REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BOMET

DEPARTMENT OF HEALTH SERVICES

BOMET COUNTY COMMUNITY HEALTH SERVICE POLICY

2023-2027

Towards Achievement of Universal Health Coverage

Forward

Community health service as articulated in the second National Health Sector Strategic Plan (NHSSP II: 2005-2010), defined a new approach for health care service delivery to Kenyans and in 2006 Kenya adopted a community-based approach (Community Health Strategy). This approach emphasized a more proactive system of promoting individual's and community's health to prevent the occurrence of diseases.

Community health is one of the flagship projects in Kenya's vision 2030 and is recognized as the level 1 of health care in the Kenya Health Act, 2017. The Kenya Community Health policy 2020-2030 provides policy direction for community health services. Kenya is a signatory to Astana Declaration (2018) which highlighted the importance of community health services in advancing Universal Health Coverage. Kenya has adopted primary health care as the approach to deliver universal health coverage and this is well articulated in the Kenya Primary Care Strategic Framework 2019- 2024 which gives prominence to community based primary health care.

The third edition of the community health strategy 2020-2025 intends to build the capacity of individuals and households to know and progressively realize their rights to equitable, good quality health care and demand services as provided for in the constitution 2010. The County Government of Bomet puts priority on community health as entrenched in Bomet integrated Development plan 2023-2027 which emphasises and put focus on the development of a strong health system that enhance disease surveillance, strengthening of health promotion and disease prevention.

The Bomet community health services policy is therefore a testimony to this commitment. The document was harmonised through a number of processes and I am happy to present the final product to guide in operationalization of basic community health service in Bomet county.

Hon Dr. Joseph Sitonik

County Executive Committee Member of Health Services (CECM)

Preface

The goal of community health services is to bring health services closer to the households thereby improving preventive, promotive and rehabilitative health of communities through early detection of health problems and quick referral for quality health care.

Community health is implemented through a Community Health Unit which is the level 1 of health service delivery structure and serves a defined geographical area covering a population of approximately 5,000 people. Each health unit is assigned one Community Health Assistant and 10 Community Health Promoters who provide preventive, promotive, basic curative and rehabilitative services.

The Community Health Units are linked to all public health facilities from where communities access essential health services. The Community Health Unit is governed by a community Health committee (CHC). The development and writing process of this policy entailed face to face and virtual meetings with community members, county health management teams, Ministry of Health, implementing and development partners.

Validation and consensus building meetings helped to further refine the policy. This document will provide guidance to county Government of Bomet, development and implementing partners in strengthening and scaling up community health services.

This document therefore is aimed at providing a framework for all stakeholders to implement Community Health Services in a standardized and systematic manner. I am confident that the implementation of this policy will help us address the issue of equitable access to primary health services and by so doing, bring about a much-improved health status for the citizens of Bomet that will be reflected in a robust positive health indicators.

Milcah C. Ronoh

Ag. Chief Officer Health Services (COHS)

Acknowledgements

The development of this policy has been an all-inclusive, culminating efforts from all community health stakeholders. References of the previous Community Health Strategy activities as well as the Community health system in Kenya was carried out to identify the strengths to build on this policy.

The writing process entailed face to face, virtual meetings and online forums with community members, county health management team, Ministry of Health, implementing and development partners. Validation and consensus building meetings helped to further refine the policy. The Department of Medical Services and Public health acknowledges the contributions, commitment and technical support from all stakeholders who participated in the face to face, the many virtual meetings and whatsapp contribution that culminated in this final policy.

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Dr. Ronald Kibet T. (MMeD, FM (MU), MBChB)

County Director of Health Services (CDH)

Contents

Acronyms

CBOs	Community Based Organisations
CHA	Community Health Assistant
CHIS	Community Based Health Information System
CHMT	County Health Management Team
CHS	Community Health Strategy
CCHSFP	County Community Health Strategy Focal Person
CHU	Community Health Unit
CHP	Community Health Promoter
CPR	Contraceptive Prevalence Rate
CSOs	Civil Society Organisations
HRH	Human Resources for Health
ICC	Inter-agency Coordination Committees
KDHS	Kenya Demographic Health Survey
KEPH	Kenya Essential Package for Health
KHSSP	Kenya Health Sector Strategic and Investment Plan
M&E	Monitoring and Evaluation
MEAL	Monitoring Evaluation and Learning
MOH	Ministry of Heath
MTP	Medium Term Plan
NCD	Non-Communicable Diseases
NRF	National Research Fund
PHC	Primary Health Care
SDGs	Sustainable Development Goals
TFR	Total Fertility Rate
WHO	World Health Organisation

CHAPTER 1: INTRODUCTION

1.1 The Community Health Services

The community health model is based on the comprehensive primary health care (CPHC) concept and focuses on the principles of partnership, community participation, empowerment and access to health care. Experience revealed that the achievement of Sustainable Development Goals (SDGs) required countries to engage in partnerships to facilitate implementation and support active community participation in programmes aimed at achievement of SDG targets.

In addition to recognition of community health approaches as a means of delivering health for all, Kenya's deteriorating health indicators necessitated the development of a strategy to bring services to the household level and reverse the declining trends in health indicators. This was articulated within the second National Health Sector Strategic Plan (NHSSP) officially launched in 2005 [1].

The Kenyan Community Health Strategy (CHS) [2] was therefore launched in 2006 as a means to deliver the Kenya Essential Package for Health (KEPH) defined in the Second Strategic Plan. The KEPH introduced six cohort levels of health service provision, with level 1 being the Community Unit [3] and level 6 being referral hospitals. It has since then been restructured under the latest Kenya Health Sector Strategic and Investment Plan (KHSSP) in a five-life cycle cohort model to correspond with the devolved four tier health services delivery model.

The 2006 strategy was revised in 2013 to reflect devolution of health services. Under the revised strategy (2014 - 2019), counties are responsible for delivering health services and implementing health programmes including community health services.

This strategy was further revised and launched in 2020 under the strategy 2020 – 2025 with the view of actualisation of implementation of the Community Health Services at the counties touching on all the components that needed improvement. The third edition of the Community Health Strategy 2020-2025 intends to build the capacity of individuals and households to know and progressively realize their rights to equitable, good quality health care and demand services as provided for in the Kenya constitution 2010. The development of this Strategy has been an all-inclusive process involving all community health stakeholders. This strategy is aimed at providing a framework for all stakeholders to implement Community Health Services in a standardized manner.

This document therefore will provide guidance to the County department of health services and the development and implementing partners in strengthening and scaling up community health services.

1.2 Health Indicators

Kenya continues to face numerous public health problems, mainly relating to maternal health and child mortality, communicable diseases, and increasingly non-communicable diseases. Health indicators vary considerably across sub counties and income quintiles.

Bomet County Health Indicators

Key indicators	KDHS 2014	CENSUS 2019	KDHS 2022	National 2022
Maternal Mortality Ratio	554 per 100,000 live births	554 per 100,000 live births	234per 100,000 live births	342per 100,000 live births
Infant Mortality Rate	20 per 1000 live births	33.2 per 1000 live births	26per 1000 live births	32per 1000 live births

Under 5 Mortality Rate	42 per 1000 live births	50.5 per 1000 live births	28per 1000 live births	41per 1000 live births
Prevalence of stunting	36%		22%	18%
Fully Immunized	81%		83.9%	
Women of reproductive age using modern contraceptive	50.4%		57.8%	
HIV/AIDS prevalence	5.8%	2.7%	2.4%	
Malaria		2.3%(KHIS)		
TB prevalence (CNR)	165/100000(Tibu system)		179/100000(source, Tibu system)	
Latrine coverage		64%	68%	
Life expectancy	Male	58.1		
	Female	63.6		

The community health approach can be an effective means for improving health to promote development and achieving universal health coverage. At the household level, improved knowledge and increased access to quality child health services, especially among the poor, could have far-reaching

implications beyond improved child and maternal health. Improved chances of child survival release households' resources for investment in other areas, thereby reducing poverty and enhancing the quality of life. Thus, public health, human rights, and poverty alleviation concerns all point to a need to better meet the child health needs of the poor in the county.

1.3 Legal and Policy Context

1.3.1 Constitution of Kenya

The Constitution gives every Kenyan a right to the highest attainable standard of health (including reproductive health), and emphasizes that no person should be denied access to emergency treatment (Article 43) [8]. Articles 53-57 emphasize on human dignity and stipulate attention to the needs and rights of all, with special emphasis on children, persons with disabilities, youth, minorities and marginalized groups, and older members of the society and ensuring that health services are made accessible to all. Article 174 further recognizes the right of communities to manage their own affairs and to further their development and protects & promotes the rights of minorities and marginalized communities. It also provides for the promotion of social and economic development and the provision of proximate, easily accessible services in Kenya. This article also provides for the decentralization of state organs, their functions and services, from the capital of Kenya. This means that health service delivery (including community health) has been devolved to counties.

1.3.2 Kenya Vision 2030

Vision 2030

Vision 2030 is Kenya's development blueprint, with the aim of turning the country into a globally competitive and industrialized middle income country

by 2030 [9]. The vision identifies economic, social and political pillars to drive the country towards realizing the goal. Two approaches identified as key in pushing the agenda of an efficient and high-quality health care system. The first approach is devolution of funds and management to the communities and counties, and the second is shifting the bias of national health from curative to preventive.

The first flagship project under Health in Vision 2030 is to "Revitalise Community Health Centres to promote preventive health care (as opposed to curative) and by promoting healthy individual lifestyles". This implies that Community Health sits at the centre of Vision 2030's priority areas.

1.3.3 Kenya Health Policy 2014 – 2030

The main aims of this policy are to realize the priorities and flagship set out in Vision 2030, and to move towards making the right to health by all Kenyans a reality [10]. The Policy's primary goal is attainment of universal coverage of critical services that positively contribute to improved health. The Policy identifies six objectives, namely, eliminating communicable diseases, halting and reversing the rising burden of communicable diseases and mental disorders, reducing the burden of violence and injuries, providing essential healthcare, minimizing exposure to health risk factors, and strengthening collaboration with other sectors that have an impact on health.

The policy defines the four tiers of the health system as community, primary care, primary referral and tertiary referral services. Tier one, comprises of the Community Health Unit, identified as the first level of health services provision. This should focus on creating appropriate demand for services, while primary care and referral services will focus on responding to this demand. In addition, the policy says that the Community Health Units should facilitate individuals, households and communities to carry out appropriate healthy behaviours, recognize signs and symptoms of conditions requiring health care and facilitate community diagnosis, management & referral.

Kenya Health Sector Strategic Plan 2018 – 2023.

The Kenya Health Sector Strategic Plan (KHSSP) 2018 – 2023 provides a framework for investing in primary health care, following the Astana Declaration on Primary Health Care. The KHSSP identifies the need to strengthen community health systems to be responsive and resilient to public health emergencies and disease outbreaks.

The KHSSP identifies the following as key areas of action in strengthening community health:

1. Establishment of a special fund for the remuneration of community-level health Promoters

2. Strengthening of links with community facilities and the creation of a conducive work environment by providing appropriate tools or incentives, such as medicines, bicycles, motorcycles, data-collection tools, certificates and identification tags.

3. Increase in the number of community health Assistant/Officers and Community Health Promoters to achieve optimum numbers according to the population served, as per National Community Health Policy norms and standards.

Health Act 2017.

Health Act 2017 is an Act of Parliament that establishes a unified health system, coordinates the inter-relationship between the national government and county government health systems, and provides the regulation of health care services, health care service providers 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 the function of the community health services as follows:

(i) to facilitate individuals, households and communities to carry out appropriate healthy behaviours;

(ii) to identify signs and symptoms requiring referral services;

(iii) to provide the health services within their scope

(iv) to facilitate community diagnosis, management and referral.

Kenya primary health care strategic framework 2019 -2024

The Kenya Primary Health Care Strategic Framework (2019 – 2024) is aligned with the Kenyan Constitution and the Kenya Health Policy Framework (2014 -2030) and provides guidelines for the design and implementation of programmes targeted at strengthening the Primary Health Care system in Kenya. This document 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. One of the strategic objectives of this framework is to strengthen Primary Healthcare Services.

This strategy document envisages the transformation of the service delivery team through:

(i) functionally linking all CHUs to primary health facilities

(ii) introducing multi-disciplinary teams which will comprise of CHPs and will focus on promotive and preventive health services.

Universal Health Coverage priorities

In Kenya, community health remains a key priority in the Kenya Vision 2030 and got a significant boost in 2018 when the Government of Kenya outlined its "Big Four Agenda". UHC was one of the "Big Four Agenda" priority areas and has remarkably increased the attention given to primary health care since 2018. The community health system in Kenya benefited from this increased political will to improve healthcare delivery at the community level. The UHC pilot in four counties has increased visibility and funding to primary healthcare and community health services. UHC-pilot counties have provided a framework for the scale up of the UHC agenda to all other counties in Kenya. Beyond this, the Ministry of Health (MOH) constituted a panel of experts that developed an essential package of health that is envisaged to be made universally accessible to all Kenyans. In keeping with best practice, the MOH has prioritized primary healthcare and community health as critical drivers of UHC. This has been done, in part, by the development of the Kenya Primary Healthcare Strategic Framework (2019 – 2024) and the Kenya Community Health Policy (2020 – 2030).

1.3.3 Global Health Commitments

During the third Global Human Resource for Health (HRH) forum in Brazil in 2013, Kenya committed to 5 HRH commitments, which included; recruiting 40,000 Community Health Extension Workers (CHEWs) 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 9294 units by 2017; establish mechanisms for community health insurance through 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).

1.3.4 County Profile and commitments

In the year 2006, when CHS was launched in Kenya, the then Bomet District (currently Bomet Central, Bomet East and Chepalungu constituencies), was supported by (Global Alliance for Vaccines Initiative (GAVI) to establish six community Health Units. Since then, to date, the county Government with support from her health partners including Tenwek Community Health and Development, WRP and KRCS, has established a total of 240 Community Health Units making a total of 246 spread in the five sub counties as in the table below.

S/No	Sub County	No. of CHUs
1	Bomet Central	39
2	Bomet East	45
3	Chepalungu	55
4	Konoin	45
5	Sotik	62
	Total	**246**

1.4 Rationale for the policy

Globally, the community health approach has been recognised as an effective mechanism in bringing about improvements in health care delivery as well as addressing heavy burden of disease and therefore contributing to the health and socioeconomic development [11, 12]. The community health approach was a key pillar of the Primary Health Care (PHC) approach adopted by countries in 1978 through the Alma Ata declaration [13].

Kenya developed a PHC approach in 1980, but was focused primarily on healthcare facilities, with little community participation. A 2004 evaluation of the Kenya Health Policy Framework reported an overall decline in health-related indicators, despite increased funding to the health sector. As a consequence, Kenya developed the community health strategy (CHS) in 2006 both as a commitment to global health goals and to support the achievement of the Second National Health Sector Strategic Plan (2005-2010), whose goal was to reverse declining health indicator trends[1].

An assessment of the CHS in 2010 noted that while the strategy had achieved some success in guiding the implementation of community health services, its implementation experienced several challenges that needed to be addressed. The findings of the assessment, together with an overall change in the legal, policy and institutional framework governing the health sector following the promulgation of the Constitution of Kenya in 2010, and a situational analysis done in 2015 that highlighted the need for a clear policy direction, informed the MOH decision to develop a community health policy to provide direction for the establishment of quality community health services in Kenya.

1.5 Guiding Principles

The Community Health Policy will be guided by the following principles, based on provisions of the Constitution, Kenya Health Policy 2014 - 2030 and principles of primary health care:

i. Human Rights-based approach
ii. Equity
iii. Community-ownership and social accountability
iv. County government of Bomet stewardship and support
v. Intergovernmental consultation and cooperation
vi. Effective links between the community Health Units and their link health facilities.
vii. Partnerships and collaboration with actors in and outside the health system
viii. Universal health coverage

CHAPTER 2: POLICY DIRECTION

In this Chapter, the goal of this policy is defined, specific objectives outlined and the various structures needed towards realisation of those objectives elucidated.

2.1 Policy Goal

To empower communities in Bomet County to attain the highest possible standard of health

2.2 Policy Objectives

2.2.1 General Objective

To provide guiding framework for the establishment and implementation of an equitable, holistic and sustainable community health approach.

2.2.2 Specific Objectives

1. To strengthen management and coordination of community health governance structures at the county and across partners.
2. To build a motivated, skilled and equitably distributed community health workforce
3. To strengthen the delivery of integrated comprehensive and high-quality community health services
4. To enhance availability, quality, demand and utilization of data
5. To ensure the availability and rational distribution of safe and high-quality commodities and Supplies.
6. To increase sustainable financing for community health.
7. To create a platform for strategic partnership and accountability among stakeholders and sectors at all levels within community health.

CHAPTER 3: DETAILED POLICY OBJECTIVES

Specific Policy Objectives

The objective of this section is to guide the formation, maintenance and governance of the community health structures and inform participation mechanisms. Community health services delivery shall be guided by a well-functioning community health governance system described below:

3.1.1 The Community Health Unit (CHU)

Definition of a CHU

The Community Health Unit (CHU) comprises households organised in functional villages or sub-locations and formally recognised as the first tier in Kenya's health system. A CHU shall serve a prescribed size of the population, and will be supported by a prescribed number of Community Health Promoters (CHPs) and Community Health Assistants (CHAs) based on determinants such as population density. The CHU shall be governed by a Community Health Committee (CHC), which shall be linked to a primary health care facility to support the CHU's implementation of its activities.

Formation and setting up

The formation of the CHU shall follow a structured community entry process which begins with awareness creation, situation analysis, and formation of linkage structures, training teams and establishing the monitoring and evaluation mechanism. The entire process shall be overseen by the CHA representing the county health management team and partners, in collaboration with the county administrative structures. The process shall entail:

1. Creation of awareness among county stakeholders, including the county/sub-county health management teams, health facility managers and local leaders
2. Selection of CHC members and CHPs

3. Conducting situation analyses and household registration, identification and engagement of key gatekeepers (formal and informal) and a participatory assessment to understand needs at the household level.
4. Using the situation analysis findings for dialogue in the established structures to prioritize issues and decide on the main action points.
5. Establishing an information system to monitor change through information analysis, regular dialogue and action days, and data dissemination to other levels for support.

Functionality of a Community Health Unit (CHU)

Functionality of the CHU should be based on attainment of the following ten criteria:

1. Existence of trained community health committee (CHC) that meets at least quarterly
2. Trained CHPs and CHAs that meet prescribed guidelines
3. Coordination by county community health leadership
4. Supportive supervision for all community health personnel done at least quarterly
5. All trained CHPs and CHAs have reporting and referral tools
6. Availability and use of mechanisms for feedback, local tracking and dialogue
7. Presence of functional Health Information System (HIS) structure in accordance with prescribed guidelines
8. Availability of supplies and commodities as defined by prescribed guidelines
9. CHU registered in Master Community Unit List (MCUL) and linked to health facility
10. CHU conduct meetings at least quarterly for dialogue days and health action days as well as household registration exercises at least once every six months.

11. Availability of CHU sustainability initiatives e.g. Income Generating Initiatives.

Community Health Committee (CHC)

The coordination and management of the CHU and its workforce shall be done by a CHC, a group of members selected by the community. The committee shall include:

- Seven to nine members
- At least one third representation from either gender
- Representation from religious and cultural groups within the context
- Representation from youth and people living with disabilities

The members must reside in the community they are selected to serve. They will serve a 3-year term that is renewable once, unless agreed by the community. The CHC shall choose its chairperson, and shall have at least one, and at most two CHPs. If a member of the CHC is selected to be a CHP, they cease to be in the CHC unless representing CHPs. The CHA shall be the technical advisor and secretary to the CHC. The treasurer shall be a CHP. The chairperson shall become co-opted member of the link health facility committee.

3.2.2 Sub-County Health Management Team

The Sub-County Health Management Team coordinates all health matters at the sub-county including Community Health Services. The Team shall provide an enabling environment for operationalization of CHS.

The CHMT shall designate an officer to be responsible for coordination and management of Community Health Services at the sub-county level.

3.2.3 County Health Management Team

The County Health Management Team (CHMT) coordinates all health matters including Community Health Services. The CHMT shall provide an enabling environment for operationalization of CHS.

The County Community Health Services Officer shall be responsible for coordination and management of Community Health Services at the county level.

3.2.4 National Government

The National government through the ministry of health shall, in consultation with the County governments, do the following to support delivery of community health services:

- Developing community health policies, legislation and guidelines
- Setting Standards and Quality Control for Community Health Services
- Resource mobilization for Community Health Services
- Partner coordination and networking
- Providing technical advice and support
- Conducting implementation research to generate evidence for action
- Capacity building to the counties on community health and development
- Advocacy for Community Health Services

3.2 Policy Objective Two: Community Health Workforce

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

Community Health Workforce

Community Health Assistants

The Community Health Assistant (CHA) is a formal employee of the County Government forming the link between the community and the local Health Facility.

For appointment as a CHA, a person should have training as set out in the Guidelines and/or Scheme of Service. The CHA is directly answerable to the link facility in-charge and directly supervised by the sub-county community health coordinator and Sub County MOH. They will also be accountable to the CHCs.

Community Health Promoters (CHPs)

The Community Health Promoters are members of the community selected by their communities to improve the community's health and wellbeing and to facilitate the referrals of individuals as need be after basic training. Each CHU should meet the minimum number of CHPs required to serve a certain size of households/population, as stipulated in the most current Guidelines/Strategy, and subject to contextual factors such as population density and geographical coverage.

To be recruited as a Community Health Promoters, individuals shall be required to meet conditions outlined in the Guidelines/Strategy.

3.3) Policy Objective Three: Service Delivery

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

Community Health Service Delivery

Service packages

The core community health package to be delivered will consist of the following among other health services:

Environmental Health

Environmental health activities include water, sanitation, hygiene, vector control and hazard detection.

Roles and responsibilities of community health personnel here include:

- Carrying out health promotion activities on protecting water sources, home water treatment, and safe water storage, hand-washing, proper use of latrines, waste disposal and vector control. This may include demonstration where appropriate.
- Identifying water sanitation and hygiene diseases and root causes and to negotiate improved practices and solutions
- Promotion of community led total sanitation by mobilising the community, linking with environmental health personnel
- Detection of early signs of hazard, intervening and/or reporting as appropriate

Nutrition Services

Nutrition activities include information education and communication (IEC) for good nutrition, screening and follow-up for malnutrition.

Roles and responsibilities include:

- Providing IEC on nutrition services available at health facility and community levels
- Screening, identification and making referrals for malnutrition cases
- Growth monitoring for under five children
- Follow-up and defaulter tracing for clients with malnutrition
- Referrals for micronutrient supplementation
- Promote, protect and support exclusive breastfeeding for the first six months of life and sustained breastfeeding for the first two years and beyond within the community
- Carrying out health promotion by providing information education communication about healthy diets throughout the life cycle, particularly among vulnerable populations

- Promote use of improved home-based recipes and preparation methods for locally available foods, including home fortification
- Liaise and collaborate with other sectors to address food and nutrition security at household level
- Maternal nutrition, screening, counselling, referral for further management
- Promote food diversity for improved nutrition

Home based care for terminally ill residents

Home based care activities include caring for people who suffer from life threatening diseases. This is a hallmark of a humane and caring society. The roles and responsibilities of community health personnel in this area include:

- Generate general responsibility towards the acceptance and continuity of health services for the terminally ill.
- Offer basic counselling support for terminally ill and their families.
- Mobilise local resources for care.
- Motivation of community members, families, caregivers to continue support for terminally ill patients.
- Linking terminally ill with families/support groups/institutions for additional support.
- Linking and referring terminally ill patients to nutrition and other supportive programmes
- Build a supportive environment and offer information to address and reduce stigma and discrimination at community level.
- Supporting patients referred from health facility to community for home-based care, including supporting drug adherence.

Reproductive Health

Community health reproductive services aims at identifying clients for provision of counselling and timely referral for reproductive health services. In this regard, the CHPs & CHAs will perform the following roles:

- Counselling for Reproductive Health –pre-conception care, HIV, Contraceptives, encourage uptake of screening for Cervical and Breast Cancers
- Identification and registration of pregnant women through home visits
- Promotion of ANC, HIV testing, post-natal care, referrals and follow-ups
- Identification of danger signs during pregnancy and signs of early labour, then refer.
- Promotion of facility-based deliveries and homecare for the pregnant women
- Assist pregnant women & their families to do birth-plans
- Ante-natal visits to advise mothers on early initiation & exclusive breastfeeding and refer for post-natal care
- Screening for post-partum danger signs
- Counselling mothers to seek family-planning services
- Counselling on maternal nutrition
- Conducting verbal autopsy (MPDSR) in the community.

New-born care

New-born care aims at ensuring promotion of safe neonatal practices, identifying and dealing with danger signs appropriately, and supporting the mother on infant feeding and nutrition.

Role of CHPs & CHAs

- Counsel mothers on personal and new born hygiene
- Supporting mothers to initiate and sustain exclusive breastfeeding

- Assess, identify and refer new-borns with danger signs
- Refer new-borns for Immunization and growth monitoring
- Follow-up visits for referred and small babies
- Counselling on maternal and new-born nutrition

Immunization

Aims at ensuring prevention of childhood diseases and improvement of child health

Roles of CHPs & CHAs

- Mobilization of communities during immunization days
- Identification and referral of children for immunization
- Tracing and referral of defaulters
- Assist in immunization during immunization campaigns
- Mobilize the public on the need to get vaccination on vaccine preventable diseases.

Basic curative

Basic curative services aim at preventing, detecting and providing early treatment for illnesses in the community. To facilitate the provision of basic curative, CHPs & CHAs will conduct:

- Community mobilization for the implementation of community case management
- Health education and skills building
- Diagnosis and treat – Malaria, Pneumonia, Diarrhoea
- Screening and Referrals for Tuberculosis and Malnutrition
- Treatment – Recognition of danger signs and referral if present or treatment for malaria, diarrhoea if no danger signs present
- Treatment support – HIV, Tuberculosis
- Disease surveillance of existing threats and emerging/re-emerging conditions

Communicable Diseases

Communicable diseases (also known as infectious diseases) are illnesses that spread from person to person, or from an animal/insect to a person, through air, blood or other bodily fluid or skin contact. These include HIV and AIDS, tuberculosis, malaria, bacterial and viral diarrhoea, skin conditions among others. To help prevent and control the spread of communicable diseases, CHPs/CHAs will be required to:

- Promote health education at household and community level. This includes sensitizing households and communities to use clean safe drinking water and practise good hygiene such as hand-washing among others.
- Strengthen vector and personal protection through promoting initiatives such as insecticide-treated bed-net usage and others
- Promote immunization coverage to minimize communicable diseases
- Early detection of communicable diseases at household/community level
- Reporting and documentation in line with CBHIS.

Non-Communicable Diseases

Non communicable diseases (NCD) are medical conditions that are not infectious or transmissible among people, such as mental health, diabetes, cardiovascular diseases etc. Community health personnel shall assist in identifying, screening and referring of NCDs in the community and promoting healthy lifestyles to reduce related diseases.

Their main roles will include:

- Discuss and counsel community members on the importance of knowing the risks factors, signs and symptoms of non-communicable diseases.
- Increase awareness on how to prevent non communicable diseases by: promotion of physical activity, encouraging a healthy diet, maintaining

healthy weight and not using harmful substances such as alcohol, drugs and tobacco.

- Referral for rehabilitative and counselling services for drug and substance abuse.
- Encouraging regular health check-ups for early detection of non-communicable diseases.
- Maintaining close contact with members of the community with NCDs to ensure adherence to therapy and treatment protocols.

Orphans and Other Vulnerable Groups

Community Health Promoters are key to strengthening the capacity of families to care for Orphans and Vulnerable group, including Children. During home visits, CHPs can impart knowledge and skills needed to monitor health and care to vulnerable children with particular attention to children and or elderly headed households. They will also ensure that holistic health needs of the elderly especially on services access and psycho-social support are well integrated in the community health package they are offering. Community health personnel will make efforts to specifically target and identify the needs of the elderly people with both preventive and curative services through the CHUs. Community Health services to orphans and other vulnerable groups and their caregivers shall include:

- Motivation of community members, family support to continue providing support and enhancing social community safety nets
- Linking vulnerable children to social and child protection programs
- Referring OVCs and other vulnerable groups and their caregivers for psychosocial support and other social services including health, nutrition and child protection
- Mentoring on child care and basic home-based care skills
- Monitoring for education outcomes i.e. enrolment, attendance and progressions school attendance

People With Disabilities

The Kenya Persons with Disabilities Act, 2003 defines "disability" to mean a physical, sensory, mental or other impairment, including any visual, hearing, learning or physical incapability, which impacts adversely on social, economic or environmental participation. CHUs shall play a critical role in supporting the implementation of this Act especially, to ensure full participation and awareness of PWDs in matters of individual and communal health in accordance with the provisions of the constitution, the disability act and this policy. In particularly Community Health Promoters will:

- Identify PWDs in the community and refer for appropriate support.
- Advocate for physical access to health services for PWDs.
- Ensure full engagement of PWDs in all community health related activities.
- Advocate or promote special devices that allow PWDs to live a dignified and productive life.
- Support efforts to eliminate stigma and discrimination

Behaviour Change Communication

All community health activities will have a component of behaviour change delivered through a behaviour change community strategy led by the CHU and which is cognisant of the local context. The strategy should recognise that changing individual and community behaviour is key to the prevention of diseases.

Behaviour change should take place at both individual and societal levels, making it necessary that communication for societal change must be developed alongside communication targeting individuals. Being members of the community, Community Health Promoters will;

- Encourage positive health behaviour
- Combat negative cultural norms that inhibit health promotion.

Behaviour Change Communication can be delivered to the community through various channels such as community dialogues, drama, song and dance, cue cards.

Roles of CHPs on Sexual and Gender-based violence (SGBV)

(i) Create awareness on SGBV and the available services.
(ii) Educate community on importance of training children on life skills.
(iii) Mobilize the community to respond to SGBV cases e.g reporting to relevant authorities.
(iv) Referring victims/survivors for services.

2.5.2 Referral Services

The referral system is an interlinked network of service providers and facilities that provide a continuum of care. The network may include both individuals and organizations working to provide care and support to people who are unwell. There are typically four levels to a health referral network: the community, primary, secondary and tertiary levels.

The community level consists of household caregivers, CHPs and CHAs, linked to primary health care level. These providers should be trained to recognize illness and gauge its severity in order to provide prompt treatment (if they have the necessary capacity) or refer, when they are unable to treat or need for continuum of care to higher levels or receive facility referral for community care and support.

The Community Health Volunteer shall refer all cases that require procedures outside their approved scope of work to the nearest link health facility and should have the necessary tools required for referral and receiving feedback from receiving facility staff. It is essential that CHPs refrain from conducting procedures that are beyond their proficiency as outlined by their training and approved scope of work.

4) Policy Objective Four: Community-based Health Information System

Support the development and strengthening of Community-based Health Information System (CBHIS) and the monitoring and evaluation of systems to sufficiently inform the implementation of community services at all levels.

Community Based Health Information System (CBHIS)

2.6.1 Definition of a CHIS

Community Based Health Information (CBHIS) is a system that generates health related information through sources at the community level. It has the potential to be comprehensive as there is the possibility of covering everyone in a CHU under the responsibility of the CHC according to their need for care.

2.6.2 Process for setting up CHHIS:

A Situation analysis will be conducted to identify priorities and indicators for inclusion in the CBHIS. CHPs and CHAs shall lead in household visitation including data collection and monitoring. CHAs should analyse the data, followed by dissemination and use of the same for dialogue and planning through dialogue days leading to community action days to act on the solutions of the dialogue before entering another quarterly monitoring cycle.

2.6.3 Quality information collection

The system will collect data based on the activities of CHPs, CHAs and CHCs as well as general information on community development issues, socio economic, demographic indices of households, community resources, diseases etc. CHPs and CHAs are responsible for the quality of data collected.

2.6.4 Information collection, analysis and use

The information is collected by CHPs and CHAs through tools as identified by CHS guidelines. CHAs provide the data to the sub-county health records officer who is responsible for uploading the data to the health information

system. Aggregated data from CHUs is fed into the KHIS and used for decision making at all levels.

5) Policy Objective Five: Health Products and Technologies

Promote and strengthen supply chain systems for community health that are integrated into the government-led reporting systems and link-facilities including the use of available technology.

Community Health Supplies and Commodities

Commodities and Supplies

- Community Health Promoters should be provided with the necessary commodities, supplies and tools to carry out their duties through link facilities.
- All Community Health Promoters will account for usage of supplies and commodities using the appropriate reporting forms and mechanisms.

6) Policy Objective Six: Financing for Community Health

Provide various mechanisms for mobilising, managing, and appropriately allocating resources for sustainable financing and delivery of community health services at all levels.

Financing for Community Health Services

Community health approach is the foundation of the health system and in the devolved system proper investment for this level is crucial.

- The County government shall commit financial resources through budgeting processes to meet the objectives of the community health policy.
- The County government shall adopt programme-based budgeting and commit 25% of health budget to meet the objectives of the community health policy and provide a stipend for the CHPs.

- Effective implementation of the community health policy will require community participation in the form of resource allocation (human resources, supplies and finances for planned community activities).
- The county government will seek support and mobilise resources from partners interested in supporting community health Service.
- Civil society organisations (CSOs), community-based organisations (CBOs), faith-based organisations (FBOs) and private sector will be required to support the priorities of the community health by working with the community health units through the existing county health structures.
- The county government and partners shall apply appropriate disbursement mechanisms to ensure efficient flow of finances to support CHUs such as allocations from government for community health services and performance-based financing.
- The county government will explore various health insurance options to optimise finances available for community health.
- The county government will work in close partnership with development partners, community-based organizations (CBOs), the National Hospital Insurance Fund and other stakeholders to mobilize funds for community health services and put in place structures for a prudent utilisation of community health resources, including those raised by community members within CUs.
- The county government will work with all partners, CBOs and FBOs to ensure a coordinated approach in supporting community health and put in place mechanisms to ensure partners declare their resource envelope and extent of support

7) Policy Objective Seven: Monitoring, Evaluation, Research and community-based surveillance

Provide for community health services and human resources data, and knowledge management which will inform evidence-driven decision making.

Research, Monitoring and Evaluation

2.9.2 Research

a) Research should be integrated into community health implementation to get evidence to support decision making, planning, implementation, monitoring and evaluation and for policy review.
b) The county health leadership shall play an advisory role and will coordinate research implementation. They shall also ensure engagement with community organizations, agencies and diverse population groups to identify research questions critical to the community and to improve methods to reflect community preferences.
c) Community health personnel shall be required to collect quality data while the National/County level should ensure that community health research priorities are reflected in national/County surveys
d) The county government shall allocate finances for research and policy review including but not limited to tapping resources from the national research fund (NRF).
e) Research findings should be disseminated to all concerned stakeholders.
f) All research involving human subjects shall also adhere to national and international research ethical standards and be guided by the Kenya health research priorities guidelines.

2.9.2 Monitoring, Learning and Evaluation (ML&E)

a) The M&E framework seeks to monitor the process and outcomes of policy implementation in order to report on the progress of the policy implementation process.

b) Implementation of the policy will take place through five-year strategy documents including revision of the current strategy to reflect the policy's needs.

2.3.3 Partnership and coordination

Multi-sectoral and inter-governmental coordination, collaboration and team work, shall be encouraged to ensure optimal use of resources for health services to communities. Oversight and coordination is also needed at the County and Sub County levels, as well as structures ensuring smooth coordination with NGO partners and vertical programs having community components.

Partnership

Partnership is a collaborative effort requiring systems and structures that harness and link diverse community resources towards quality improvement of services at level 1. Community partnership is a process of building voluntary strategic alliances among community, government, private, and non-profit making organizations. Alliances and partnership building involves sharing of risks, responsibilities, resources, rewards as well as exchange of information for mutual benefit and to achieve a common community health purpose.

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

Social mobilization will be carried out through village gatherings, village health days, seminars, popular theatre, youth groups, women's groups, and print and electronic media. The CHMT will make sure that CHPs are equipped with knowledge and skills for carrying out their functions in social mobilization and sensitization of the community.

Efforts to build partnership at community level will go into:

(i) Identification and recruiting partners to play a role in the implementation of CH services,

(ii) Identifying roles and responsibilities for various partners in the implementation of community health services,

(iii) Maintaining partnerships and ensuring active partner participation, by engaging them in the planning, implementation, monitoring, evaluation and feedback process. County and National levels will endeavour to build and maintain Public-Private Partnerships in delivery of services.

Coordination

Community level

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

Sub-county level

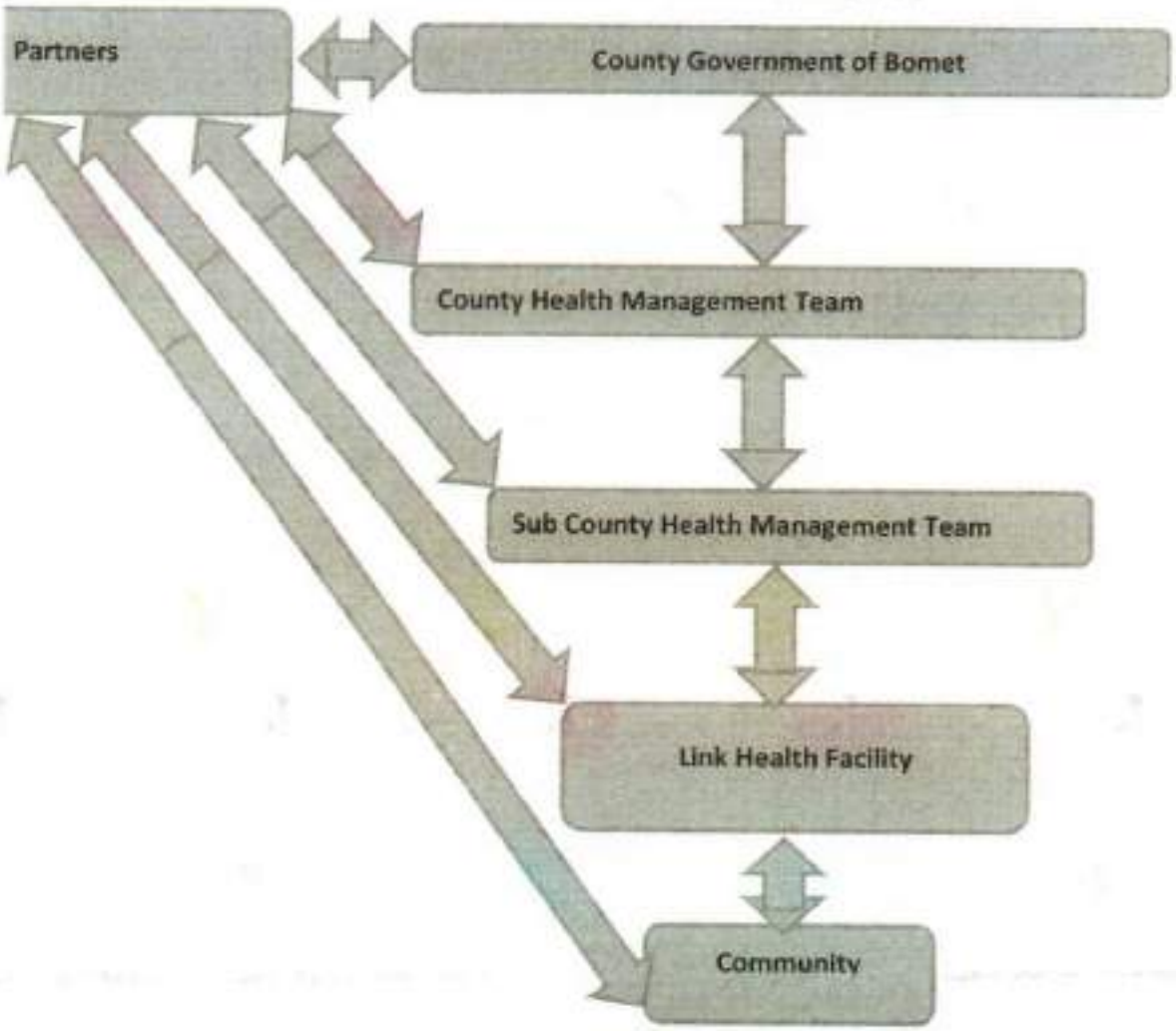
The SCHMT will be responsible for coordination through Sub County Community Health Focal Person (SCHFP) to ensure harmonized programming of the community health work and partners and provide a platform for standardized approaches in service delivery and accountability.

County level

The CHMT will ensure coordination in delivery of services through Community Health Personnel (Community Health Promoters), including activities of partners at community level. The CCHSFP will be assigned responsibility for Community Health Services, and will ensure coordination within the county and among partners working on community health services. This position should have a full-time focus on Community Health Services. The Chair of the CHMT will link the County to the National MOH through the Executive

Committee of the county government. The County technical team shall be chaired by county director in charge of health and work in close collaboration and partnership with partners.

BOMET COUNTY COMMUNITY HEALTH ORGANOGRAM



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