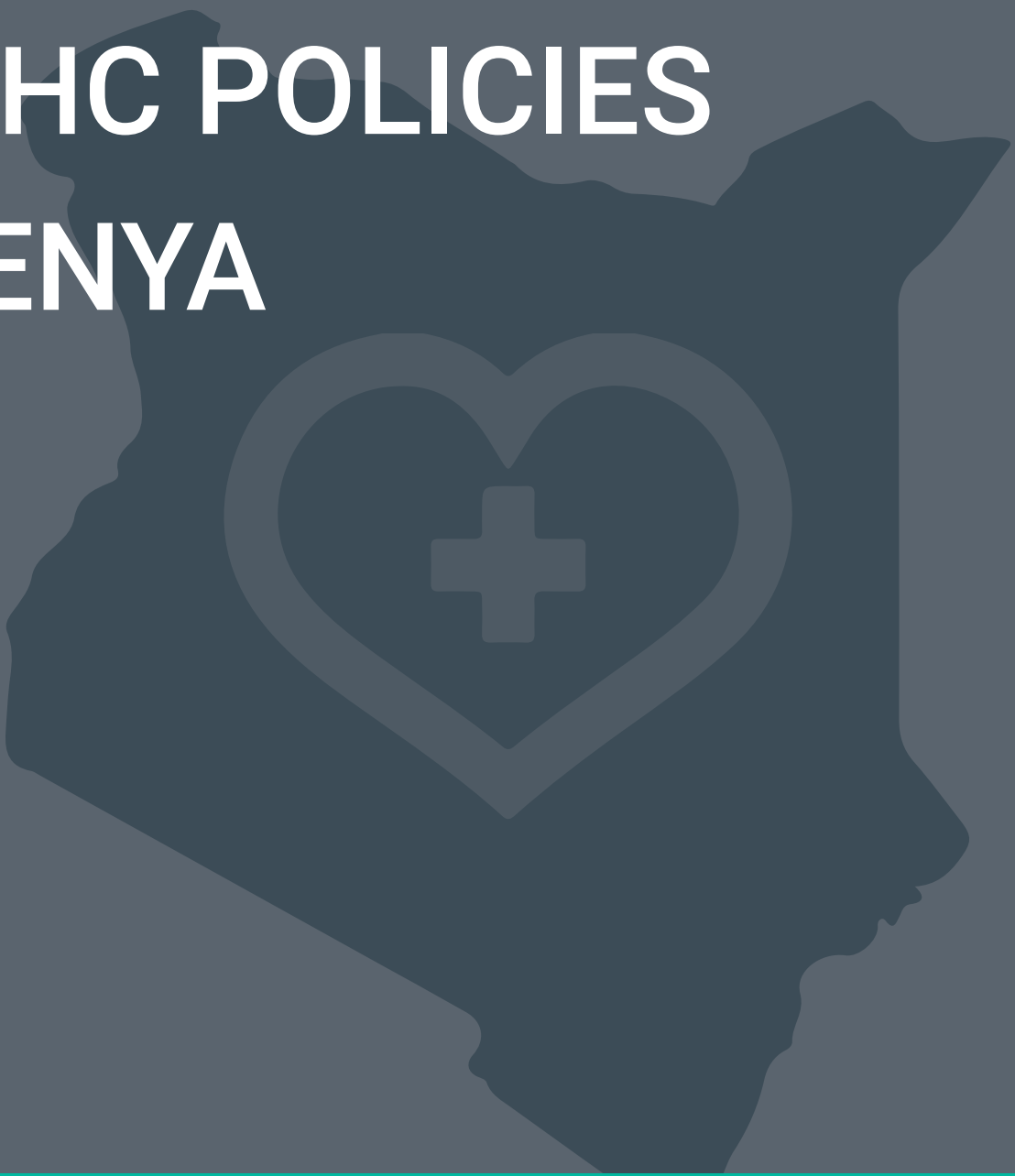
WACI HEALTH
Champions for Health

PRIMARY HEALTH CARE

COMPENDIUM OF PHC POLICIES IN KENYA



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ACRONYMS

CH	Community Health
CHVs	Community Health Volunteers
CSOs	Civil Society Organizations
KEPH	Kenya Essential Package for Health
MoH	Ministry of Health
NCDs	Non-Communicable Diseases
NHSSP	National Health Strategic Plan of Kenya
PCNs	Primary Health Care Networks
PHC	Primary Health Care
R&D	Research and Development
SDGs	Sustainable Development Goals
TWG	Technical Working Group
UHC	Universal Health Coverage
WHO	World Health Organization

1. BACKGROUND

Global and country health commitments on primary health care

The continuum of healthcare service provision can be broadly categorized into three parts - primary, secondary, and tertiary services. Primary Health Care (PHC) is the first level of contact with the health system where essential services are provided. The goal of attaining PHC for all has been at the center of the health development agenda for many decades, originally inspired by the 1948 World Health Organization (WHO) constitution.[1] The Sustainable Development Goals (SDGs), especially SDG 3 on health and wellbeing goes further to anchor the attainment of Universal Health Coverage (UHC) as one of the 17 global goals. PHC is indispensable towards achieving UHC. According to WHO, PHC is a whole of society approach to healthy well-being, focused on needs and priorities of individuals, families and communities. It is developed with the concept that people are able receive at least the basic minimum health services that are essential for their good health and care. PHC extends far beyond just managing illness to include disease prevention (e.g., immunization) and health promotion (e.g., education) as well.[2]

Enhancing PHC is considered a policy priority for health systems strengthening due to its ability to provide accessible and continuous care and reduce mortality. PHC is increasingly viewed as the best way to reduce waste and improve efficiencies in service delivery, get the incentives for quality performance right, and implement cost-effective interventions in low-resource settings.[3] The focus on PHC is critical at this moment for three reasons:[4]

i. The features of PHC allow the health system to adapt and respond to a complex and rapidly changing world;

ii. With its emphasis on promotion and prevention, addressing determinants, and a people-centered approach, PHC has proven to be a highly effective and efficient way to address the main causes of, and risk factors for, poor health, as well as for handling the emerging challenges that may threaten health in the future; and

iii. UHC and the health-related SDGs can only be sustainably achieved with a stronger emphasis on PHC.

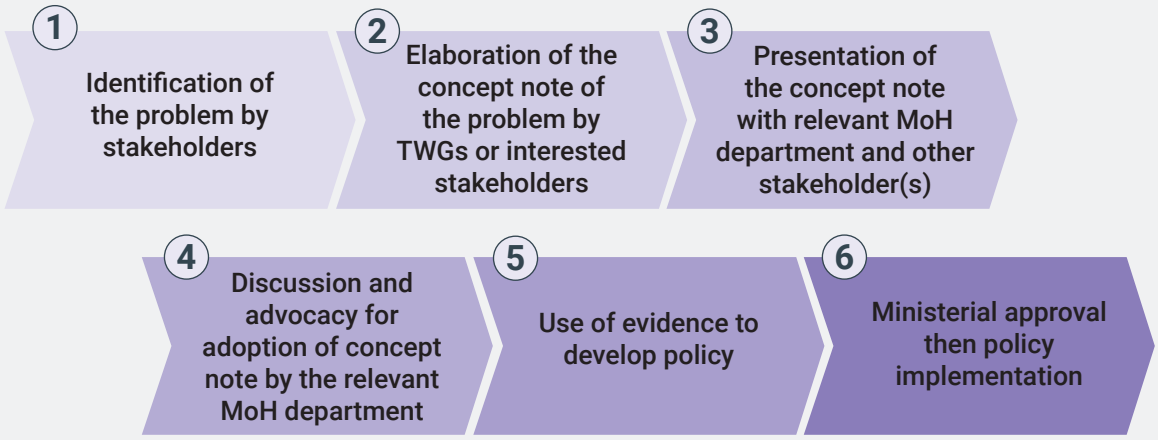
1 WHO. Primary healthcare and sustainable development goals. 2020. https://www.who.int/bulletin/volumes/98/11/19-245613/en/
2 WHO. Primary health care. https://www.who.int/news-room/fact-sheets/detail/primary-health-care
3 WHO. From primary health care to universal coverage. 2017. https://www.who.int/publications/10-year-review/chapter-uhc.pdf?ua=1
4 World Health Organization. A vision for primary health care in the 21st century. https://www.who.int/docs/default-source/primary-health/vision.pdf

Policy making process

Public policy plays one of the **most crucial roles in governance and drives the social and economic development**. Public health policy generally consists of the **set of action, plans, laws, and behaviors adopted by a government in the aim of attaining specific goals and actions related to healthcare.**[5] **A problem must be clearly described and expressed in order to gain assistance from governmental entities in the development and execution of policies. The amount of time, money, and resources needed to implement the new policy should also be thoroughly examined.**[6] During the policy development stage, both political and technical issues have to be addressed. Political issues include getting buy-in, setting a vision and managing opposition. Technical issues include gathering evidence and data of what works, implementation planning and other mandatory steps required in government policy development, including public consultation.[7]

A policy established and carried out by the government goes through several stages from inception to conclusion. These are from identification of the problem; to ministerial approval and implementation of the policy (**Figure 1**).

Figure 1: Policy making process in Kenya



One of the critical steps in the policy-making process is identifying the problem. Generally, the decision-making stakeholders recognize the problem and delegate the responsibility of the conceptualization of the issue to the knowledge production stakeholders. These knowledge production stakeholders include: government research institutions; national universities and civil society organizations (CSOs). Through the technical working group (TWG) meetings between the several professional teams of the knowledge production institutions, a concept note is elaborated and presented at the steering committee meetings. At the third step, the agreement between researchers (representing the knowledge production stakeholders) and decision makers about the priority research questions is fundamental so that the research evidence that is generated by the researchers answers questions that are of priority to the policy makers.

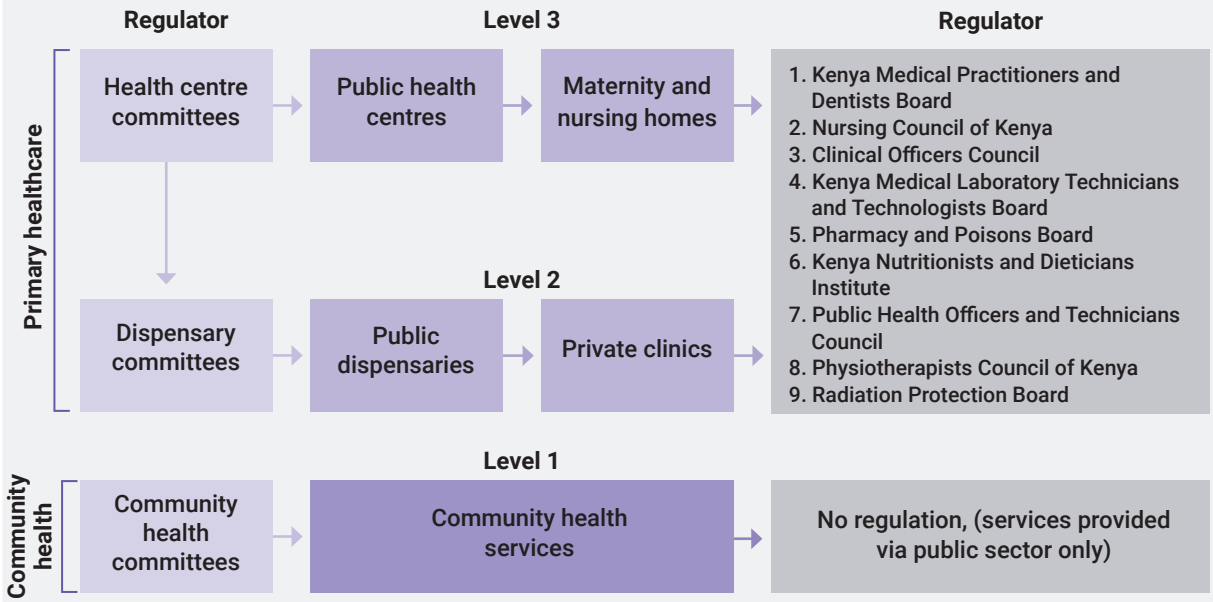
5 Britannica. Public policy. https://www.britannica.com/topic/governance/Public-policy
6 MPA resources. Public Policy Formation, Adoption and Implementation. https://online.annamaria.edu/mpa/resource/public-policy-formation-and-implementation#:~:text=Public%20policy%20formation%20is%20the,local%2C%20state%20or%20federal%20government.
7 CES. The lines between policy development and implementation are blurred. https://implementation.effectiveservices.org/context/policy-implementation

It is necessary to highlight the significant role played by the advocacy stakeholders in the dissemination of the research evidence and in the translation of this evidence into policy. These advocacy stakeholders have substantial power to influence the financing stakeholders who are the entry-points for financing implementation of strategies and policies.

Governance of PHC

Kenya's health sector is pluralistic. It consists of public, private, and non-governmental providers who collectively create a tiered health delivery system.[8] The Kenyan health system defines six levels of the hierarchy, with community and PHC services at the bottom while tertiary referral health services at the top. These tiers differ based on resource availability and capacity to handle complex cases. Public PHC facilities are governed by health facility committees, which include the facility in-charge and community representatives. For private PHC facilities, government oversight is provided through regulation, implemented through nine regulatory agencies as listed out in **Figure 2.**

Figure 2: Primary healthcare service delivery in Kenya



8 East, L. A., Arudo, J., Loefler, M., and Evans, C. M. (2014). Exploring the potential for advanced nursing practice role development in Kenya: a qualitative study. BMC nursing, 13(1), 33. https://doi.org/10.1186/s12912-014-0033-y

2. PURPOSE OF THE COMPENDIUM

It is imperative for CSOs to be knowledgeable of the PHC policy environment given the significant role that they play in facilitating the realization of PHC commitments. CSOs have been involved in mobilizing effective demand for services, building awareness of community needs and advocacy around policy development and implementation. This compendium is intended to serve as a repository and easy-to-use and useful resource for CSOs to gain awareness of PHC related policies. The compendium provides hyperlinks to the policy documents under their respective titles in **Chapter 3**.

The documents that have been covered in the compendium are listed below:

1. Kenya Health Financing Strategy (2020 – 2030)
2. Kenya Health Policy (2014 – 2030)
3. Kenya Primary Healthcare Strategic Framework (2019 – 2024)
4. Kenya Health Care Network Guidelines (May 2021)
5. Kenya Community Health Strategy (2020 – 2025)
6. Community Health Volunteers Training and Certification Guidelines
7. Guidance on Continuity of Essential Health Services during the Covid 19 Pandemic (July 2020)
8. Kenya Community Scorecard and Guidelines for Social Accountability in Primary Health Care
9. Advocacy, Communication, and Community Engagement (ACCE) Framework for Primary Health Care in Kenya (2021 – 2024)
10. Community Health Roadmap, 2021 Update
11. National Community Health Digitization Strategy (2020 -2025)

3. POLICIES GOVERNING PHC

As a signatory to the SDGs, Kenya adopted the global goals and has since then made reforms to the health system. On health and well-being, milestones have been made to ensure access to medical facilities and affordable treatment to citizens through the Government-led UHC which was declared in December 2018 as part of the Government's big-four agenda. While global and regional regulations and agreements exist, PHC in Kenya is primarily guided by national level policies and legislation which range from the country's constitution to specific acts of parliament. The human right to health has been enshrined in Kenya's Constitution 2010 and development agenda outlined in Vision 2030. Two approaches identified as key in pushing the agenda of an efficient and high-quality health care system are: [9]

i. Devolution of funds and management of healthcare to the counties and communities, and

ii. Shifting the bias of national health from curative to preventive health.

The main policy document guiding PHC is the Kenya Essential Package for Health (KEPH) concept which was adopted in 2005.[10] KEPH outlines high-impact, cost-efficient interventions for different age cohorts, and defines the service package to be provided at each level. It has facilitated the development of actionable strategies towards PHC.

The journey for PHC in Kenya included institutionalizing community health (CH) which dates back to the year 2005 when the National Health Strategic Plan of Kenya (NHSSP-I) was evaluated, and CH introduced as the lowest tier in the health service delivery system. This marked a critical initial point in the institutionalization of CH in Kenya – a process that was soon advanced by the development of the first community health strategy document in 2006-2012 (**Figure 3**).[11] Soon after, there was the advent of devolution in 2013, where significant aspects of health were devolved from the National to County Governments. This called for the need to revise several strategic documents including those on CH. More recently, institutionalization of CH in Kenya has been enhanced by various key developments. First, the Health Act of 2017 provided for the recognition in law of community health workers (CHWs).[12] Additionally, Kenya sent a delegation in 2017 to the first Institutionalizing Community Health conference (ICHC) in Johannesburg, who developed an action plan for institutionalizing CH in Kenya.

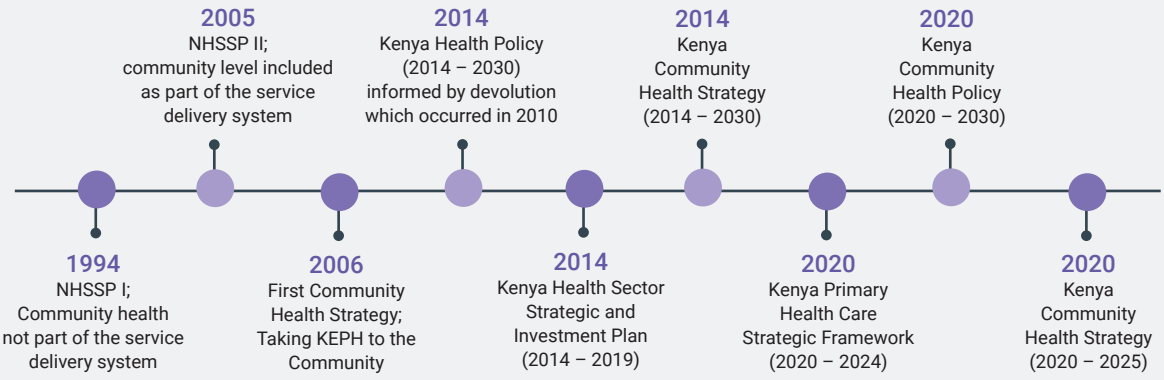
9 Ministry of Health. Kenya Primary Healthcare Strategic Framework. https://www.health.go.ke/wp-content/uploads/2020/07/Kenya-Primary-Healthcare-Strategic-Framework13-signed.pdf

10 World Health Organization. https://apps.who.int/iris/handle/10665/341073

11 MoH, "Taking the Kenya Essential Package for Health to the community. A strategy for the delivery of level one services", 2016. https://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/community_strategy.pdf

12 The Kenya Gazette. "THE HEALTH ACT". 2017. http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/HealthActNo.21of2017.pdf

Figure 3: Evolution of health policy and strategic landscape in Kenya



1. Kenya Health Financing Strategy (2020 – 2030)

Kenya has made great strides toward UHC, but much more work and resources are still needed to achieve this ambitious objective. With regard to resource availability, while there are absolute increases in funding for health, there have been no real increases in the overall health expenditures, with health's share of GDP and Government expenditure remaining stagnant, averaging at 5.3 percent.[13] In line with this, the Kenya Health Financing Strategy (KHFS) provides a blueprint for steering the country towards UHC. The Strategy provides a road map that is geared towards strengthening health systems and attaining the highest possible standards of health, as enshrined in the Constitution of Kenya.[14] In developing the Strategy, an elaborate stewardship mechanism was used to ensure the consultations and engagement was maximized across the different elements and stakeholders of KHFS. The engagement mechanism involved working with TWGs that included representation from the counties, private sector and external partners.

The goal of the Strategy is built around three targets and three focus areas. Its specific objectives are:

i. To mobilize resources required to provide the essential high quality health services that the people of Kenya need;

ii. To maximize efficiency and value for money in the management and utilization of available health resources; and

iii. To ensure equity in the mobilization and allocation of health funds to guarantee fairness in use.

KHFS aims to achieve these objectives through a strategic agenda that targets interventions in three areas: mobilization, allocation and utilization.[15]

i. The area of resource mobilization will focus on defining the different sources of funds for health and strategies to mobilize them, with an emphasis on domestic sources;

13 Global Economy. Kenya: Health spending as a percent of GDP. https://www.theglobaleconomy.com/Kenya/health_spending_as_percent_of_gdp/

14 https://www.health.go.ke/wp-content/uploads/2022/02/Kenya-Health-Financing-Strategy_-final.pdf

ii. The area of resource allocation will focus on how the mobilized resources will be managed, with an emphasis on ensuring pooling;

iii. The area of resource utilization will focus on how the resources will be used to purchase the essential services that the population needs.

2. Kenya Health Policy (2014 – 2030)

The main aims of the Policy are to realize the priorities and flagship projects set out in Vision 2030, and to move towards making the right to health for all Kenyans a reality. The Policy was developed through a participatory process involving all stakeholders in health including: government ministries, departments and agencies; clients, counties, constitutional bodies, development partners (multilateral and bilateral) and implementing partners (faith-based, private sector, and CSOs).[15]

This Policy is designed to be comprehensive, balanced and coherent and focuses on the two key obligations of health: contribution to economic development as envisioned in the Vision 2030; and realization of fundamental human rights as enshrined in the Constitution of Kenya 2010. It focuses on ensuring equity, people centeredness and participatory approach, efficiency, multisectoral approach and social accountability in delivery of health care services.[16]

3. Kenya Primary Healthcare Strategic Framework (2019 – 2024)

The development of the Kenya Primary Health Care Strategic Framework 2019-2024 is guided by the Kenyan Constitution 2010, Kenya's Vision 2030 and the Kenya Health Policy 2014-2030 which are complemented by the aspirations set out at global and regional level.[16] The Framework acknowledges global changes and dynamics in the public health sector. These include increased burden of non-communicable diseases and severe resource constraints. It thereafter proposes strategic actions in response to these issues. Key action points in regards to service provision include: leadership and governance, drugs and other medical supplies, financing of PHC, the relative roles of each of the main stakeholders involved as well as other health support systems.

The Framework is the culmination of extensive consultation with the relevant stakeholders in the health sector. In the initial phase, the first technical meeting was held to create awareness and build consensus to define PHC including the pillars that are essential in making it sustainable in Kenya.[17] During this phase, the zero draft of the strategic framework was developed. This was followed by a modelling phase to review the zero draft and incorporate inputs from various stakeholders, to come up with draft one of the PHC strategic framework The last phase was to review draft one in preparation for validation and endorsement.[17]

15 Ministry of Health. Kenya Health Policy 2014 -2030. http://publications.universalhealth2030.org/uploads/kenya_health_policy_2014_to_2030.pdf

16 Ministry of Health. Kenya Primary Healthcare Strategic Framework. https://www.health.go.ke/wp-content/uploads/2020/07/Kenya-Primary-Healthcare-Strategic-Framework13-signed.pdf

The Framework sets out the following strategic objectives and interventions in the implementation of PHC:

i. Secure and strengthen political/leadership commitment to achieve the PHC targets;

ii. Build a strong workforce for health services at all PHC levels;

iii. Improve access, availability, safety, efficiency, and equitable service delivery for PHC at all levels;

iv. Enhance financing for PHC;

v. Improve systems for the supply chain, medical devices and infrastructure; and

vi. Improve the capacity to use data, research evidence and innovations for decision making.

4. Kenya Primary Healthcare Network Guidelines (May 2021)

PHC facilities in Kenya fail to collectively offer a comprehensive range of services that are responsive to the needs of communities within their catchment area. A study conducted in Kenya in 2019 showed that in some instances, about 50 percent of Kenyans bypassed health facilities closest to them in search of quality care, and this led to increased cost of care and poorer outcomes. [17] This was because PHC facilities lacked effective linkages between facilities on the same tier and across tiers within the same communities, a problem that could be solved through the establishment of functional Primary Health Care Networks (PCNs).[19]

Effective implementation of PHC is to be achieved through the establishment of PCNs, which form a key building block for scaling up primary health services. [18] PCNs are envisioned to be in the form of a 'hub and spoke model' where the hub is a level four referral facility, supporting lower-level facilities (levels three, two and one) also called the spokes. By organizing populations into geographical catchment populations, linking them to primary health facilities as well as facilitating referrals, PCNs will improve efficiency and effectiveness of PHC services, particularly for those at risk of poor health outcomes as well as coordination of care through integrating PHC and public health care.[20] It is in this respect that the PCN Guidelines have been developed. It will guide the county Government and implementing partners to establish and operationalize the PCNs.[20] In developing the Guidelines, the MoH tapped into the unique expertise of different partners, including PATH, UNICEF, Amref Health Africa, Living Goods, Thinkwell, and Johnson & Johnson, among others, to help shape the documents.

17 PHCPI. Expanding access to quality PHC in Kenya through primary care networks. https://improvingphc.org/expanding-access-quality-phc-kenya-through-primary-care-networks

18 Ministry of Health. Primary Health Care Network Guidelines. https://www.health.go.ke/wp-content/uploads/2021/09/Primary-Health-Care-Network-guidelines-signed-copy.pdf

5. Kenya Community Health Strategy (2020 – 2025)

Kenya has realised remarkable strides in institutionalizing community health (CH) as an integral part of a community-based PHC in line with the aspirations of the Alma Ata declaration of 1978, the Sustainable Development Goals of 2015, and the Astana Declaration of 2018. In support of these global commitments, Kenya reiterated its commitment to community health through the development of the Community Health Strategy 2020-2025. The development of the KCHS 2020 – 2025 is based on the lessons learnt from the implementation of the Community Health Strategy 2014 – 2019 and findings of a situational analysis of community health in Kenya that was undertaken towards the end of the implementation on the Community Health Strategy 2014-2019. That situational analysis noted several aspects of community health systems that need to be strengthened and scaled to unlock the outsized potential of community health in Kenya. For instance, major gaps were identified in the distribution and coverage by the community health workforce across counties. Additionally, funding for community health was a key lesson gathered from the previous strategy. [19]

The KCHS 2020 – 2025 was developed through a multi-stakeholder and multi-sectoral participatory process led by the Ministry of Health and in collaboration with County Governments, Civil Society, Development Partners, and other stakeholders. The Strategy has been aligned to the Kenya Health Sector Strategic and Investment Plan July 2018–June 2023, the Kenya Health Policy among other guiding documents.[21]

The Strategy sets out the following strategic objectives and interventions in the implementation of PHC:

i. Strengthen management and coordination of community health governance structures at all levels of government and across partners;

ii. Build a motivated, skilled, equitably distributed community health workforce;

iii. Increase sustainable financing for community health;

iv. Strengthen the delivery of integrated comprehensive and high-quality CH services;

v. Increase availability, quality, demand and utilization of data;

vi. Ensure the availability and rational distribution of safe and high-quality commodities and supplies; and

vii. Create a platform for strategic partnership and accountability among stakeholders and sectors at all levels within community health.

19 Ministry of Health. Kenya Community Health Strategy 2020 -2025. https://www.health.go.ke/wp-content/uploads/2021/01/Kenya-Community-Health-Strategy-Final-Signed-off_2020-25.pdf

6. Community Health Volunteers Training and Certification Guidelines

Despite the impressive gains made in enhancing access to CH services, gaps exist in CHV training and certification. To bridge these gaps, the Ministry of Health and stakeholders are implementing an Integrated CHV Training Curriculum consisting of Basic and Technical Modules. However, different trainings have been delivered by an array of partners with no uniformity in content and training delivery methods as per the curriculum nor certification. The Community Health Volunteers Training and Certification Guidelines provide a standardized mechanism for assessing and certifying CHVs. The development of the Guidelines document was financed and technically supported by Amref Health Africa in Kenya through Johnson & Johnson funding. The development was equally supported by other key stakeholders including: Amref Health Africa in Kenya, Living Goods, Lwala Community Alliance, USAID-IntraHealth and Kenya Medical Training College (KMTC).[20]

This CHVs Training and Certification Guidelines will ensure that CHV training meets a set standard and that CHVs acquire the necessary competencies to deliver services to the households. It will also enhance the delivery of quality community health services. The CHVs Training and Certification Guidelines are intended to:

i. Provide integrated criteria for selection and training of Community Health Volunteers;
ii. Outline the certification process for training CHVs on the Basic and Technical Modules;
iii. Establish a mechanism for continuous skills development; and
iv. Provide a mechanism for knowledge management and quality assurance.

7. Guidance on Continuity of Essential Health Services During the Covid 19 Pandemic (July 2020)

The COVID-19 pandemic has been the fastest-moving global public health crisis in a century, causing significant mortality and morbidity and giving rise to daunting health and socioeconomic challenges. Pandemic control measures had a significant impact on the utilization of PHC services. Movement was restricted at night, reducing access to emergency health services during night hours.[21] Public and private facilities were forced to close as a result of inadequate PPE in some cases and the designation of some as COVID-19 isolation units in other cases.[24] Additionally, there was a lack of public awareness that services were still offered, and for those who were aware, the exorbitant expense of using the limited public transportation options also reduced the number of individuals able to obtain health services.[24]

As the course of the pandemic progressed, the Ministry of Health (MoH) made it a top priority to maintain access to essential health services. The Technical Working Group (TWG) to Maintain Essential Services - a newly-formed subcommittee of the COVID-19 taskforce at the Ministry of Health - focused on identifying solutions to ensure people could continue to access the health care

20 Ministry of Health. Community Health Volunteers Training and Certification Guidelines
21 Dr. Agatha Olago, Mason Chowdhury. Keeping up in Kenya: Maintaining Essential Services in Crisis and Calm. 2021. https://improvingphc.org/blog/2021/03/17/keeping-kenya-maintaining-essential-health-services-crisis-and-calm

they needed by resuming some elective procedures and highlighting certain services to prioritize, such as antenatal care, immunizations, and child health services.[22] The MoH further developed a Guidance on Continuity of Essential Health Services to advise healthcare managers and healthcare workers on the provision of essential health care services during the COVID-19 pandemic in Kenya.[23] The Guidance provides direction on immediate actions that should be considered for the health system to reorganize and maintain access to essential healthcare services for all. Specifically, the purpose of the Guidance is to advise healthcare managers and workers to do the following during the COVID-19 pandemic:

i. Support healthcare facilities to maintain essential health care services during the COVID-19 pandemic;
ii. Give practical solutions to challenges facing provision of health care services during the COVID-19 pandemic;
iii. Monitor essential health care service provision throughout the COVID-19 pandemic;
iv. Ensure continued supply and prevent stock outs of essential medicines, commodities and technologies, including those for chronic diseases and non-communicable conditions; and
v. Communicate appropriately to health care workers and the public regarding access to essential health care services. As the COVID-19 pandemic in Kenya evolves, this guidance will be revised periodically to reflect emerging evidence and updates on the continuity of essential services.

8. Kenya Community Scorecard and Guidelines for Social Accountability in Primary Health Care

The Community Score Card (CSC) is a community-led governance tool that promotes action, accountability and responsiveness to community needs. The CSC equally connects the primary healthcare facilities, local government structures and the community members. It empowers community members to take action to improve health outcomes when assessments reveal issues that need to be addressed. Implementation of the community scorecard involves participation of each of the entities as well as other relevant stakeholders in understanding, measuring, and responding to the community's perceptions and needs.[24]

The CSC visually represents performance of identified interventions against set targets to gauge good or poor performance at a glimpse.[25] The development of these guidelines was a culmination of efforts from various stakeholders. The writing process entailed face to face and virtual meetings by the MoH, County Health Management teams, implementing and development partners. Key objectives of the CSC include:[26]

22 Ministry of Health. Interim Guidance on Continuity of Essential Health Services During the COVID-19 Pandemic. 2020. https://www.health.go.ke/wp-content/uploads/2020/05/KENYAN-GUIDANCE-ON-CONTINUITY-OF-ESSENTIAL-HEALTH-SERVICES-DURING-THE-COVID-OUTBREAK-20MAY-2020-complete.docx.pdf
23 https://www.health.go.ke/wp-content/uploads/2020/05/KENYAN-GUIDANCE-ON-CONTINUITY-OF-ESSENTIAL-HEALTH-SERVICES-DURING-THE-COVID-OUTBREAK-20MAY-2020-complete.docx.pdf
24 Ministry of Health. Kenya Community Scorecard and Guidelines for Social Accountability in Primary Health Care
25 Ministry of Health. PCN Guidelines. Appendix 3. https://www.health.go.ke/wp-content/uploads/2021/09/Primary-Health-Care-Network-guidelines-signed-copy.pdf
26 Ministry of Health. https://www.kas.de/documents/252038/253252/7_dokument_dok_pdf_51144_2.pdf/78fb154a-c011-9b1a-769f-9c112820f28e?version=1.0&t=1539648093501

i. Provide an opportunity for community members to provide inputs in the quality of health services that they receive at the primary health facility and community level;

ii. Enable facility and community service providers to understand and appreciate health outcomes in their communities;

iii. Promote ownership in communities towards quality health service provision; and

iv. Enable policy makers accommodate community needs for relevant resource allocation

9. Advocacy, Communication, and Community Engagement (ACCE) Framework for Primary Health Care in Kenya (2021 – 2024)

Although the PHC Strategy was chosen for implementing KEPH to ensure that Kenyan communities take up their essential role in health care delivery, there are challenges in planning, implementation, monitoring and evaluation of advocacy, communication and social mobilization activities targeted to all relevant audiences. The ACCE Framework is designed to respond to these identified gaps and challenges.[27] The ACCE Framework for Primary Health Care in Kenya, 2021-2024 is a tool for creating awareness, knowledge, and mobilizing support for utilization and investment for PHC from the community and among other stakeholders. The Framework is a guide for the Government (National and County) officers as well as partners to understanding the community needs, mobilize resources and goodwill to develop people-centered interventions that guarantee the provision of quality primary health care services.[28]

The Framework is developed with clear messaging targeting all groups dealing with PHC. This is with a view of increasing awareness and improving buy in by all stakeholders on the need to support and prioritize PHC implementation. The development of the Framework has been led by the PHC Committee of Experts, whose members are drawn from the Ministry of Health, County governments as well as development and implementing partners including PATH, Health NGOs Network (HENNET), Clinton Health Access Initiative (CHAI) and UNICEF.

Key objectives of the ACCE Framework include:

i. To build and strengthen political goodwill and buy-in for the implementation of PHC;

ii. To advocate for sustainable resource allocation and mobilization for the implementation of PHC;

iii. To advocate for multi-sectoral collaboration and coordination for implementation of PHC;

iv. To create awareness and increase knowledge on PHC among the all stakeholders; and

v. To strengthen community ownership, engagement, and participation in Primary Health Care.

27 Ministry of Health. Kenya Primary Health Care Strategic Framework 2019 -2024. Section 5.1.2. https://www.health.go.ke/wp-content/uploads/2020/07/Kenya-Primary-Healthcare-Strategic-Framework-Signed.pdf

28 Ministry of Health. Advocacy, Communication, and Community Engagement (ACCE) Framework for Primary Health Care in Kenya (2021 -2024)

10. Community Health Roadmap, 2021 Update

The Community Health Roadmap's mission is to mobilize new resources to support national priorities for CH, and to support the more efficient use of existing resources through stronger collaboration, coordination and alignment of donor investments.[29] The Roadmap is an innovative collaboration between traditional multilateral and bilateral donors, private funders and global health leaders including USAID, the World Bank, the WHO, the Bill & Melinda Gates Foundation, The Rockefeller Foundation, UNICEF, and Office of the WHO Ambassador for Global Strategy to better align existing resources and to attract new resources to CH. The Roadmap works with the MoH to identify CH national investment priorities that strengthen PHC. The Roadmap advocates for urgent investment actions which include:[30]

i. Strengthen management and coordination of CH governance structures at all levels of Government and across partners;

ii. Strengthen legal frameworks and legislations to support the delivery of CH services;

iii. Advocate for increased establishment of PCNs and ensuring strengthened referral and linkages between community and health facilities;

iv. Develop and implement a harmonized digital CHIS; and

v. Create a platform for strategic partnership and accountability among stakeholders and sectors at all levels within CH.

Throughout this roadmap process, the Kenyan Government and key partners will define the most critical actors in community-level PHC systems and their roles in achieving outcomes.

11. National Community Health Digitization Strategy 2020 – 2025

This strategy document provides a digitization blueprint that will support a comprehensive approach to CH service delivery. [31] This strategy supports quality CH service delivery through a digital solution that provides specialized functionality in client management, decision support, disease surveillance, commodity management and performance monitoring through automated data management processes and tools. The Strategy articulates an investment case, anticipates governance structures and proposes a performance measurement framework for the digitization process.[36] The Strategy advocates for interventions which include:[32]

29 Community Health Roadmap. https://www.communityhealthroadmap.org/
30 Community Health Roadmap. Kenya. https://static1.squarespace.com/static/5bb6ac499d4149304f7ef3f5/t/622a6ff24269d46fc4d8e57e/1646948341501/Kenya_Roadmap_ENG_FINAL_9March+2022.pdf
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i. Establish and institutionalize a coordination mechanism for eCHIS implementation at national and county levels;

ii. Monitor implementation process and overall performance against health sector strategic objectives;

iii. Provide supportive supervision and risk management of eCHIS implementation; and

iv. Resource mobilization and advocacy for inclusion of eCHIS implementation requirements in MOH budget.

4. CALL TO ACTION FOR CSOS

Improve translation of policy to implementation

While these governing documents offer a good foundation upon which to build PHC, there is need for:

a. **Legal structures and advocacy to see through the operationalization and hence implementation:** a policy document will not guarantee implementation of activities. However, a legal structure can ensure funds for PHC are ring-fenced. Advocacy would support this to ensure proper operationalization of PHC activities.

b. **Demonstration of the value of PHC within the health system and wider society:** There is merit in institutionalizing parameters that show value of PHC in the health system and in society. History shows that acceptance from key stakeholders greatly boosts PHC uptake (as was the case in the appreciation of the PHC role in the UHC pilot project in Kenya). With this, we will ensure that the political elite, policy makers, citizenry and other stakeholders appreciate and prioritize PHC.

Collaborative policy making and implementation

Because PHC is inherently implemented at the grass root/ community level of the health system, it is paramount that the CHVs and the general citizenry is engaged in planning and decision making. The Government should use mechanisms which actively promote involvement of local communities and stakeholders in ensuring equity is upheld in both the development and monitoring of policies: Involving local communities and stakeholders is important in governing for equity in health systems. When policies are being designed there is often a lack of understanding of the social, cultural and economic lives of the resource poor population. The result is interventions which are often mismatched to the realities of people's lives and can fall short of delivering intended benefits for those most in need. Involving all stakeholders can ensure policies are designed in such a way that they are able to solve for inequity across different population groups.

To fully leverage the skills and expertise that civil society has to add to the policy formulation and implementation, clear and strategic systems and processes need be put in place to enhance communication, transparency, consultation, as well as CSO alignment on issues on PHC. Reinforcing the capacity building for their collaboration will ensure the CSOs have an opportunity to be stronger in the community than they currently are.

Strengthen evaluation systems for PHC

Strengthening evaluation systems is a crucial aspect in building an effective, accountable, and inclusive Government. CSOs are an important source of evidence generation and building the monitoring and evaluation capacity of the health system. To ensure improved monitoring, evaluation and learning, joint review of learning between the Government and CSOs should be adopted. This will foster common understanding and sustain commitment to deliver shared results over time. The joint reviews can strengthen the evidence base for action and utilization of data to inform equity-oriented policies and programs. Periodical quality meetings should be held to bring different stakeholders up to date with recent initiatives in the PHC efforts. Accountability should be enhanced across the entire ecosystem identifying and holding the different stakeholders (e.g., Government, CSOs, Faith-based institutions, citizens, youth, donors) to their unique roles that they play.

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www.wacihealth.org