

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF KAKAMEGA

**KAKAMEGA COUNTY
COMMUNITY HEALTH SERVICES
POLICY
2021-2031**



COUNTY GOVERNMENT OF KAKAMEGA

DEPARTMENT OF HEALTH SERVICES

KAKAMEGA COUNTY

COMMUNITY HEALTH SERVICES POLICY

2021-2031

Transforming health: Accelerating the attainment of health goals in Kakamega County through focused community health services

TABLE OF CONTENTS

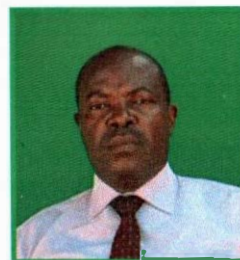
ABBREVIATIONS AND ACRONYMS.....	4
FOREWORD.....	5
ACKNOWLEDGEMENTS.....	7
CHAPTER ONE: INTRODUCTION.....	8
1.1 Background.....	8
1.2 Situation Analysis.....	9
1.3 Statement of the Problem.....	10
1.4 Vision.....	10
1.5 Mission.....	10
1.6 Guiding Principles.....	11
1.7 Policy Objectives.....	11
1.8 Policy and Legislative Framework.....	11
CHAPTER 2: POLICY FRAMEWORK.....	14
2.1 Develop and implement a legal and institutional framework to support community health services.....	14
2.2 Enhance the human resource capacity for community health services	14
2.3 Strengthen the delivery of integrated comprehensive and the highest attainable standards of community health services.....	15
2.4 Mobilize adequate resources for sustainable financing of community health services.....	15
2.5 Strengthen monitoring, evaluation and research on community health services.....	17
CHAPTER THREE: POLICY IMPLEMENTATION.....	17
3.1 Organizational Structures.....	17
3.1.1 County Executive Committee.....	17
3.1.2. County Assembly.....	17
3.1.3. County Government Departments.....	18

3.1.3.1 Department of Health Services.....	18
3.1.3.2 Department of Social Services.....	18
3.1.4. Development partners.....	19
3.1.5. Civil Society Organizations (CSOs).....	19
CHAPTER FOUR: MONITORING AND EVALUATION.....	20
REFERENCES.....	21

ABBREVIATIONS AND ACRONYMS

CBHC	Community Based Health Care
CBHIS	Community Based Health Information Systems
CGK	County Government of Kakamega
CHA	Community Health Assistant
CHC	Community Health Committees
CHEW	Community Health Extension Worker
CHIS	Community Health Information System
CHMT	County Health Management Team
CHU	Community Health Unit
CHV	Community Health Volunteer
CLTS	Community-Led Total Sanitation
CPBF	Community Performance-Based Financing
CS	Community Strategy
CSOs	Civil Society Organizations
DHIS	District Health Information System
DQA	Data Quality Audit
HRH	Human Resources for Health
HSSF	Health Services Sector Fund
IGA	Income-generating Activities
KDHS	Kenya Demographic Health Survey
KEPH	Kenya Essential Package for Health
KHSSP	Kenya Health Sector Strategic and Investment Plan
M and E	Monitoring and Evaluation
MCUL	Master Community Health Unit Listing
MDG	Millennium Development Goals
MoH	Ministry of Health
MTP	Medium Term Plan
NCD	Non Communicable Diseases
NHSSP	National Health Sector Strategic Plan
PHC	Primary Health Care
PHO	Public Health Officer
SDGs	Sustainable Development Goals
SWOT	Strengths, Weaknesses, Opportunities, Challenges and Threats
UNFPA	United Nations Population Fund

FOREWORD



In the last four years, Kakamega County has witnessed unprecedented improvement in many health outcomes, including those related to Community Health Services (CHS). This has largely been a result of the government's commitment to achieving county, national and international objectives. In collaboration with development partners, the department of health services has invested in innovative interventions

within an increasingly decentralized health care delivery system. Remarkable performance has been demonstrated in disease prevention and surveillance, environmental sanitation, combating HIV, tuberculosis, and malaria, community-based health insurance schemes, infrastructure developments, and the system of community health volunteers.

The Department of Health Services maintains the above priorities and is strengthening its strategic partnerships with stakeholders and beneficiaries to promote sustainable access to health services in the county. The department considers community health as a top priority and as one of the strategies contributing significantly to the county's socioeconomic development. This policy takes a pragmatic approach, acknowledging the genuine challenges to be confronted in the years ahead. It places community health in the context of other global and national commitments and goals, including vision 2030 and international plans of development such as Sustainable Development Goals (SDGs), the International Conference on Population and Development, the Convention on the Rights of the Child, and the Africa Health Strategy.

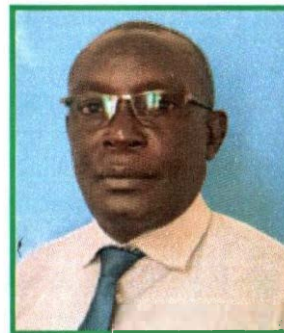
This policy aims to enhance quality and accessibility of CHS in the county. It has been developed at an opportune moment, as Kakamega is embarking on the introduction of Community Led Total Sanitation (CLTS), community-based provision of family planning and Non-Communicable Diseases (NCDs) services through Community Health Volunteers (CHVs). These efforts are anticipated to trigger a paradigm

change in the way community services are provided and accessed in order to contribute towards a healthy and productive Kakamega for all.

DR. COLLINS KIZITO MATEMBA

COUNTY EXECUTIVE COMMITTEE MEMBER FOR HEALTH SERVICES KAKAMEGA COUNTY

ACKNOWLEDGEMENTS



The Kakamega County Department of Health Services would like to express gratitude to all stakeholders and staff who contributed to the development of this document. Special appreciation goes to H.E. Hon. Dr. FCPA Wycliffie Ambetsa Oparanya, EGH, CGJ, the first Governor of Kakamega County for his exemplary leadership and goodwill in supporting CHS in the county and the development of this policy. We

also appreciate the guidance of the chair of the county cabinet sub-committee on legislation, H.E. the Deputy Governor Professor Philip M. Kutima.

This policy could not have been produced without the dedicated support of the County Department of Health Services. Special thanks go to the following offices for the great effort and time spent in developing the plan: Office of the county Attorney, office of the Chief Officer for Health Services, directorates responsible for Public Health Services, CHMT, SCHMTs, CHAs, CHVs and community representatives for contributions during the various stages of development of this policy. Further, the department appreciates Dr. David I. Ojaka and Dr. John Paul Oyore for providing consultancy services.

We wish to thank all partners supporting Community Health Services in the county namely: Amref Health Africa, UNICEF, PharmAccess Foundation, Living Goods, World Vision, Community Assets Building Development Action (CABDA), Kenya AIDS NGOs Consortium (KANCO), Kenya Red Cross Society and Population Services Kenya (PSK), among others for their input to the process of development of the policy.

William Okello Olaka

Ag. DIRECTOR- PUBLIC HEALTH SERVICES,
KAKAMEGA COUNTY

CHAPTER ONE

INTRODUCTION

1.1 Background

Community Health is the first level of health care provision that is constituted of interventions focusing on building demand for existing health services by improving community awareness, healthcare seeking behaviour and taking defined interventions and services closer to the community and households.

In line with the Alma Ata Declaration of 1978 which defined community health approach as a key pillar to Primary Health Care (PHC), Kenya developed its first PHC approach in 1980. This was however focused on health facilities with minimal community participation. The Kenya Community Health Strategy (2014-2019) redesigned PHC to include CHS as the first level of the health care system.

Kakamega County is one of the 47 counties of Kenya. It borders Bungoma, Busia, Siaya, Vihiga, Nandi and Uasin Gishu counties. The county currently has 425 community health units translating to 99% coverage (Kakamega County Health Sector Strategic and Investment Plan, 2018-2023).

The community health status of the county is described using conventional health indicators such as maternal mortality, neonatal mortality, immunization coverage, skilled delivery coverage, antenatal care coverage and latrine coverage. According to the Kenya Health Strategic Plan 2018, the national targets for these indicators are as follows 150 per 100,000 for maternal mortality rate (MMR); 15 per 1,000 live births for neonatal mortality rate; 80% for coverage of at least four ANC visits; 65% for skilled delivery; and 90% for fully immunized children coverage. Kakamega County falls below most of these national targets as shown below.

According to the Kenya Demographic Survey conducted in 2014 the national population level maternal mortality rate (MMR) was at 362 per 100,000 live births. The MMR for Kakamega is 316 per 100,000 live births (UNFPA, 2014). This is partly attributed to high number of unskilled deliveries. The county neonatal mortality rate was at 19 per 1000 live births against the national rate of 22 per 1000 live births (KDHS, 2014, UNFPA, 2014).

According to KHIS (2021), immunization coverage has remained low over the last 4 years at 73% (July 2017-June 2018), 78% (July 2018-June 2019), 81% (July 2019-June 2020) and 84% (July 2020-June 2021). With the progressive coverage of community health services, there has been improvement in ante-

natal care coverage from 81% (July 2018-June 2019) to 90% (July 2019-June 2020) and 95% (July 2020-June 2021). Skilled delivery has remained low over the past 5 years as follows: 59% (July 2016-June 2017), 57% (July 2017-June 2018), 67% (July 2018-June 2019), 69.1% (July 2019-June 2020) and 73% (July 2020-June 2021).

There is need for a policy and legal framework in the County to guide interventions and efforts towards improving community health services.

1.2 Situation Analysis

During the third Global Human Resource for Health (HRH) forum in Brazil in 2013, Kenya made five HRH commitments, which included; recruiting 40,000 Community Health Extension Workers (CHAs) by 2017; advocacy to counties to establish community health services by 2017; establishment and operationalization of community health units from 2,511 units in June 2012 to 9,294 units by 2017; establish mechanisms for community health insurance as a modality for motivating the community health workers by 2015. In addition, Kenya pledged to the global commitments of achieving universal health coverage and meeting the Sustainable Development Goals (SDGs).

The Kenya Community Health Policy (2020-2030) gives guidance in line with the global commitments, Vision 2030, Constitution of Kenya 2010, and the country's universal health coverage agenda as part of the presidential Big 4 agenda.

According to the 2018 CHS evaluation report, Kenya had 6,087 CHUs out of the expected 10,375 giving coverage of 59%. Ten counties were documented to be at 90% or above with four counties, (Isiolo, Kitui, Nyeri, Tharaka Nithi) being at 100% coverage. Kakamega, Homabay and Siaya counties were documented to be at 99%. Nineteen counties were reported to be at a coverage range of 50% to 89% and eighteen counties were below 50%. Lowest coverage was reported in Laikipia, Mombasa, Nandi and Wajir counties all at 17% and Bomet county at 19%.

The Kakamega County Community Health Services Policy aims to improve the health of the people of Kakamega through their full involvement and participation in the delivery of health services at community level. Kakamega was documented to be at 99% CHU coverage according to CHS evaluation report of 2018. However, only 28.9% of the established CHUs are fully functional. Most of the milestones have been achieved through partners support.

Kakamega County has 425 Community Health Units (CHUs) with 4,250 Community Health Volunteers (CHVs) evenly distributed across the twelve

sub counties. Of these, 123 CHUs are fully functional while 302 are semi-functional. The County has 94 Community Health Assistants (CHAs) against the required 425. The 4,250 Community Health Volunteers have been on a monthly stipend of Kshs. 2,000/= in line with the first national CHS Strategy 2014-2019 and with the support of health implementing partners up to June, 2020. Following the change of donor policies, the resources available can only meet 50% of the need.

1.3 Statement of the Problem

A successful community health service will require adequate infrastructure, human resources, products and technologies, health management information system, health care financing, quality service delivery strategies, and strong leadership and governance. Community health is implemented through a community health unit covering a population of approximately 5,000 people. Each unit requires one (1) CHA and ten (10) CHVs to provide preventive, promotive, basic curative and rehabilitative services. The CHUs are linked to a health facility from where communities access essential health services. The CHU is governed by a community health committee (CHC). Each unit requires standard tools for data collection and monthly reporting to the health information system. Each CHV requires a kit with a standard content of basic health commodities.

Despite the successes arising from the interventions of the County Government, the County still has many gaps in order to meet the above stated standards, as follows –

- a) Inadequate funding for community health services;
- b) Lack of a legal framework to support community health services;
- c) Inadequate capacity to deliver community health services; and
- d) Weak systems to support community health services.

1.4 Vision

Healthy productive communities in charge of their own health.

1.5 Mission

Empowering and transforming communities to take charge of their health through responsive and sustainable community health services.

1.6 Guiding Principles

The Community Health Policy is guided by the following principles –

- a) Community participation, ownership and social accountability;
- b) Effective links between the community and health facilities;
- c) Partnerships and collaboration with actors in and outside the health system;
- d) Equitable and equal access to community health services for all;
- e) Health services integration; and
- f) Effective community referral systems.

1.7 Policy Objectives

In order to strengthen community health services in Kakamega County, this policy aims to –

- a) Develop and implement a legal and institutional framework to support community health services;
- b) Enhance the human resource capacity for community health services;
- c) Strengthen the delivery of integrated comprehensive and the highest attainable standards of community health services;
- d) Mobilize adequate resources for sustainable financing of community health services; and
- e) Strengthen monitoring, evaluation and research on community health services.

1.8 Policy and Legislative Framework

Kenya has enacted several pieces of legislations and policies to provide a framework for Community Health Services. These include –

The Constitution of Kenya, 2010

Articles 43 (1)(a) and (2) provide that every person has a right to the highest attainable standard of health, which includes the right to health care services, including reproductive health and emphasizes that no person should be denied access to emergency treatment.

Kenya Health Act, 2017

This Act establishes a unified health system, coordinates the interrelationship between the national government and county government's health systems, and provides the regulation of health care services, health care service provider and

health technologies. The Act defines the community health assistant (CHA) as the person in charge of community health services (CHS). Additionally, the Act prescribes functions of community health services as follows – (i) to facilitate individuals, households and communities to carry out appropriate health behaviors; (ii) to recognize signs and symptoms requiring referral services; (iii) to provide the agreed upon health services and (iv) to facilitate community diagnosis, management and referral.

The Kakamega County Maternal Child Health and Family Planning Act, (Amendment) 2020

This Act provides for a framework to support the Kakamega County Maternal Child Health and Family Planning. It also establishes a fund for management of Kakamega County Maternal Child Health and Family Planning services.

Global Health Commitments

The Brazil 2013 Global Health Conference Declaration provides for advocacy to counties to establish community health services by 2017, establish and operationalize community health units, establish mechanisms for community health insurance as modality for motivating community health workers.

Kenya Vision 2030

Vision 2030 is Kenyan's development blue print with the aim of turning the country into a globally competitive and industrialized country. The vision identifies economic, social, and political pillars that drive the country towards the realization of the goal. Vision 2030 revitalizes community health centers to promote preventive health care.

Kenya Health Policy 2014-2030

Provides for policy formulation and programme implementation in Kenya towards the actualization of all the health related goals of the government of Kenya.

Kenya Health Sector Strategic and Investments Plan 2018 -2023

Provides a frame work for investing in primary health care following the Astana declaration on primary healthcare. It also identifies the need to strengthen community health systems to be responsive and resilient to public health emergencies and disease outbreak.

Kenya Primary Health Care Strategic Framework (2019-2024)

This is aligned with the Constitution of Kenya, 2010 and Kenya Health

Policy Framework (2014-2030) and provides guidelines for the design and implementation of programs targeted at strengthening the primary health care system in Kenya.

Kenya Community Health Policy 2020-2030

Recognizes an effective way for making improvements in health care delivery as well as addressing heavy burden of disease and therefore contributing to health and social economic development

Kenya Community Health Strategy 2020-2025

This was developed to build on community health strategy 2014-2019 to promote and encourage community health services.

Kakamega County Health Sector Strategic Plan 2018 – 2023

It is a 5 year planning framework for the county department of Health Services which explains the strategic objectives of the department including how to improve and promote community health services.

CHAPTER 2

POLICY FRAMEWORK

The County Community Health Policy aims to improve the health of people of Kakamega through their full involvement and participation in the delivery of health services at community level. This is anchored on five policy objectives and related details as shown below:

2.1 Develop and implement a legal and institutional framework to support community

health services

Proper legal and institutional frameworks are key in the delivery of optimal community health services.

Key issues

- i. Lack of County legislation supporting community health services.
- ii. Weak structures for coordination.

Policy directions

The County Government shall–

i) develop and implement a County Community Health Services Act; ii) develop regulations and guidelines for the operations and compensation of CHCs and other community health structures; and

iii) strengthen structures and mechanisms, including a secretariat, for coordination of CHS stakeholders.

2.2 Enhance the human resource capacity for community health services

Human resource factors such as adequate numbers, capacity, commodity supply, support supervision and motivation must be continuously addressed in order to provide community health services optimally.

Key issues

- i) Inadequate knowledge on community health services provision among the CHS workforce.
- ii) Low retention of community health workforce.
- iii) Inadequate community health workforce particularly CHAs/CHOs.

Policy directions

The County Government shall –

- i. Train the community health workforce to improve their skills and knowledge on community health services provision;
- ii. Put in place mechanisms for the retention of the CHVs through performance based stipend of not less than Kenya shillings 2000 per month;
- iii. Recruit and deploy CHAs/CHOs to meet the CHS requirements; and
- iv. Sensitize the community on community health services through its decentralized units.

2.3 Strengthen the delivery of integrated comprehensive and the highest attainable standards of community health services

As per the National Community Health Strategy, it is expected that high-quality community health services including referral and follow up are provided at the household and community level. This can be achieved through an integrated core package of care as outlined in the National Community Health Policy 2020-2030.

Key issues

- i. Existence and operation of parallel health programs and structures delivering community health services.
- ii. Inefficient commodities supply chain management.

Policy directions

The County Government shall –

- i) enhance integration of community health services by different stakeholders; and
- ii) streamline the management of commodities supply chain to support efficient community health services.

2.4 Mobilize adequate resources for sustainable financing of community health services

The successful implementation of community health services requires substantial financial investment. Sustainable financing therefore calls for both innovative and proven mechanisms to mobilize funds while allocating and

managing the available funds prudently.

Key issues

- i. Inadequate budgetary allocation for community health services. ii) Weak resource mobilization for community health services.
- ii. Lack of sustainable models of financing and inadequate resources available to the County Government to effectively fund community health services.

Policy directions

The County Government shall –

- i. sustain annual county government contribution to CHS budget in a progressive manner;
- ii. promote resource mobilization for CHS; and
- iii. initiate sustainable models of CHS financing such as formation of cooperatives, income generating activities and performance based incentives.

2.5 Strengthen monitoring, evaluation and research on community health services

Planning and decision making is dependent upon information generated from monitoring and evaluation. To sufficiently inform the implementation of community health interventions, there is need to support the development and strengthening of the Community-Based Health Information System (CBHIS) for availability of reliable data.

Key issues

- i. Poor quality and demand of data on CHS.
- ii. Lack of a Monitoring and Evaluation framework for CHS.
- iii. Limited CHS research and surveillance.

Policy direction

The County Government shall –

- i. adopt the digital data management platform (e-CHIS) for CHS to improve quality and efficiency;
- ii. develop and implement a Monitoring and Evaluation framework to enhance evidence based decision making for CHS; and

- iii. promote CHS research and surveillance.

CHAPTER THREE

POLICY IMPLEMENTATION

The successful implementation of this CHS policy depends on the institutional framework that has been put in place. This chapter articulates the key roles that shall be played by the institutions.

3.1 Organizational Structures

The following institutions are important in creating a favourable institutional framework to improve policy making, coordination and implementation.

- a) County Executive Committee
- b) County Assembly
- c) County Government Departments
- d) Development partners
- e) Civil Society
- f) Ministry of Health – Division of Community Health Services

3.1.1 County Executive Committee

The County Executive Committee is the highest decision making body in the County established under Article 179 of the Constitution of Kenya, 2010 and Section 34 of the County Governments Act, 2012.

The County Executive Committee shall provide-

- a. political and economic will, vision and leadership to facilitate the development of the CHS policy; and
- b. an enabling political, institutional and legal environment to guide effective participation of other stakeholders in the implementation of this policy.

3.1.2. County Assembly

The County Assembly is established under Article 177 of the Constitution of Kenya, 2010 and is the legislative arm of the County Government. There is established a Health Services Committee in the County Assembly which will

play a major role in this policy and shall -

- a. ensure the enactment of appropriate laws that will create a responsive legal and regulatory system to support the efficient delivery of CHS; and
- b. facilitate the allocation and approval of financial resources for the implementation of the CHS policy.

3.1.3. County Government Departments

3.1.3.1 Department of Health Services

The Department of Health Services is responsible for delivering health services to the population.

For the implementation of this policy the department shall-

- a. initiate the development and review of legislation and regulations governing CHS;
- b. implement enacted county legislation on CHS;
- c. establish a CHS secretariat to enhance and strengthen stakeholder coordination;
- d. train the level I work force based on skill gaps identified;
- e. support vocational training on economic empowerment;
- f. raise intent with County Public Service Board (CPSB) for recruitment of CHAs/ CHOs;
- g. strengthen the linkage between the CHS and Supply Chain Manager at Sub-county level to ensure adequate supply of commodities;
- h. generate annual CHS budgets in time based on priority areas and needs;
- i. lobby for resource allocation from relevant stakeholders;
- j. create awareness on community data management and use in the county;
- k. train community health workforce on digital data management;
- l. develop a CHS monitoring framework and use it as a guide to monitor CHS; and
- m. identify research agenda based on persistent challenges and allocate funds for the same.

3.1.3.2 Department of Social Services

The County Department of Social Services is responsible for improving the welfare of the people through social services.

For the implementation of this policy, the County Department of Social Services shall-

- a. coordinate community development programs;
- b. support the registration of CHCs and CHUs as Community Based Organizations and renewals of licenses in liaison with the national Government;
- c. facilitate linkage of registered CBOs to potential grants; and
- d. create awareness on social development.

3.1.4. Development partners

The County Government will collaborate with partners in the implementation of this policy and encourages more partnerships for CHS. Partners will be coordinated through the county health office to ensure efficiency in the development of the capacity of community health workforce, delivery of comprehensive CHS and monitoring and evaluation of the CHS. Further, partners will contribute towards mobilization of resources for successful delivery of CHS.

3.1.5. Civil Society Organizations (CSOs)

The County Government through the Department of Health Services shall collaborate with Civil

Society Organizations to-

- a. champion for the collective interests and concerns of CHS in the County through civic education;
- b. conduct sensitization and capacity building on issues of community health;
- c. provide oversight and promote social accountability in the management of CHS activities;
- d. advocate for data use for decision making; and
- e. champion for resource mobilization for CHS.

CHAPTER FOUR

MONITORING AND EVALUATION

Monitoring and Evaluation is aimed at assessing the progress and impact of the CHS policy implementation. Information from the monitoring and evaluation processes can be used to inform further interventions.

Priority high level indicators will be monitored on a regular basis to assess implementation progress. Periodic evaluations may be done for persistent issues arising during the implementation period guided by this policy. Reports from monitoring and evaluation will provide the necessary information not only for progress assessment but also as a basis for amendment of planned strategies and interventions where necessary. The County Government through the health services department's monitoring and evaluation unit, Health Information System (HIS) team and directorate responsible for CHS will coordinate and facilitate continuous monitoring and evaluation of the CHS implementation.

All implementing partners and other relevant collaborating stakeholders shall submit quarterly reports of their activities to the County Government through the directorate responsible for CHS.

The directorate responsible for CHS shall spearhead the formation of a technical working group and submit quarterly reports in approved formats to this technical working group and the county executive. A report shall be submitted to the county assembly at least once annually.

REFERENCES

Kenya Community Health Policy (2020-2030) at <https://www.health.go.ke/wp-content/uploads/2020/07/Kenya-Community-Health-Policy-Signed.pdf>.

KHIS(2021)at[https://www.researchgate.net/publication/351283367_Transforming_the_Kenya_Health_Information_System_KHIS_to_an_Early_Warning_and_Real-](https://www.researchgate.net/publication/351283367_Transforming_the_Kenya_Health_Information_System_KHIS_to_an_Early_Warning_and_Real-Time_Electronic_Disease_Notification_System_Optimization_for_Epidemiology_Disease_Surveillance_and_Response_in_Kenya)

[Time_Electronic_Disease_Notification_System_Optimization_for_Epidemiology_Disease_Surveillance_and_Response_in_Kenya](https://www.researchgate.net/publication/351283367_Transforming_the_Kenya_Health_Information_System_KHIS_to_an_Early_Warning_and_Real-Time_Electronic_Disease_Notification_System_Optimization_for_Epidemiology_Disease_Surveillance_and_Response_in_Kenya)

MoH (2014). Strategy for Community Health 2014 -2019. Transforming health: Accelerating the attainment of health goals at <http://academia-ke.org/library/download/moh-strategy-for-community-health-2014-2019>.

MoH (2018). Kenya Harmonized Health Facility Assessment (KHFA): Community health systems report 2018/2019.

National Bureau of Statistics-Kenya and ICF International (2015). 2014 KDHS Key Findings. Rockville, Maryland, USA.

UNFPA Annual Report 2014 at <https://www.unfpa.org/annual-report-2014>.

WHO (1978). Declaration of Alma Ata : International Conference on primary health care. Alma

Ata, USSR.



**KAKAMEGA COUNTY
COMMUNITY HEALTH SERVICES
POLICY
2021-2031**