalize the county health bill articles on community health	Legal framework for community health services	A county community health Services Bill	1.3.1 Advocate for the community health services bill and enactment into law	1.3.1.1 Engage the county assembly health committee on the draft community health services bill	X	X			
				1.3.1.2 Hold public participation forums on the draft community health services bill	X	X			
				1.3.1.3 Disseminate the enacted/gazetted community health services bill	X	X			
Strategic Objective 1.4: Strengthen community health partnership and stakeholder coordination mechanisms	A well-coordinated partnership for community health	A Community health partnership engagement framework	1.4.1 Develop a community health partnership framework to enhance partner alignment and engagement	1.4.1.1 Draft a community health partnership engagement framework	X				
				1.4.1.2 Validate the community health partnership engagement framework	X				

				1.4.1.3 Operationalize the community health partnership engagement framework	X	X	X	X	X
			1.4.2 Mapping of community health existing and potential stakeholders	1.4.2.1 Conduct a community health stakeholder mapping exercise	X				
				1.4.2.2 Engage existing and potential community health strategic partners on community health strategy implementation	X	X	X	X	X
				1.4.2.3 Hold biannual stakeholder's forum on the implementation of community health	X	X	X	X	X
Strategic Direction 2: Mobilize innovative and sustainable financing for community health services									
Strategic Objective 2.1: Establish advocacy and resource mobilization strategies for community health services	Increased community health resourcing	County health management teams skilled in advocacy and resource mobilization	2.1.1 Strengthen the capacity of health management and leadership teams on health financing, advocacy, and resource mobilization for community health	2.1.1.1 Train the health management and leadership teams on community health advocacy and resource mobilization	X				
				2.1.1.2 Develop a community health investment case	X				
				2.1.1.3 Develop an advocacy and resource mobilization plan for community health	X				
				2.1.1.4 Identify targeted partners for grants and proposals	X	X	X	X	X
			2.1.2 Build and maintain strategic public-private partnerships for community health financing	2.1.2.1 Source community health program financing from targeted partners and funders	X	X	X	X	X
				2.1.2.2 Conduct an annual partnership forum on community health financing to discuss CH financing sources, flows and gaps and impacts	X	X	X	X	X
			2.1.3 Track community health program domestic and external financing	2.1.3.1 Monitor on quarterly basis community health financing sources, flows and gaps	X	X	X	X	X
	Innovative and sustainable IGAs	CHUs registered as CBOs	2.1.4 Partner with Department of Gender and Social Services on CBOs registration and management	2.1.4.1 Sensitize CHVs on CBOs registration requirements	X	X			
				2.1.4.2 Link registered CBOs with potential funding agencies	X	X	X	X	X
Strategic Direction 3: Build a highly motivated, skilled, and equitably distributed community health workforce									
Strategic Objective 3.1: Strengthen the capacity of the community health workforce for improved service provision	A highly skilled and competent community health workforce	Fully trained community health workforce	3.1.1 Assessment of community health workforce capacity and coverage	3.1.1.1 Map out community health workforce coverage and needs at the household level	X				

			3.1.2 Training of new and existing community health workforce	3.1.2.1 Train community health assistants as trainers of trainees on community health basic and technical modules	X				
				3.1.2.2 Conduct community health volunteers training on basic modules	X				
				3.1.2.3 Conduct community health volunteers training on technical modules	X				
				3.1.2.4 Conduct need-based refresher community health volunteers training on basic and technical modules	X	X	X	X	X
				3.1.2.5 Build the capacity of community health workforce on emerging diseases and population needs and epidemic/ pandemic response			X		X
Strategic Objective 3.2: Strengthen community health workforce coordination and management	A well-coordinated and managed community health workforce	Community Health workforce norms and standards	3.2.1 Develop a community health services workforce norms and standards	3.2.1.1 Rationalise community health workforce needs at CHU and sub-county level	X	X	X	X	X
				Improved community health workforce productivity	X				
				3.2.1.3 Develop community health workforce code of conduct	X				
			3.2.2 Equitable deployment of community health workforce	3.2.2.1 Recruit and deploy community health volunteers	X	X			
				3.2.2.2 Recruit and deploy community health assistants		X	X		
			3.2.3 Strengthen community health workforce performance management mechanism - appraisal, supervision, and productivity	3.2.3.1 Train community health management team on CHVs reporting tools and supervisory skills and tools	X	X			
				3.2.3.2 Sensitize CHVs on the CHV supervisory tools	X				
				3.2.3.3 Hold monthly community health units review (feedback) meetings	X	X	X	X	X
				3.2.3.4 Conduct quarterly integrated community health supervisory visits	X	X	X	X	X
				3.2.3.5 Develop and operationalize standardized financial and non-financial performance-based incentive guidelines for community health volunteer	X	X	X	X	X
			3.2.4 Development of community health workforce registry	3.2.4.1 Consolidate a community health workforce database (County recruited CHVs, partner recruited CHVs)	X				
				3.2.4.2 Update the community health workforce database quarterly	X	X	X	X	X
			3.2.5 Implement community health remuneration package	3.2.5.1 Enrol all the CHV into the NHIF	X	X	X	X	X
				3.2.5.2 Ensure timely payment of the CHV stipend	X	X	X	X	X

Strategic Direction 4: Improve Community Health Data Reporting System									
Strategic Objective 4.1: Strengthen the existing County CHIS	A well-coordinated and integrated and quality community health information system into the national MoH digital health platform	Integrated the eCHIS to the MoH DHIS2	4.1.1 Digitalize the community health information system	4.1.1.1 Develop a County Digital Community Health Information Platform				X	
				4.1.1.2 Train the community health team on the eCHIS platform				X	
				4.1.1.3 Roll out the digitization of Community Health Information				X	X
				4.1.1.4 Monitor and maintain the eCHIS implementation and performance				X	X
Strategic Objective 4.2: Enhance the capacity of the community health workforce on CHIS			4.2.1 Build the capacity of the community health workforce to effectively collect, collate and report quality community health data	4.2.1.1 Train community health volunteers on quality data collection, reporting and monitoring	X				
				4.2.1.2 Train community health assistants on quality data collection, reporting and monitoring	X				
				4.2.1.3 Conduct annual refresher training for community health volunteers on quality data collection, reporting and monitoring	X	X	X	X	X
				4.2.1.4 Print adequate manual community health reporting tools	X	X	X	X	X
Strategic Objective 4.3: Strengthen community health services monitoring systems				4.3.1.1 Conduct integrated quarterly community health data quality checks and reviews at CHU, link facility, sub-county, and County level	X	X	X	X	X
Strategic Direction 5: Increase access, coverage, and utilization of community health services									
Strategic Objective 5.1: Demand creation for community health services	Increased demand for community health services	Laikipia population accessing all community health services	5.1.1 Undertake integrated outreach and awareness campaigns on community health services	5.1.1.1 Conduct quarterly community dialogue day	X	X	X	X	X
				5.1.1.2 Conduct monthly action days	X	X	X	X	X
				5.1.1.3 Intensify household visits	X	X	X	X	X
			5.1.2 Develop a network of community health champions to promote healthy behaviours and address barriers to social determinants of health	5.1.2.1 Identify and nominate competent community champions	X	X	X	X	X
				5.1.2.2 Sensitize community health champions on their roles	X	X	X	X	X
				5.1.2.3 Document best practices and success stories	X	X	X	X	X
Strategic Objective 5.2: Increase utilization of community health services	Increased community health services coverage in both rural and urban Laikipia	80% of Laikipia utilizing community health services	5.2.1 Roll out community health service package	5.2.1.1 Sensitize the public on the community health service package during public forums / barazas	X	X	X	X	X
				5.2.1.2 Disseminate the community health service package to all relevant stakeholders	X	X	X	X	X

			5.2.2 Adequately equip community health workforce with a comprehensive kit	5.2.2.1 Ensure provision of adequate community health kit to all CH workforce	X	X	X	X	X
Strategic Objective 5.3: Reinforce community health linkages and referral mechanism	Functional and responsive community health linkages and referral mechanism	Quarterly community health referrals reports and documentation	5.3.1 Strengthen the capacity of community health workforce on referral linkages	5.3.1.1 Train the community health workforce on referral systems	X	X	X	X	X
				5.3.1.2 Report and document community health referrals	X	X	X	X	X
			5.3.2 Strengthen referrals and follow-up of patients referred from the facility to the community	5.3.2.1 Establish community health services linkage desks in all health facilities	X	X	X	X	X
				5.3.2.2 Develop home-based care guidelines on eligibility, management, follow up and discharge of patients with diverse health conditions		X			
				5.3.2.3 Sensitise the community health workforce on the home-based care guidelines		X			
Strategic Direction 6: Ensure efficient and sustainable commodities and supplies									
Strategic Objective 6.1: Strengthen coordination and management of community health commodities and supplies	Improved community health indicators	Fully equipped community health workforce	6.1.1 Capacity building of community health workforce in commodity and supplies forecasting and quantification	6.1.1.1 Train community health assistants and sub-county community focal persons on commodity and supplies forecasting and quantification					
				6.1.1.2 Develop forecasting and quantification tools		X			
				6.1.1.3 Develop a community health logistics management information system (LMIS)				X	
				6.1.1.4 Provide timely and sufficient logistics support to community health workforce to enhance commodity movement		X	X	X	X
				6.1.1.5 Identification and branding of community health workforce	X	X	X	X	X
			6.1.2 Equip community health workforce with appropriate technologies	6.1.2.1 Provide mobile phones to the community health workforce			X	X	X
				6.1.2.1 Provide airtime and data bundles to all community health workforce	X	X	X	X	X
				6.1.2.1 Integrate community health reporting tools with mobile technology			X	X	X

4.5 Monitoring and Evaluation

Monitoring and evaluation (M&E) of the community health strategy 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 strategy, 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 strategy implementation progress with the stakeholders.
- **Mid-term performance review:** A mid-term review of the community health strategy will be conducted at three (3) years (2023/24) following the launch of the strategy document. 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 (2025/26). This exercise will evaluate overall program implementation, achievements, successes, lessons learnt, constraints against set targets. A detailed end of term strategy review report will be prepared and shared with all community health stakeholders. This will also inform strategy 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 strategy implementation period.

Table 6 outlines a compendium of indicators while Table 7 outlines a detailed M&E framework for the strategy.

Table 6. Indicators' compendium

Strategic Direction 1: Strengthen leadership and governance for community health services			
Input indicators	**Output indicators**	**Outcome indicators**	**Impact Indicators**
Community health technical working group (TWG) terms of reference	Number of community health TWG meetings held	Functional CHU	Percentage reduction in the incidence of childhood illnesses
TWG progress report to track community health implementation plan	Number of quarterly progress reports produced		
Number of annual progress reports produced	Evidence of TWG progress reports		Percentage reduction in the under-five deaths
Functional community health oversight committee	Number of oversight committee meetings held		
Community health services Act	Number of community health services act		Percentage reduction in maternal mortality rates
Bi-annual community health stakeholder forums	Number of community health stakeholder forums held		
Strategic Direction 2: Mobilize innovative and sustainable financing for community health services			
Community health expenditure as a % of the total County health expenditure	% of budget allocation to community health	% of community health expenditure over total County health expenditure	Percentage reduction in the number of transmissions of HIV from mother to child during pregnancy and at birth
Domestic community health expenditure as % of the total community health expenditure	% of budget allocation from domestic funding	% domestic community health expenditure over total community health expenditure	
CHUs financially sustainable	Number of CHUs registered as CBOs	Number of CHUs with evidence of established viable IGA activities	
	Number of CHUs with evidence of established viable IGA activities		Percentage reduction of premature deaths from non-communicable diseases
Strategic Direction 3: Build a highly motivated, skilled, and equitably distributed community health workforce			
Community health volunteer distribution and coverage per 5,000 population	Number of community health volunteers distributed per 5,000 population	% distribution of community health volunteers	
A financial and non-financial incentive package	A community health volunteers incentive package	Number of community health volunteers on performance-based contracts	
CHWs provided with mobile phones, bicycles, and motorcycles and kit	Number of CHVs provided with mobile phones, bicycles and motorcycles and kit	% increase in the number of households visited	
	Number of CHVs fully trained on basic and technical modules	% of CHVs trained and demonstrate increased knowledge in community health services basic and technical knowledge	
Performance improvement guidelines and tools	Availability of CHV job descriptions	% of CHVs oriented and provided with job descriptions	
	Number of community health feedback meetings held		
	Number of integrated community health support supervision visits held at CHU level	Number of CHUs receiving integrated community health services support supervision	

Strategic Direction 4: Improve community health data reporting systems		
Input indicators	**Output indicators**	**Outcome indicators**
Availability of community health reporting tools	Availability of community health reporting tools	% improvement on community health data reporting
Accuracy and completeness of community health reporting in DHIS2	Number of CHUs reporting in DHIS2	
	Number of integrated community health data quality review and check meetings held	
Strategic Direction 5: Increase access, coverage, and utilization of community health services		
Input indicators	**Output indicators**	**Outcome indicators**
Functional CHUs	Number of CHUs established and functional	Proportion of functional community health
	Number of dialogue days held	
	Number of monthly action days held	
	Number of CHUs with a nominated community health champion	
	Number of community health workforce trained on the community health referral system	
Community health service referral system	Number of health facilities with a community health services linkage desk with a full-time CHW	Proportion of community referrals with completed referral forms
	Number of health facilities with a community health services linkage desk with a full-time CHW	Proportion of facilities with a community focal person to receive CHV referrals
Strategic Direction 6: Ensure efficient and sustainable commodities and supplies		
Input indicators	**Output indicators**	**Outcome indicators**
Availability of community health basic medicines, commodities, and supplies	Adequacy of basic medicines, commodities, and supplies	Percentage of community health workers reporting stock-outs
		Average time taken to replenish stock out

Table 7. Monitoring and evaluation framework

Indicators	Baseline 2020/21		Target					Frequency	Source of data
	Year	Value	2021/22	2022/23	2023/24	2024/25	2025/26		
Strategic Direction 1: Strengthen leadership and governance for community health services									
1.1 Number of community health TWG meetings held	2020	0	4	4	4	4	4	Annual	Meeting minutes, participants list
1.2 Number of quarterly and annual progress reports produced	2020	0	5	5	5	5	5	Annual	Quarterly and annual progress reports
1.3 Number of community health oversight committees established at community health unit (CHU) level	2020	0	65	85	110	110	110	Annual	Meeting minutes, participants list
1.4 Community Health Services Act	2020	0	1	0	0	0	0	Once	Gazette Notice
1.5 Number of community health stakeholder forums held	2020	0	2	2	2	2	2	Annual	Meeting minutes, participants list
1.6 Number of CHUs receiving integrated community health services support supervision	2020	0	65	85	110	110	110	Quarterly	Support supervision reports
Strategic Direction 2: Mobilize innovative and sustainable financing for community health services									
2.1 Percentage of community health expenditure over total county health expenditure	2020	3.2%	4%	4.5%	5%	5.5%	6%	Bi-annual	Annual Work plans
2.2 Percentage of domestic community health expenditure over total community health expenditure	2020	100%						Bi-annual	Annual Work plans
2.3 Number of CHUs registered as community-based organisations	2020	1	65	85	110	110	110	Quarterly	LHS reports
2.4 Number of CHUs with evidence of established viable income-generating activities	2020	1	65	85	110	110	110	Quarterly	LHS reports
Strategic Direction 3: Build a highly motivated, skilled, and equitably distributed community health workforce									
3.1 Number of community health volunteers (CHVs) distributed per 5,000 population	2020	10	10	10	10	10	10	Bi-annual	CHV Master Lists
3.2 Number of CHVs supervised per CHA	2020	16	16	10	10	10	10	Bi-annual	CHV Master Lists
3.3 Number of CHVs fully trained on basic modules	2020	1100	1100	1100	1500	1500	1500	Annual	LHS reports
3.4 Number of CHVs fully trained on technical modules	2020	0	0	500	1000	1500	1500	Annual	LHS reports
3.5 Number of CHVs on performance-based contracts	2020	0	1100	1100	1500	1500	1500	Quarterly	CHV Master Lists
3.6 Percentage reduction in the CHVs attrition rate	2020	10%	10%	5%	5%	5%	5%	Annual	

Strategic Direction 4: Improve community health data reporting systems									
4.1 Number of CHUs reporting in DHIS2	2020	0	65	85	110	110	110	Quarterly	DHIS2
4.2 Number of integrated community health data quality checks and review meetings held	2020	0	65	85	110	110	110	Quarterly	Meeting minutes, participants list
Strategic Direction 5: Increase access, coverage, and utilization of community health services									
5.1 Proportion of functional CHUs	2020	0	40	65	80	90	110	Annually	LHS reports
5.2 Number of dialogue days held	2020	0	260	260	440	440	440	Quarterly	Meeting minutes, participants list
5.3 Number of active community health champions	2020	0	65	85	110	110	110	Annual	LHS reports
5.4 Number of monthly action days held	2020	0	780	1320	1320	1320	1320	Quarterly	Meeting minutes, participants list
5.5 Proportion of facilities with a community focal person to receive CHVs referrals	2020	20	65	85	110	110	110	Quarterly	LHS reports
5.6 Proportion of targeted households visited (community health service coverage)	2020	50%	65%	75%	85%	90%	95%	Quarterly	DHIS2, CHA Reports and Feedback meeting reports
5.7 Proportion of population enrolled and paying NHIF	2020	63%	70%	75%	78%	81%	85%	Quarterly	NHIF by-product and capitation reports
5.8 Proportion of households with handwashing facilities	2020	49.7%	80%	90%	100%	100%	100%	Quarterly	DHIS2, CHA Reports and Feedback meeting reports
5.9 Proportion of households with functional latrines	2020	72.8%	77.8%	82.8%	87.8%	92.8%	97.8%	Quarterly	DHIS2, CHA Reports and Feedback meeting reports
5.10 Proportion of population above 40 years screened for high blood pressure and high blood glucose	2020	30%	40%	50%	60%	70%	80%	Quarterly	DHIS2, CHA Reports and Feedback meeting reports
Strategic Direction 6: Ensure efficient and sustainable commodities and supplies									
6.1 Number of CHVs with complete CHV kits (commodities and supplies)	2020	0	1100	1100	1500	1500	1500	Quarterly	Commodity registers

LAIKIPIA HEALTH SERVICE
LHS
Quality Health Care for All

5 Resource Requirements

Resource Requirements

5.1 Costing: Methodology, Assumptions and Limitations

The Community Health strategy was costed using the bottom-up, input-based Activity-Based Costing (ABC) approach and the UNICEF/MSH Community Health Planning and Costing Tool. The ABC allocates costs of inputs based on each activity, identifies cost drivers to ensure that all costs of activities are traced to the product or service for which the activities are performed. The approach involved:

i. The activities require inputs, such as labour, conference hall etc.
ii. These inputs are required in certain quantities, and with certain frequencies
iii. It is the product of the unit cost, the quantity, and the frequency of the input that will give the total input cost
iv. The sum of all the input costs gives the activity cost. These are added up to arrive at the output cost, the objective cost, and eventually the budget.

The Community Health Planning and Costing Tool is a spreadsheet-based tool that helps planners and managers to determine the costs and finances of community health services packages. It allows users to calculate the costs and financing elements linked to all aspects of the community health services packages, including service delivery, training, supervision, and management from community to central levels.

5.1.1 Components of the Programme Included in Costing

Components of the programme included in the cost analysis were:

- **Baseline:** The year 2020
- **CHVs:** Scaling up of CHVs from 1,100 to 1,500 for a coverage of 1 CHV per 300 persons while factoring in a 10% attrition rate.
- **Supervisors (CHAs):** Scaling up of CHAs from 65 to 110, spending at least 30% of their work time on supervising an average of 10 CHVs in the 110 CHUs and fully paid by the County Government.
- **Management staff:** Include Director of Preventive and Promotive Health Services (1) at 10% engagement, Assistant Director of Preventive and Promotive Health Services (1) at 10% engagement, County Community Health Strategy Focal Person Officer (1) at 100% engagement, Subcounty Community Health Strategy Focal Persons (3) at 100% engagement, County Public Health Officer (1) at 10% engagement and Subcounty Public Health Officer (3) at 20% engagement and health facility in-charge at 5% engagement.
- **Training:** Basic and technical training for all CHVs with annual refresher training and refresher training for CHAs. Cost for 1100 CHVs trained on basic modules and COVID-19 is included as start-up costs.
- **Management training:** The management will be trained on Resource Mobilisation, Advocacy and Public Finance Management and Supervisory Course.
- **Equipment:** Proposed CHVs equipment and tool including the reporting tools (Appendix 3), CHA kits and equipment and management equipment
- **Capital costs:** Motorbikes and bicycles
- **Supplies and commodities:** Proposed minimum supplies and commodities (Appendix 3)
- **Supervision:** Integrated supervision, monthly feedback meetings and quarterly dialogue days
- **Digitalisation:** Development, hosting and maintenance of a mobile application for community health reporting and mobile phones for all CHVs

5.1.2 Sources of Data

Data for the analysis was obtained from various primary sources including a review of relevant documents of the Ministry of Health, County Statistical Abstracts, and partners. Secondary literature was also reviewed in journals and reports. In addition, discussions were held with various officials of the Laikipia Health Services at county and sub-county level, community health assistants, and community health volunteers. Inflation rate and exchange rate data were obtained from the Central Bank of Kenya.

5.1.3 Assumptions and Limitations

Key assumptions include:

- The inflation rate was factored in based on the inflation in the baseline year (2020).
- CHVs volunteer for 2 hours per day for 3 days per week.
- Mobile phones will have a useful life of 3 years
- Procurement and disposal are guided by the Public Procurement and Asset Disposal Act, 2015 and the related regulation
- Cost of items are based on the 2021 market rates as per the County Procurement Office Price List
- Costs have been allocated assuming price stability, governance based on devolved units, and political, and policy goodwill to implement the strategy.
- The number of community health workforce (1500 CHVs and 110 CHAs) is not based on the national policy guidelines recommendations of CHW to population ratio distribution, rather the numbers are based on county resource availability and CHVs recruitment plans.

5.2 Resource Needs for the Strategy

The estimated cost of the Laikipia County Community Health Strategy 2021–2025 is KES 934 million for the five years. On average, per capita cost of implementation of the strategy is estimated at KES 1801 while the cost per CHVs is KES 622,695 for the five years. Table 8 presents the budget estimates by the strategic directions while Table 9 and Figure 12 highlights the key cost drivers of the implementation costs.

Table 8. Cost per strategic direction

Cost per Strategic Objective	2021/22	2022/23	2023/24	2024/25	2025/26	Total
Strategic Direction 1: Strengthen leadership and governance for community health services	717,000	626,500	626,500	626,500	626,500	3,223,000
Strategic Direction 2: Mobilize innovative and sustainable financing for community health services	548,500	162,000	162,000	162,000	162,000	1,196,500
Strategic Direction 3: Build a highly motivated, skilled, and equitably distributed community health workforce	128,408,000	68,553,013	78,547,013	68,364,013	99,664,000	443,536,039
Strategic Direction 4: Increase access, coverage, and utilization of community health services	3,065,000	21,048,000	4,748,000	4,065,000	4,065,000	36,991,000
Strategic Direction 5: Improve Community health data reporting and quality	63,671,330	75,456,563	74,551,317	50,476,317	50,476,000	314,631,527
Strategic Direction 6: Ensure efficient and sustainable commodities and supplies	16,770,624	41,605,374	21,847,624	12,635,374	41,605,360	134,464,356
	213,180,454	**207,451,450**	**180,482,454**	**136,329,204**	**196,598,860**	**934,042,422**

Table 9. Cost Drivers

Cost Drivers	2021/22	2022/23	2023/24	2024/25	2025/26	Total
Stipends	36,780,000	36,780,000	36,780,000	36,780,000	36,780,000	183,900,000
NHIF	9,000,000	9,000,000	9,000,000	9,000,000	9,000,000	45,000,000
Airtime	10,668,000	10,668,000	10,668,000	10,668,000	10,668,000	53,340,000
CHV Training	67,110,000	18,220,013	18,450,013	10,920,013	37,350,000	152,050,039
CHA and Management Training	3,039,500	183,000	2,836,000		4,870,000	10,928,500
CHV Equipment/Kits	18,285,050	58,910,283	29,165,037	5,090,037	34,060,000	145,510,407
Medicines and Supplies	1,934,874	1,934,874	1,934,874	1,934,874	1,934,860	9,674,356
Digitalisation of CHIS reporting	-	10,500,000	1,500,000	1,000,000	1,000,000	14,000,000
CHA / Management Salary	28,056,000	28,056,000	28,056,000	28,056,000	28,056,000	140,280,000
Supervision						
Quarterly Dialogue Days	1,764,000	1,764,000	1,764,000	1,764,000	1,764,000	8,820,000
Monthly Feedback Meetings	10,320,000	10,320,000	10,320,000	10,320,000	10,320,000	51,600,000
Recurrent Costs						
Action days	12,198,000	12,198,000	12,198,000	12,198,000	12,198,000	60,990,000
Dialogue days	4,102,280	4,102,280	4,102,280	4,102,280	4,102,000	20,511,120
Reporting Tools	3,347,500	3,347,500	3,347,500	3,347,500	3,347,500	16,737,500
Coordination (TWGs and Stakeholders Forums)	847,000	756,500	756,500	756,500	756,500	3,873,000
Other Costs	5,728,250	711,000	9,604,250	392,000	392,000	16,827,500
	213,180,454	**207,451,450**	**180,482,454**	**136,329,204**	**196,598,860**	**934,042,422**

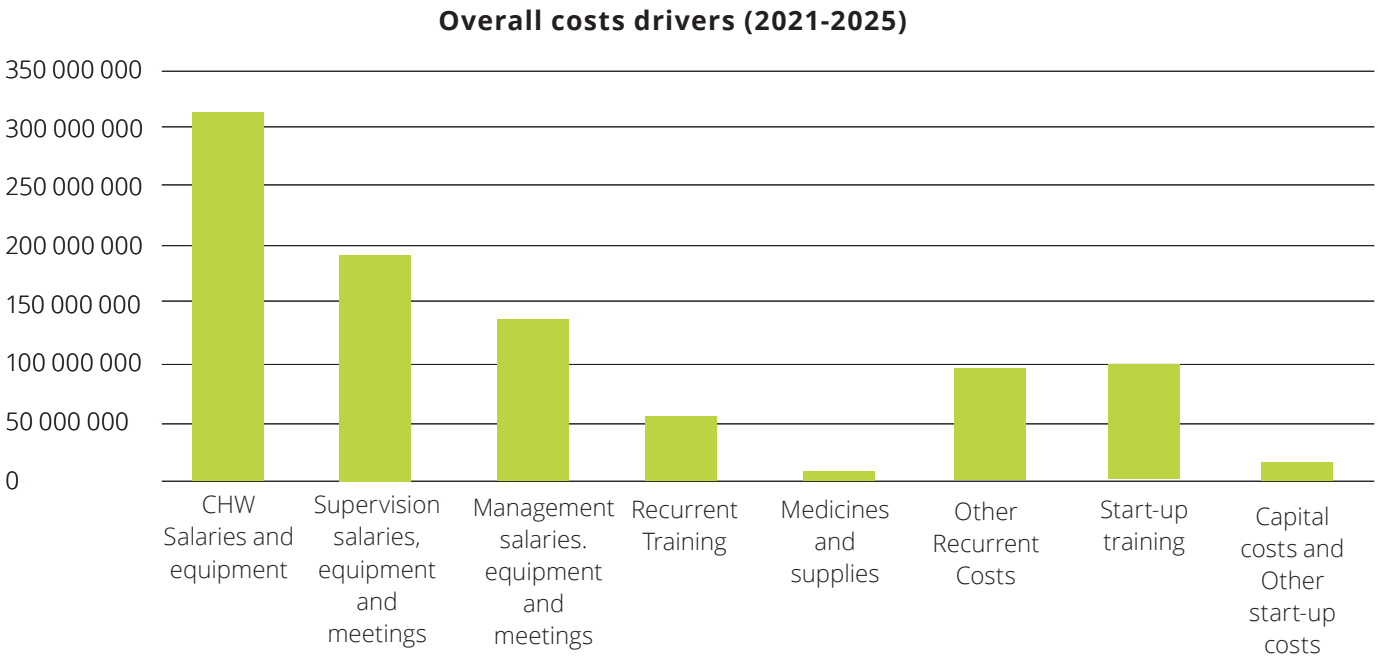


Figure 12. *Costs drivers including recurrent and start-up costs*

5.3 Resource Gap

Currently, Laikipia county incurs 100% of the cost for implementing the community health strategy, with minimal support from partners. In FY 2021/22, Laikipia County has been allocated KES 33,000,000 for implementation of the community health strategy besides allocating funds for the community health assistants and management salaries. Therefore, the county still has a resource gap of KES 629 million to fully implement this strategy (Table 10). An investment case and resource mobilisation framework for the community health strategy will outline plans to bridge the resource gaps.

Table 10. Resource Gaps

Needs and Gaps	2021/22	2022/23	2023/24	2024/25	2025/26	Total
Financing Needs	213,180,454	207,451,450	180,482,454	136,329,204	196,598,860	934,042,422
Available Financing						
Salaries	28,056,000	28,056,000	28,056,000	28,056,000	28,056,000	140,280,000
CH Budgeted Estimates	33,000,000	33,000,000	33,000,000	33,000,000	33,000,000	165,000,000
Financing Gap	**152,124,454**	**146,395,450**	**119,426,454**	**75,273,204**	**135,542,860**	**628,762,422**

LAIKIPIA HEALTH SERVICE
LHS
Quality Health Care for All

6 References & Appendix

References

1. County Government of Laikipia, Kenya National Bureau of Statistics. Laikipia County Statistical Abstract 2020. Nairobi: County Government of Laikipia and Kenya National Bureau of Statistics; 2020.
2. Kenya National Bureau of Statistics. 2019 Kenya Population and Housing Census Volume I: Population by County and Sub-County. 2019.
3. Kenya National Bureau of Statistics. Statistical Abstract 2020. Nairobi, Kenya: Kenya National Bureau of Statistics; 2020.
4. Nanyuki@100. Destination Laikipia, Celebrating 100 Years of Nanyuki Town, 2020. 2020; *http://www.nanyuki100.org/#*. Accessed 5 February 2021, 2021.
5. County Government of Laikipia. Laikipia County Annual Workplan 2020/2021. Nanyuki, Kenya: County Government of Laikipia; 2020.
6. Health. KMo. Kenya Health Policy 2014–2030. 2014.
7. County Government of Laikipia. Why Health Ministry Impressed by Laikipia's UHC Model. 2021; *https://www.laikipia.go.ke/1094/health-ministry-impressed-by-laikipias-uhc-model/*. Accessed 16 March 2021, 2021.
8. County Government of Laikipia. Community of Health Reports 2020. Nanyuki, Kenya: County Government of Laikipia; 2021.
9. Ministry of Health. DHIS2 Annual Report 2016 - Laikipia: Ministry of Health; 2017.
10. Ministry of Health. DHIS2 Annual Report 2018 - Laikipia: Ministry of Health; 2019.
11. Ministry of Health. DHIS2 Annual Report 2020 - Laikipia: Ministry of Health; 2021.
12. David W. Khaoya, Paul O. Abonyo, Muchiri S. Kenya County Health Accounts: Summary of Findings from Nine Deep-Dive Counties, FY 2016/17. Washington, DC: Palladium, Health Policy Plus; 2019.
13. Office of the Controller of Budget. Consolidated County Budget Implementation Review Reports 2019/2020. Nairobi: Office of the Controller of Budget; 2020.
14. Kenya Ministry of Health. Health sector human resources strategy 2014–2018. Nairobi, Kenya: Ministry of Health Kenya; 2014.
15. World Health Organization. Declaration of Astana. presented at: Global Conference on Primary Health Care2018; Astana, Kazakhstan.
16. World Health Organization. WHO guideline on health policy and system support to optimize community health worker programmes. Geneva: World Health Organization; 2018.
17. African Union. Africa Health Strategy 2016-2030. Addis Ababa: African Union; 2016.
18. The Joint United Nations Programme on HIV/AIDS, African Union. 2 million African community health workers: Harnessing the demographic dividend, ending AIDS and ensuring sustainable health for all in Africa. Addis Ababa: The Joint United Nations Programme on HIV/AIDS and African Union,; 2018.
19. Government of the Republic of Kenya. Constitution of Kenya, 2010. Kenya Law Reports. Nairobi, Kenya: Government Publisher; 2010.
20. Government of the Republic of Kenya. Kenya Vision 2030: A Globally Competitive and Prosperous Kenya. Nairobi, Kenya: Ministry of Planning and Development; 2007.
21. Ministry of Health. Kenya Primary Health Care Strategic Framework 2019-2024. Nairobi, Kenya: Ministry of Health Kenya; 2019.
22. Ministry of Health. Kenya Community Health Strategy 2020–2025. Nairobi, Kenya: Ministry of Health; 2020.

Appendix

Appendix 1. The comprehensive service package for Laikipia County

1. Environmental health
2. Community-based tuberculosis
3. Nutrition
4. Home-based care for terminally ill
5. Reproductive including family planning, maternal and child welfare
6. Newborn
7. Immunization
8. Non-communicable diseases
9. Basic curative services
10. Social and behaviour change and risk communication
11. Referral services
12. Mental health
13. Gender-based violence
14. Orphans and vulnerable groups of interest
15. People living with disability

Appendix 2. Membership of the Technical Working Group

The proposed membership of the Community Health Technical Working Group:

- Chief Officer of Health – **Chair of the CH–TWG** (1)
- County Community Health Focal Person – **Secretary** (1)
- Director Preventive and Promotive Health Services (1)
- Deputy Director Preventive and Promotive Health Services (1)
- County Nursing Officer (1)
- County Health Records and Information Officer (1)
- Sub County Community Health Focal Person (3)
- Representatives, Development Partners (1–2)
- Representative, Ministry of Education – Early Childhood Development (1)
- Representative, National Government Administration and Coordination (1)

Appendix 3: Comprehensive Community Health Volunteers and Assistants Kits

Community Health Volunteers Kit

Equipment	Medicines/Consumables
Digital height meter	Albendazole 400 mg/ Mebendazole 100 mg
Glucometer strip	Paracetamol 500 mg
Backpack bag	Tetracycline eye ointment 1%
Glucometer	Low osmolarity oral rehydration salts (ORS) 20.5 g/L
CHV Badge (Unique identifier)	Zinc Sulphate 20 mg
Flashlight (torch), umbrella, gumboots	
Colour-coded salter scale (for children)	
Comprehensive first aid box (spirit, disposable gloves, cotton wool, strapping, crepe bandage, povidone, surgical blade, sanitiser, clean string)	Chlorine/flocculants (coagulant and disinfectant) - for turbid water
Blood pressure machine	Povidone iodine solution
	Dispensing envelopes
	Chlorine for clear water
Branded jacket with logo (with reflectors)	Female condoms
Digital thermometer	Male condoms
Labelled dust coat	Field notebooks & pens
Height board	Mobile phone
MUAC tape	Commodity register
Heavy-duty gloves	Referral forms

Community Health Assistant's Kit

Equipment	Medicines/Consumables
Pumps and knap-sack sprayer Commodity register Electronic tablets	Antihistamines Calamine lotion Potassium permanganate for jiggers Chlorine for disinfection Sevin Dudu dust Icon chemical (malaria)

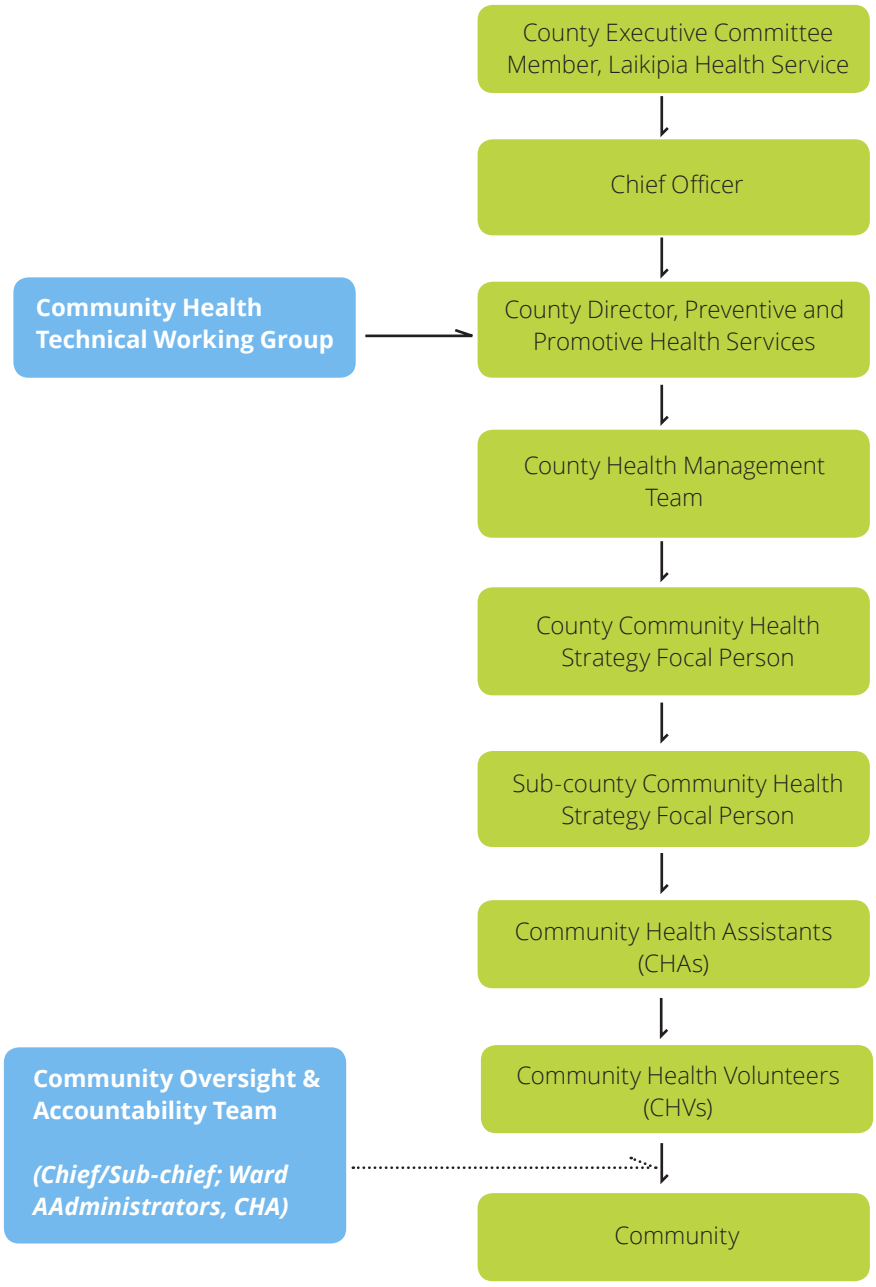
Appendix 4. Laikipia Community Health Strategy 2021–2025 Development Process

The community health strategy 2021–2025 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 as outlined below:

Activity	Objective	Participants	Approach
Preliminary needs assessment and partner engagement (December 2020)	• To identify the county community health needs and potential areas of collaboration between Laikipia Health Service and Financing Alliance for Health	Laikipia Health Service (LHS) and Financing Alliance for Health (FAH)	Community health reports and face-to-face discussion with the FAH team
Formal engagement (6 January 2021)	• A formal request for partnership between LHS and FAH to develop a costed community health strategy, investment case and advocacy toolkit, mapping of potential and existing resources and capacity building of LHS teams	LHS and FAH	Formal request letter with clear Terms of Reference
Situational assessment (January – February 2021)	• Develop a common view of Laikipia's CH system • Identify strengths and issues • Synthesize other national, regional, and global experiences, and extract lessons for Kenya's community health 2020-2025 strategy	LHS and FAH	Interviews, desk review, meetings with the community health stakeholders
Stakeholders' workshop (23 to 24 February 2021)	• Conduct a situational analysis of Laikipia's community health programme. • Synthesize other regional and global experiences, extract lessons for Laikipia's community health strategy 2021-2025. • Achieve consensus in Laikipia's future community health delivery model, strategic interventions and identify the ideal community health service package	Included 44 participants including community health volunteers and assistants, county, and sub-county LHS officials and community health stakeholders	Facilitated learning and engagement such as PowerPoint presentations, breakout sessions for problem-solving, plenary discussions and gallery walk to review poster presentations

Technical writing team meetings (March–August 2021)	• Prioritization of key issues in thematic areas • Fleshing out the outputs from the workshop into a strategy document	The technical writing team (Deputy Director Promotive and Preventive services, County and sub-county community health focal persons, FAH technical advisors)	Fortnight technical review and writing meetings
County focal persons' Validation meeting	• Identify potential implementation gaps in the strategy and align the draft strategy to identified priorities before validation	11 participants including the writing team and representatives of CHVs and CHAs	In-depth review and critique of proposed activities and implementation timelines Discussion on costing approaches and cost drivers
County CHMT validation (9 September 2021	• Sensitize the county health leadership on the draft County Community Health Strategic Plan and priorities 2021–2025 • Deliberate on the strategic objectives, receive inputs for incorporation in the final strategic plan 2021–2025 • Share the costing approach and methodology, cost drivers, overall costs, and financial sustainability plan • Validate the draft County Community Health Strategic Plan and priorities 2021–2025 and define the next steps towards finalization of the Community Health Strategic Plan 2021–2025	23 participants including members of the CHMT and FAH technical advisors	Facilitated learning and engagement such as power point presentations and plenary discussions
Technical writing team meetings (September – October 2021)	• To incorporate feedback from the validation meeting and finalise the strategy	Technical writing team	Review of feedback, strategy, and costs
Finalization (November 2021)	• Review the draft strategy document and develop the final version of the strategy	County leadership	Review of the entire strategy by the county LHS leadership and making of necessary revision resulting in this final version

Appendix 5. Community Health Program Organogram



Appendix 6. Stakeholders Roles and Responsibilities

Line Departments / Partners	Relevance and Areas of Integration / Roles and Responsibilities
County Assembly Health Committee	• Political buy-in of community activities • Increased budget allocation for community activities • Draft and enact community bills
Department of Agriculture	• Leverage on CHVs to improve agro-nutrition through training on agro-nutrition and supporting CHVs to initiate income-generating activities in agriculture for community health units' sustainability
Department of Education	• Deworming / Vitamin A supplementation • Monitor immunization e.g., confirming immunization status for all children before enrolment to playgroup and referring immunization defaulters • Offer comprehensive adolescent sexual health information with aim of delaying sexual debut
Department of Water	• Formulate policies and regulations on water • Ensure provision of safe and clean water • Protecting water sources • Constitute water management committees and build their capacity to maintain springs, shallow wells, and boreholes • Water quality assurance • Advocate for a link of safe water strategies into other county developments strategies • Support CHVs training on water, sanitation and hygiene (WASH) • Work closely with the Laikipia Health Service to reduce the burden of water-borne diseases • WASH accountability
Department of Gender and Social Protection	• Technical assistance in conducting gender analysis to enable the Laikipia Health Service to offer gender-responsive services • Integrated awareness on sexual and gender violence and harmful cultural practices • Support with a platform for health messaging in organized groups • Train health care workers including CHVs on gender • Cluster and register Community Health Units as CBOs explore if the government can fund them • Support training of CHVs on income-generating activities • Advocate for equal opportunities for men, women, girls, and boys in terms of accessing health services • Ensure representation of special interest groups
Department of Finance and Economic Planning	• Avail adequate and timely budgetary resources for community health • Build the capacity of CHVs on resource mobilization • Undertake audits of sector budgets and expenditures
Council of Elders and Traditional Groups	• Promote sustainable behaviour change and communication activities in the community
Development Partners	• Provide technical and financial resources for community health services • Work within the existing partnership framework and align activities to strategies

Civil Society Organizations and Faith-Based Organizations	• Support in community sensitization on community health services • Advocate for budgetary allocation and equitable distribution of resources • Participate in Technical Working Groups • Ensure social accountability and transparency in county government
Mass Media	• Disseminate targeted health messages to create awareness and promote behaviour change • Support the Laikipia Health Service in increasing social accountability through media and community feedback sessions • Mobilise the community to participate in health activities e.g., medical camps, outreaches • Publicize, inform, and educate the public on community health policy, strategies, and interventions
Individuals and Community	• Participate in CHVs selection process • Cooperate with CHVs during household visits including honouring referrals and practising desired behaviour advocated by CHVs • Participate in community feedback meetings, and dialogue and action days

Appendix 7. List of Contributors

No	Name of Participant	Designation	
1	Dr Mogoi Donald	Chief Officer of Health	Laikipia Health Service
2	Dr Josephine Ohas	Ag. County Director Preventive and Promotive Services	Laikipia Health Service
3	Dr. Moses O. Guya	Deputy Director Preventive and Promotive Services	Laikipia Health Service
4	Catherine Kinya	County Health Promotion Officer	Laikipia Health Service
5	Phoebe Mwangangi	County Nutrition Officer	Laikipia Health Service
6	Dr Lekurtut Christine	County Planning and Administration Officer	Laikipia Health Service
7	Dr Kataka S. Sharon	County NCD Coordinator	Laikipia Health Service
8	David K Mureithi	County Tuberculosis and Leprosy Coordinator	Laikipia Health Service
9	Samuel Gachuhi	County Medical Laboratory Coordinator	Laikipia Health Service
10	Francis Ruga	Ag. Director Nursing Services	Laikipia Health Service
11	Michael Kinga	County Expanded Programme of Immunization Coordinator	Laikipia Health Service
12	Dr Valentine Ngeleso	County Pharmacist	Laikipia Health Service
13	Jane Kiboribori	County Health Records and Information Officer	Laikipia Health Service
14	Margaret Wambugu	County Epidemic Response and Surveillance Coordinator	Laikipia Health Service
15	Margaret W Mugo	County Public Health Officer	Laikipia Health Service
16	Dr Mudhune Habil	Epidemiologist	Laikipia Health Service
17	Eunice Maina	County Community Health Strategy Focal Person	Laikipia Health Service
18	Joyce Mueni	Sub-county Community Health Strategy Focal Person – Laikipia East	Laikipia Health Service
19	Ruth G Manyara	Sub-county Community Health Strategy Focal Person – Laikipia West	Laikipia Health Service
20	Robert Mwangi	Sub-county Community Health Strategy Focal Person – Laikipia North	Laikipia Health Service
21	Simon Shuel	Sub-county MoH – Laikipia North	Laikipia Health Service
22	Dr Arthur Kokonya Mumelo	Sub-county MoH – Laikipia West	Laikipia Health Service
23	Stephen Ndirangu	Ag. Sub-county MoH – Laikipia East	Laikipia Health Service
24	Lucy W Njogu	Ag. Manager	Laikipia Health Service
25	Franscisca Kimirri	Sub-county Nursing Officer, Laikipia East	Laikipia Health Service
26	Agnes Kamunyi	Sub-county Nutrition Coordinator, Laikipia West	Laikipia Health Service
27	John N Nderitu	Sub-county Public Health Officer– Laikipia West	Laikipia Health Service
28	Ann W Mbuthia	Sub-county Health Promotion Officer – Laikipia East	Laikipia Health Service
29	Martin Munyiri	Procurement	Laikipia Health Service
30	Peter Kamau	Community Health Volunteer – Laikipia East	Laikipia Health Service
31	James Mwangi	Community Health Volunteer – Laikipia East	Laikipia Health Service
32	Saadia Ahmed	Community Health Volunteer – Laikipia East	Laikipia Health Service
33	Jane Muthoni	Community Health Volunteer – Laikipia East	Laikipia Health Service
34	Paul Barno	Community Health Volunteer – Ngarua	Laikipia Health Service
35	Francis Kariithi Maina	Community Health Volunteer – Laikipia West	Laikipia Health Service
36	James Lekapen Njepi	Community Health Volunteer – Laikipia North	Laikipia Health Service
37	Loise Kimemia	Community Health Volunteer – Laikipia West	Laikipia Health Service

38	Lucy Njeri	Community Health Volunteer – Laikipia North	Laikipia Health Service
39	Irene Lilian Pilan	Community Health Volunteer – Laikipia North	Laikipia Health Service
40	James Lekapon Njepi	Community Health Volunteer – Laikipia North	Laikipia Health Service
41	Consolata Mosiany	Community Health Assistant – Laikipia North	Laikipia Health Service
42	Teresia Gaita	Community Health Assistant – Laikipia West	Laikipia Health Service
43	Morris M Nderitu	Community Health Assistant – Laikipia West	Laikipia Health Service
44	Richard Torome	Community Health Assistant – Laikipia East	Laikipia Health Service
45	Joyce N Nderitu	Community Health Assistant	Laikipia Health Service
46	Alex Mwai	Community Health Assistant	Laikipia Health Service
47	Teresia Gaita	Community Health Assistant	Laikipia Health Service
48	Nancy Osindu	Technical Officer	Afya Nyota ya Bonde
49	Jonah Kibet	Technical Officer	Afya Nyota ya Bonde
50	Augustine Gwada	IP HIV Program	Afya Nyota ya Bonde
51	Luseka Mwanzi	Gender Coordinator	Afya Nyota ya Bonde
52	Betty Muchiri	Youth Associate	Pathways Policy Institute
53	Sherry Muthaura	Youth Associate	Pathways Policy Institute
54	Hellen Gichui	Vaccine Project Coordinator	Clinton Health Access Initiative
55	Justus Kioko	Assistant Monitoring and Evaluation Officer	Clinton Health Access Initiative
56	Faith W Muna	Laikipia East – NHIF Nanyuki Office	National Health Insurance Fund
57	Jackline Kanana	Laikipia East – NHIF Nanyuki Office	National Health Insurance Fund
58	Nancy Ingutia	Program Manager	Ol Pejeta Conservancy
59	Margaret Wanja Njue	Health Program Coordinator	The 410 Bridge International
60	Patrick Avery	General Practitioner	BATUK Medical Centre
61	Francis Mwangi	County Coordinator	Kenya Red Cross Society
62	Sarah Manyeki	Monitoring and Evaluation Officer	ACK Mt Kenya West
63	Dr Angela Gichaga	Chief Executive Officer	Financing Alliance for Health
64	Nelly Wakaba	Director Country Engagement	Financing Alliance for Health
65	Samwel Maina Gatimu	Technical Advisor	Financing Alliance for Health
66	June Mwende	Technical Advisor	Financing Alliance for Health

Laikipia Health Service

Community Health Strategy 2021–2025