The Journey Towards Enactment of the Kisumu County Community Health Services (CHS) Act, 2022

County:	Kisumu		
Sector/s:	Health	**Sub-sector/ Theme:**	Community Health Services
Keywords: (for search on the online platform)	Community Health Act, Community Health Volunteers, Community Health Services, Health Financing, Legislation, Kisumu.		
Target Audience:	County Governors, County Executive Committee Members for Health, Chief Officers of Health, County Attorneys; Members of the County Assemblies		
Authors (contacts and their institutions can be included as well)	George Kapiyo – Project Coordinator, Amref: Strengthening Maarifa Centre Project Jane Kimbwarata – Senior Knowledge Management Consultant Nzei Sharon- Program Assistant Maarifa Centre		
Resource Persons (include their designations)	Camlus Odhus – Health Officer, UNICEF Allan Oginga – Advisor, Health Financing; Living Goods Ruth Chitwa – Manager, Communications; Living Goods Maureen Opiyo – County Community Health Strategy Focal Person; County Government of Kisumu		

Introduction:

In Kenya, there is only one doctor for every 5,000 people, with their distribution

skewed in favour of urban areas, as per the national ministry of health assessments. Many families lack access to quality and affordable essential health services. Vulnerable populations, including pregnant mothers and children under five years, are often disproportionately affected. Less than 62%of births are managed in a health facility, and 52 out of every 1,000 children die before their fifth birthday, according to the 2014 Kenya Demographic and Health Survey. Community Health Services (CHS), which is the basic or first level of the health care system, has long been recognized as a key step to bridging these glaring statistics arising from service delivery gaps. CHS is a critical component of Primary Health Care (PHC) that focuses on creating demand for health services by improving community awareness, promoting health-seeking behavior and taking defined interventions closer to communities and households.

Alignment of community health to key health goals in Kenya is critical for the ambitious vision 2030 of attaining Universal Health Coverage (UHC). Under the 2010 Constitution, provision of CHS is a function of the Counties. This mandate includes the necessary policy and local-level legal provisions required to deliver sustainable CHS. Each County Government is responsible for this function within their respective jurisdictions, working under generalized guidelines provided by the National Government.

However, each of the 47 counties faces challenges in designing and implementing robust and sustainable community health systems. Despite the devolution of CHS and PHC since 2013, funding and provision of primary-level health care services in Kenya is still disproportionately dependent on external donors and implementing non-state actors respectively. This is unsustainable, especially taking stock of the ever-dwindling donor funding to the health sector in Kenya.

One of the strategies to address this is to develop policies and enact legislation that supports and demands more funding and provision of CHS to be driven by domestic resources using taxpayer funds. The Public Finance Management Act (PFMA) 2012 requires that use of taxpayers' funds must be backed by requisite legislation. However, development of County legislation is often a rigorous, expensive and time-consuming process that demands the combined efforts of various players, i.e., both the executive and legislative arms of County governments, the local public and lastly, inclusion of non-state actors and development partners. Despite dwindling funding from donors, non-state actors still play a major role in provision of CHS and

their alignment with policies developed by Counties is critical for continued provision of CHS, especially in the near term.

Kisumu County has long implemented CHS but gaps remain. The County community health workforce comprising 2,998 community health volunteers (CHVs), nearly 500 Community Health Committees (CHC) and 180 Community Health Assistants (CHAs) has seen inconsistent investment and recognition since devolution in 2013, hampering effective delivery of community health services in support of primary health care, with some indicators lagging national coverage. For example, in 2020 data from the Kenya Health Information System (KHIS) showed that although Kisumu attained 59.7 percent coverage for pregnant women attending four antenatal visits (Kenya: 51.3 percent) and 81 percent skilled birth attendance (Kenya: 77.8 percent), 85.9 percent of eligible children received their three doses of pentavalent vaccination (Kenya: 86.5 percent) and only 13.9 percent of women of reproductive age received family planning commodities (Kenya: 15.5 percent). Community health volunteers can bolster the achievement of county and national health targets. But the lack of a legal framework to guide CHS operations, including budgeting and financial allocations for sustainability, hampered their effectiveness.

Implementation of the practice

In 2020, a 7-person technical committee was formed to steer the process of drafting, reviewing and advocating for the enactment of the Kisumu County Community Health Services Bill. The initial task was to review some sample CHS bills from pioneering counties as well as the model CHS bill from the Council of Governors and the Kenya Law Reform Commission. The team generated a costed roadmap with specific activities and milestones for the process.

The County Government of Kisumu also developed a well-structured partnership with targeted non-state implementing partners to offer technical, logistical, and financial support for the development of the CHS policy and legislation to address the challenges above.

Throughout 2020, consultative workshops with the county leadership, i.e. County Health Management Team (CHMT), Kisumu County Assembly members (Health Committees), with support from partners including Living Goods, UNICEF, and others were conducted culminating in a draft CHS Bill for Kisumu County.

The committee presented the draft to the CHMT and stakeholders who enriched the document, aligning it with all existing applicable laws, policies and guidelines at county and national levels. At the national level, reference was made to the Constitution of Kenya, 2010, Kenya Health Act, 2017, Community Health Policy 2020–2030, Primary Health Care Strategy 2019–2024, Community Health Strategy 2020–2025, Community Health Bill 2020 (draft in Senate), and the Public Finance Management Act (PFMA), 2012, At the county level, the draft bill was aligned with provisions of the Kisumu County Health Act, 2019.

The draft was subjected to public participation at the grassroots to stakeholders in each of the seven (7) sub-counties, to collect the views and inputs from the implementers and constituents likely to be affected by the proposed legislation who were mostly the CHVs, CHC members and CHAs. Following this, the committee compiled a zero draft and shared it with stakeholders, Subcounty Health Management Team (SCHMT) and CHMT for further enrichment.

The CHMT then had an initial consultative meeting with members of the county assembly (MCAs) to get them to familiarize themselves with the bill. This was followed by a series of lobbying meetings with MCAs by the CHMT, Living Goods and UNICEF representatives as the bill progressed through various stages of redrafting and revision.

The County Attorney’s office was incorporated from the initial stages to assist with the legal drafting of the CHS bill and alignment with the requisite laws and legal lingo. Once this process driven by the county executive was complete, a cabinet memorandum was drafted and the county executive committee member for health

(CECM Health) presented it to the Cabinet for adoption and onward submission to the county assembly for debate, further public participation, and passage or enactment (first and second reading, pre-publication, public participation & reporting and third reading).

Results of the practice:

This Kisumu County Government Community Health Services Bill was assented to by the Governor on 26th May 2022, and gazetted within 26 days on 21st June 2022 and published as, 'The Kisumu County Community Health Services Act, 2022', which now awaits operationalization after drafting the Regulations.

The achievement can be attributed to the fact that MCAs were involved in the development of the bill from the initial stages so that they had developed an understanding of the aim of the Executive (County Department of Health) as well as a shared understanding of how community health services work and the gaps that exist in the Kisumu County. Additionally, mapping out and pooling resources from the partners supporting community health services in the County helped arrive at the desired result. The County Government of Kisumu contributed about 30% 0f the cost while partners shouldered the remaining 70% of the total cost of enactment of this CHS Act. Besides, the collaborative approach to developing and passing the bill bodes well for future implementation as all parties and stakeholders stand ready to work with the County Department of Health to see it through for the benefit of better, sustainable community health service provision.

Lessons learnt:

1. The goodwill of the County leadership was important in promoting ownership of the legislative process. The County Executive understood the gap and spearheaded the process collaboratively with development partners while the County Assembly propelled the process once they understood the predicaments of the CHVs and the important role they played in supporting primary health care.
2. The success of legislating for CHS relied on a multi-sectoral approach, bringing

together relevant county-level leaders and partners in advancing the development and implementation of CHS legislation. This created synergies and provided opportunities for resource mobilization to support the CHS bill processes. Some of these partners included:

1. County Health Departments, specifically the County Health Management Team and the County Community Health Focal Person
2. County Attorney's Office
3. County Assembly, specifically the Health Committee
4. Non-state actors, e.g., Living Goods, PATH and AMPATH
5. Development partners such as UNICEF
6. The development of the CHS bill was a slow process, although faster than in most counties that have attempted a similar effort, affected by many uncertainties within the external environment, including political dynamics. It is crucial to develop strategies to anticipate and be responsive to these externalities to ensure that bill processes move as quickly as possible when stakeholders are still switched on.
7. Rapid turnover of key office bearers at the Department of Health, slowed the process as new officers had to familiarize themselves with the document. In future, it would be helpful to document each stage of the process so that new office bearers find ready points of reference for effective transition and continuity.
8. The process relied almost entirely on financial support from development partners. In order to solidify county government ownership and avoid undue influence (which may be of real concern in certain pieces of legislation) besides ensuring long-term funding for these programs, county budgets should anticipate legislative processes in future.

Recommendations:

1. Work collaboratively. Disagreements over content and intent by Government entities and other stakeholders can make or break the process. Package and use

data. Build alliances and coalitions. Brainstorm and problem-solve together.

2. Engage MCAs early and listen to and address their concerns and those of other stakeholders for buy-in or ownership.

3. Plan for the activities concerning the legislation process through the county budgets. Creating an enabling environment for CHS through legislation is too important to be left to partners (mostly). Even as legislation continues, begin to think of implementation arrangements early. Too often this is left untill enactment and it might be too late, as momentum may be lost.

4. Counties should be prepared for the long haul. Keeping in mind that, like in most advocacy processes, success is not guaranteed.

The process of proposing and advancing legislation proceeds iteratively with fits of start-stop-start again-stall — and can be unpredictable.

5. COG needs to improve and share widely its model CHS legislation as most counties aren't aware of it and contexts change or differ. This might strengthen the Executive's hand when negotiating with the county assembly for any changes sought, besides making the process more efficient. While other counties tended to use external consultants, Kisumu opted for a wholly homegrown and government-owned and driven process.

Further reading:

A list of references and source documents that give additional information on the best practice for those who may be interested in knowing how the results benefited the population can be provided

Alignment with recently launched **Kenya Community Health Strategy 2020-2025**- link see: "financing for community health"-pg 11, and Strategic Direction 3: Increase sustainable financing for community health" pg. 17.

Other documents:

County Government Act 2012 link

Kenya Health Financing Strategy 2020-2023 link

Photos

Members of the County Assembly health committee, a section of the CHMT members and development partners during a CHS Bill meeting held at Blue Ridge Hotel in Mbita, Homa Bay County, in October 2020

Members of the County Assembly health committee at a report writing workshop held at Distinction Gardens, Siaya town, Siaya County, after conducting public participation in December 2021

A copy of the signed vellum by the Governor assenting to the CHS Act in May 2022