



COUNCIL OF GOVERNORS

COMPENDIUM OF COUNTY INNOVATIONS AND BEST PRACTICES ON SERVICE DELIVERY

3RD EDITION



JANUARY - JUNE 2022



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Maarifa Centre serves as a knowledge hub for innovations and success stories emerging from the 47 County Governments in the course of the performance of their functions. It serves as Kenya's premier knowledge-sharing and learning platform and conducts peer-to-peer learning activities among Counties.

The Centre's vision is "To be Kenya's Premier Knowledge Sharing and Learning Platform for Effective Governance and Service Delivery for Sustainable Development".

The Motto of the Centre is Sharing Kenya's Devolution Solutions



CoG Vision:

Prosperous and democratic Counties delivering services to every Kenyan

CoG Mission:

To be a global benchmark of excellence in devolution that is nonpartisan; providing a supporting pillar for County Governments as a platform for consultation, information sharing, capacity building, performance management and dispute resolution.



CoG Values

Professionalism, independence, equality and equity, cooperation and being visionary.

CoG Motto:

48 Governments, 1 Nation

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ABBREVIATIONS AND ACRONYMS

CBC	Competency-based Curriculum
CBO	Community-based Organization
CECM	County Executive Committee Member
CHAs	Community Health Assistants
CHVs	Community Health Volunteers
CHMTs	County Health Management Teams
CHRIO	County Health Records Information Officer
CHVs	Community Health Workers
CoG	Council of Governors
COVID-19	Coronavirus disease 2019
CUs	Community Units
ECDE	Early Childhood Development and Education
eCHIS	Electronic Community Health Information System
FY	Financial Year
HBIC	Home-Based Isolation and Care
H.E.	His Excellency
HPTs	Health Products and Technologies
HPTU	Health Products and Technologies Unit
iCCM	Integrated Community Case Management
ICT	Information and Communications Technology
KPIs	Key Performance Indicators
KSh	Kenya Shillings
MOH	Ministry of Health
MIS	Management Information System
PPE	Personal Protective Equipment
PS	Principal Secretary
SCHMTs	Sub-County Health Management Teams
SCHRIO	Sub-County Health Records Information Officer
SDG	Sustainable Development Goal
SGBV	Sexual and Gender-Based Violence
SOPs	Standard Operating Procedures
UHC	Universal Health Coverage
USAID	United States Agency for International Development

FOREWORD FROM THE CHAIRMAN



With great pleasure, I present to you the 3rd edition of the Compendium of County Innovations and Best Practices on Service Delivery (the Compendium). The Knowledge Management Unit at the Council of Governors, through the

Maarifa Centre, has been spearheading knowledge sharing and peer-to-peer learning by documenting the innovations and good practices emerging from the Counties in the course of performing their functions. County Governments have been assigned the majority of responsibilities when it comes to service delivery. Therefore, the pressure to meet citizen demands for affordable and quality public goods and achieve national socio-economic goals is real. It is in this context that Counties continue to generate innovative, cost-effective and sustainable solutions for service delivery.

The innovations and best practices being applied by County Governments have to be documented for both domestic and international consumption. Inter-County learning and cross-pollination of ideas are important tools for achieving better service delivery and institutional reform at the County level. On this premise, Maarifa Centre undertakes regular and consistent identification and documentation of County success stories which are thereafter collated into a Compendium of Best Practices and Innovations. The first Compendium was generated in FY 2020/21, and the subsequent editions have become biannual, with the second edition covering June to December 2021. This third edition contains success

stories from January to June 2022. The Compendiums are available physically at the secretariat offices and online on the Maarifa Centre website maarifa.cog.go.ke.

This 3rd edition of the Compendium has both short and long stories on service delivery in the following five (5) sectors: Health; Agriculture; Education; Gender, Youth, Sports and Social Services; and Urban Development and Housing. The book is an output of aggregated effort between the Maarifa Centre technical team and County Knowledge Management Champions, who provide information, validate and co-write stories with CoG staff. This symbiotic relationship between Maarifa Centre and the County Governments is what makes the generation and validation of the stories possible.

I laud this initiative for one main reason — documenting devolution success stories is a sure way to encourage County Governments to learn from each other. These knowledge assets will be used for this and future generations. Further, other decentralized jurisdictions in the continent and beyond can draw lessons from Kenya's devolution solutions. Capturing County innovations and best practices is instrumental in affirming that devolution is working.

I would like to appreciate the Maarifa Centre team for producing this publication. To the Counties whose innovations and best practices have been highlighted here, *hongera!* I also thank all the partners who have collaborated with the Counties to enhance service delivery, and those that continue to work with the Maarifa Centre. To all our readers, may this book inspire you and give you hope for a solid future of devolution.

H.E Hon. Martin Nyaga Wambora, EGH
Chairman Council of Governors

ACKNOWLEDGEMENT



The Council of Governors (CoG) has a mandate under Section 20(b) of the Intergovernmental Relations Act (IGRA) to share information on the performance of the Counties in the execution of their functions with the objective of learning and promotion of best practices, and where necessary, initiating preventive or corrective action. To honour this mandate, CoG established the Maarifa Centre. Maarifa Centre, since its launch in 2017, has collaborated with County Governments to tell devolution success stories to trigger peer-to-peer learning amongst Counties.

I want to express my gratitude to the Counties whose stories have made it to this 3rd edition of the Compendium. Without your innovations and best practices, there would be no stories for Maarifa Centre to document. This being our 3rd edition of the Compendium is a testament to the

significant progress being witnessed in the devolved sectors. To all the County staff whom we called upon for information, co-authorship and validation of the stories- we thank you. The nominated County knowledge management champions have been of great help in availing them selves during training, exchanging knowledge with other County champions and sharing videos and images when requested by the Maarifa Centre technical team. We celebrate you.

To the Maarifa Centre staff who put together the first draft of the Compendium- Jane Kimbwarata and Sharon Nzei- I commend you for a job well done. Your contribution to the devolution journey is undeniable. I would also like to pass a note of appreciation to Rosemary Njaramba for her work in proofreading and editing the book. To the technical team at the CoG who assisted the Maarifa team in developing the stories contained in this edition, asanteni sana!

To all our partners supporting devolution in different ways in the Counties, receive our gratitude. Lastly, this book would not be a success without the Kenyans who give feedback through our website and on Twitter @maarifa_Centre. You are contributing to building this great nation.

In the words of our national anthem, Let all with one accord, in common bond united, build this our nation together. Enjoy the read.

Mary Mwiti
Chief Executive Officer

INTRODUCTION

This Compendium is the third edition of a bi-annual publication pioneered in 2021 by the Council of Governors' knowledge hub, the Maarifa Centre. The inaugural edition was a collection of County success stories in the fight against COVID-19. The second edition featured County service delivery good practices and innovations in seven sectors from 13 Counties.

This third edition focuses on service delivery in five (5) sectors, including Health (3 stories); Agriculture (3 stories); Education (5 stories); Gender and Social Services (3 stories); and Urban Development and Housing (1 story). It features nine (9) Counties, with some contributing more than one best practice/innovation. The Maarifa Centre

receives contributions from all Counties and continues to encourage Counties which are yet to be featured by Maarifa to ensure they are not left behind.

This Compendium is accessible on the Maarifa portal and in hard copy. It targets County Government officials to enhance knowledge sharing and timely adoption of good practices and innovations deriving from various experiences, to serve citizens better. Other devolution stakeholders, such as the national government, development partners, civil society, community-based organisations, the private sector, researchers, university students and citizens themselves, will also find it useful.

SECTOR: HEALTH

OPERATIONALIZATION OF THE HEALTH PRODUCTS AND TECHNOLOGIES UNIT (HPTU) IN VIHIGA COUNTY FOR IMPROVED HEALTH SERVICES

Introduction

A functional County health supply chain is an important pillar in availing safe, efficacious and affordable health products to the citizens. This is in line with the Universal Health Coverage agenda.

Previously, Vihiga County experienced fragmentation in managing components of the County's health supply chain, such as supply planning (procurement plan), order processing, supportive supervision, training of staff on health supply chain aspects, storage and warehousing practices, and linkages with facilities and national programs.

There was a dormant Commodity Security Technical Working Group. Processes were manual, with limited or no use of technology for increasing the visibility of health commodities and commodities' data. There was no clear structure to coordinate the health supply chain system in the County, and there was low or no consumption of certain budget vote heads meant for some product categories within the allocated budget.

Data quality issues such as accuracy and quality were common, and data was inadequate for decision-making. A baseline assessment conducted between January and June 2020 by the County Supportive Supervision Team in 69 public health facilities showed suboptimal HPT management practices as per the following mean scores on key indicators: the resolution of the previous

action points 46.75%; storage of health products 68.72%; inventory management 42.67%; availability and use of commodity data MIS tools 74.40%; verification of commodity data 65.56%; availability of guidelines and job aids for commodity management 36.65%; accountability of HPTs 58.58%; and the composite (final) score 56.19%.

Clients seeking health services in health facilities could not access quality and timely services. The Department of Health provides care to over 600,729 individuals who reside within the County and those from neighbouring Counties such as Nandi, Kisumu, Siaya and Kakamega. The Department has over 1,250 technical staff and over 1400 Community Health Volunteers who work within community units. The health workers required health products to provide the needed care to the clients.

Regular stockout of health products led to staff frustration and resulted in poor service delivery to clients. The availability of a single or select product category interfered with patient care along the management cascade (examination, diagnosis, treatment). Patients were forced to spend more time and finances to cover referral and medication costs in private health facilities.

Implementation of the practice

The Vihiga County Health Services Act (2020) provided a generic clause that envisioned establishing a system to manage medical supplies in Vihiga County. Using guidelines provided by the Ministry of Health in 2021 and with facilitation and technical support from USAID-funded Afya Ugavi, the Department of Health in Vihiga County appointed nine officers to the Health Products and Technologies Unit (HPTU). Terms of

Reference (ToR) were developed for the Unit and responsibilities were assigned. The team develops annual work plans which are broken down into bi-annual operational plans for easy implementation and monitoring. The work plans are co-created with partners. The HPTU was then anchored into law by an

amendment to Clause 37 of the County Health Services Act (Amendment 2022), assented to by the Governor in June 2022. The amendment defined the HPTU and stated the membership and the responsibilities. The figure below presents the Amendment Bill 2022.

SPECIAL ISSUE

Kenya Gazette Supplement No. 2 (Vihiga County Bills No. 2)



REPUBLIC OF KENYA

KENYA GAZETTE SUPPLEMENT

VIHIGA COUNTY BILLS, 2022

NAIROBI, 23rd March, 2022

CONTENT

Bill for Introduction into the County Assembly of Vihiga—

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The Vihiga County Healthcare Services (Amendment) Bill, 2022 1

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Gazette Notice on Anchorage of the HPTU

The Unit's key activities include:

- i) Integrated supportive supervision: With support from the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project – Afya Ugavi activity; the Unit conducts supportive supervision as part of the County's overall goal of improving access to health technologies, including medicines.
- ii) Before introducing this initiative in January 2020, the County had limited knowledge of the health facility's performance, resulting in poor decision-making by program managers. The supervision uses a scored checklist which focuses on eight key areas, namely resolution of previous action points, storage of health products, inventory management, availability and use of commodity data Management Information System (MIS) tools, verification of commodity data, availability of guidelines and job aids for commodity management, and accountability of HPTs.
- iii) Data verification: Data from primary registers, monthly summaries and the Kenya Health Information System (KHIS) is compared retrospectively for three months. This is done to identify data quality gaps, such as concordance, consistency, correctness and completeness.
- iv) Client and facility managers' interviews: These are conducted quarterly. Data is collected using self-administered open-ended structured interviews. The findings are shared with facility in-charges.
- v) Piloting of the stock visibility system: The Unit is piloting the end-to-end stock visibility system with support from USAID Afya Ugavi and Mezzanine Limited. The system aims to provide both upstream and downstream visibility of HPTs.
- vi) Development and dissemination of standard operating procedures (SOPs): The Unit has developed and disseminated SOPs for quantifying, ordering, receiving, storing, issuing and dispensing HPTs to all public health facilities.
- vii) Annual recognition and award event: This is conducted annually and graced by the Governor. So far, three events have been conducted. Best performers are recognized using supportive supervision data. They are awarded trophies, laptops, certificates and cash. The photos in below were captured during the 2022 Annual Recognition and Award event on 22nd June 2022.

PHOTOS FROM THE RECOGNITION AND AWARDS EVENT HELD ON 22ND JUNE 2022



PS Health, Ms. Susan Mochache, handing a trophy to Dr Joel Edalia, SCMOH Emuhaya, with his team



H.E. Governor Dr Wilber Ottichilo handing a trophy and certificate to Mariah Khaguli, In-charge Luanda Town Dispensary



Deputy County Commissioner Ms. Florence Sitawa handing a trophy and certificate to Mercy Andafu, In-charge Ebusyubi Dispensary



USAID Supply Chain Lead, Ms Monica Dea, handing a certificate to Ebusyubi Community Health Unit



CECM, Health, Prof. Justus Inonda Mwanje handing over a certificate to Esther Ndezwa, In-charge Ebwiranyi Dispensary



Chief Officer, Health Services, Dr. Mary Anyiendah handing over a certificate to Evelyn, In-charge Gamei Dispensary



Distinguished guests at the event (From Left: The Vihiga County Deputy Commissioner, PS Health, H.E. The Governor Vihiga County, County Secretary, Chief of Staff Vihiga County)



Trophies for award before presentation to the winners at the Recognition and Awards event

Table 1: Summary of the activity, frequency and the cost

Activity	Frequency	Unit Cost (KSh)
Amendment of the Act to anchor the HPTU	Once	500,000.00
Integrated supportive supervision	Quarterly	400,000.00
Data verification	Bi-annually	300,000.00
Client and facility managers' interviews	Quarterly	50,000.00
Annual Recognition and Award event	Annually	1,300,000.00
Development and dissemination of SOPs	Once every two years	100,000.00

To sustain the activities of the Unit, there is continuous advocacy for resource allocation from the County budget for the procurement of health products and system strengthening. The Unit has embarked on resource mobilization by drafting grant proposals to facilitate the implementation of the work plans. In addition, the Unit has developed job descriptions, with the next step being to engage with the County Public Service Board to have a fully dedicated staff. Further, staff members of the HPTU continue to undergo pieces of training to build internal capacity beyond the partners' life cycle.

Results

Data quality has improved in terms of completeness, accuracy and consistency. The Health Department uses data for decision-making, for instance, in the redistribution of commodities to reduce stockouts and avert expiries. In March 2022, commodities worth KSh 5 million were redistributed across the County. There is increased visibility of commodity stocks and significant improvement in HPT management practices. The Unit conducts quarterly supervision

visits to all public health facilities. Results show tremendous improvement in all key performance indicators, as shown in Table 2 and the figure below it.

Table 2: Summary of the findings from supportive supervision

Key indicators	Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021	Jan Mar 2022	Apr-Jun 2022	Comparison of consecutive rounds					Baseline Vs Endline
Availability of guidelines and job aids for commodity management	36.65%	60.69%	57.89%	65.92%	77.30%	81.40%	24.04%	-2.80%	8.03%	11.38%	4.10%	44.75%
Availability and use of commodity data MIS tools	74.40%	83.66%	87.68%	95.30%	98.40%	96.79%	9.26%	4.02%	7.62%	3.10%	-1.61%	22.39%
Verification of commodity data	65.56%	68.00%	84.06%	84.06%	91.25%	91.17%	2.44%	16.06%	0.00%	7.19%	-0.08%	25.61%
Inventory management	42.67%	54.89%	53.54%	57.74%	72.12%	70.83%	12.22%	-1.35%	4.20%	14.38%	-1.29%	28.16%
Storage of health products	68.72%	73.55%	77.36%	82.55%	85.65%	86.13%	4.83%	3.81%	5.19%	3.10%	0.48%	17.41%
Accountability of HPTs	58.58%	64.38%	64.34%	77.56%	78.80%	83.51%	5.80%	-0.04%	13.22%	1.24%	4.71%	24.93%
Resolution of previous action points	46.75%	49.70%	53.81%	62.05%	77.92%	81.81%	2.95%	4.11%	8.24%	15.87%	3.89%	35.06%
Composite (final) score	56.19%	64.98%	68.38%	75.03%	83.06%	84.52%	8.79%	3.40%	6.65%	8.03%	1.46%	28.33%

Performance on key indicators of health products and technologies over time (January 2020-June 2022)

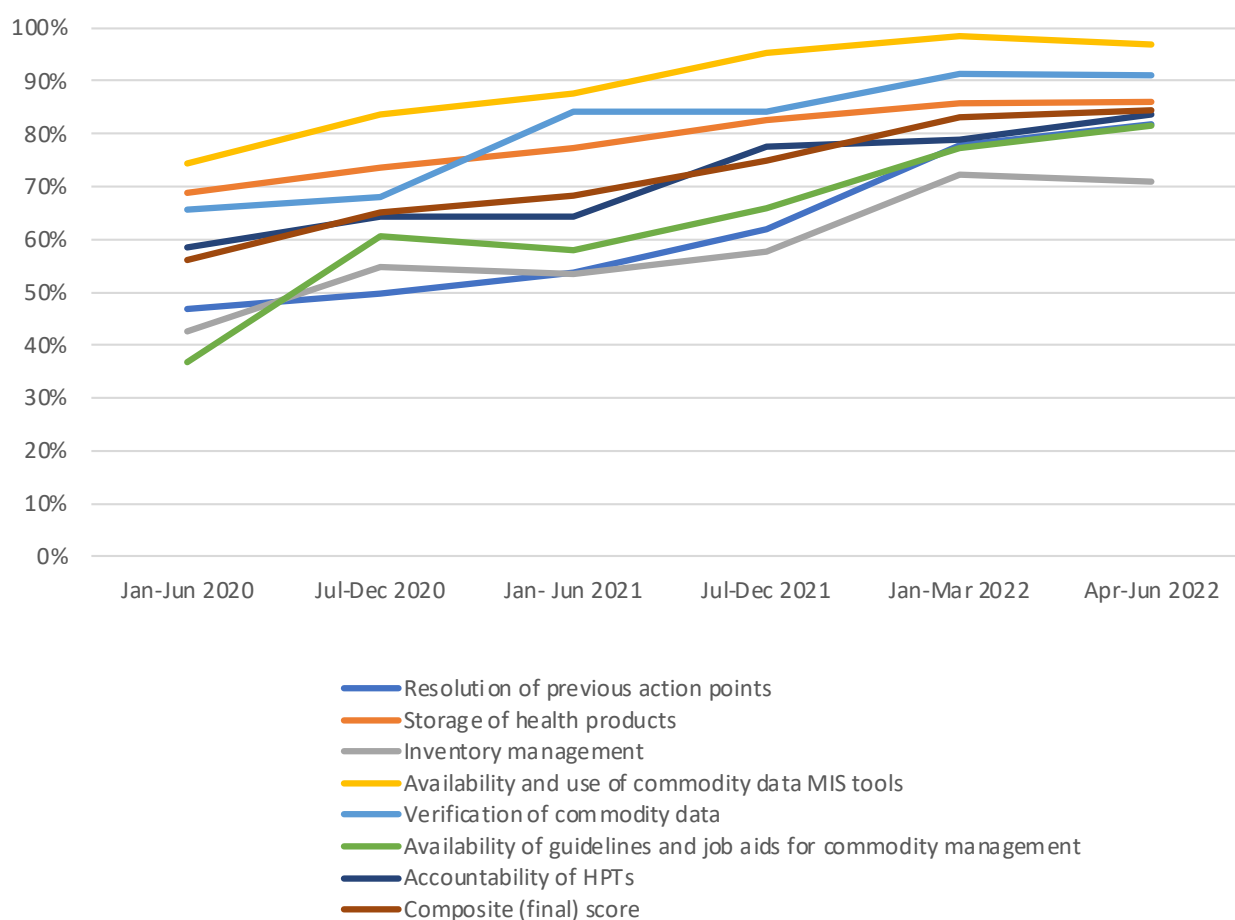


Figure 3: Performance on key indicators of HPT management

The performance scores from the supervision checklists were used to measure progress and award exceptional performance. This led to increased capacity for staff motivation and positive competition while reinforcing a culture of continuous improvement.

Client- and service providers' interviews revealed that the availability of health commodities influenced their rating of service quality (Quote I). Similarly, product availability affected whether they would recommend the health facility to their friends or relatives (Quote II-IV).

"Good because of availability of commodities for the services provided." (Service provider quote I)

"Yes, because of issuance of available drugs and giving health education to the clients." (Service provider quote II)

"Yes, the hospital is very nice to all the patients. Patients are respected and receive the needed services and medicines- (Client quote III),

"Yes, drugs are always available and they offer good services, generally." (Client quote IV)

The HPTU developed a service charter outlining its vision, mission and mandate. While launching the charter during the Third Annual Recognition and Award event, the Chief Guest, the PS for Health, Ms. Susan Mochache, emphasized the vision: "A robust,



COUNTY GOVERNMENT OF VIHIGA

HEALTH PRODUCTS AND TECHNOLOGIES UNIT

SERVICE CHARTER



BACKGROUND

The Vihiga County Health Products and Technologies Unit (hereafter referred to as HPTU) is the mechanism through which the County Health Department will provide stewardship and oversight for commodity management functions in order to increase access to quality, safe and efficacious Health Products and Technologies (HPTs). The HPTU advocates for integrity; strategizes and implements system development and strengthening of innovative initiatives to increase accessibility, affordability and accountability so as to realize end-to-end visibility of HPTs through efficient and effective supply chain systems.

OUR VISION

A robust, resilient and responsive Health Products and Technologies Unit for effective and efficient health supply chain system.

OUR MISSION

To provide stewardship and promote best practices in management of Health Products and Technologies in Vihiga County.

MANDATE

- To advise County Health Management Team (CHMT) and the department of health services on priority issues related to Health Products and Technologies.
- To participate in integrated planning and implementation of interventions that promote efficient and effective management of HPTs to increase availability.
- To strengthen HPTs management and other related aspects.
- To plan for management of disasters and emergencies with regard to availability of life saving health HPTs.
- To spearhead human and institutional capacity building for HPTs management.
- To provide a forum for structured networking for HPTs managers and stakeholders.
- To ensure quality data management to support efficient and effective decision making.
- To support sub-counties and health facilities in improving management and accountability for HPTs through initiatives such as regular supervision.

OUR CORE VALUES

- Integrity
- Innovativeness
- Accountability
- Teamwork
- Professionalism

Feedback

We highly appreciate feedback on our performance to improve the standards of health services.

Contact us

For compliments, comments, suggestions and complaints, please contact:

Vihiga County
Health Products and Technologies Unit (HPTU)
Email address: vihigahptu@gmail.com
Physical address: HPTU Office, Vihiga County
Referral Hospital Grounds



Vihiga County Health Products and Technologies Unit was established with the support of USAID under the Afya Ugavi Project.

Vihiga County HPTU Service Charter

resilient and responsive Health Products and Technologies Unit for efficient and effective health supply chain system”.

What worked really well – what facilitated this?

1. Anchorage of the Unit in law, by amending the existing County Health Services Act, was instrumental in operationalising the HPTU.
2. It is important for the team conducting supportive supervision to review previous action points and resolutions with the service providers before proceeding with

the next supportive supervision. This ensures accountability and responsibility for implementing resolutions agreed upon in previous visits, hence progressive performance improvement.

- 1) The collaborative nature of supportive supervision and proactively obtaining the perspective of clients and service providers through interviews ensured that their opinions were considered in programme design and implementation.
- 2) Recognizing exceptional performance

during annual recognition and award events motivated and stimulated positive competition among health workers.

3. Support from the top County leadership was critical in the implementation of the activities of the Unit.
4. Having a dedicated team for the Supportive Supervision Visits drawn from County and sub-County HMTs ensured the complete and successful implementation of activities.
5. Integration of partner support with County Government resources enabled the Unit to implement its activities. Participation during the co-creation and integration of work plans made it possible for co-funding.

What did not work – why did it not work?

1. Manual data capture during supportive supervision and client and service interviews led to data management challenges, including incomplete data capture, delayed collation and analysis.
2. Some facilities did not receive their respective facility feedback from the client exit interviews due to delayed data entry and analysis because of the manual data collection.
3. Members of the HPTU taking on other responsibilities, thus over-delegating their HPTU-specific duties and responsibilities.

Lessons learnt

What would you do differently?

What would you do in the same way?

Whereas the client and service provider interviews are conducted quarterly, thus providing useful feedback, they would be more useful if regularized monthly. Further, Community Health Volunteers could be

instrumental in collecting data at the household level.

It would be critical to digitize data collection for faster analysis and dissemination of findings. Staff capacity should also be built at the facility level to enable them to conduct their own client exit interviews for immediate decision-making. Having full-time dedicated staff for the HPTU.

Recommendations

- 1) There is a need for County Governments to anchor HPTUs in law. Counties that have the County Health Services Acts can review the generic models to make specific provisions for the management of HPTs. Having a clear legal framework ensures that the HPTUs can be operationalized, exist beyond political regimes and that their undertakings are legal. This goes hand in hand with political goodwill to support HPTU activities.
- 2) There is a need for dedicated staff for the units in Counties. This would require having the HPTU positions established in the County Government Public Service Establishment.
- 3) It is critical to establish functional HPTUs at the County level to improve the supply chain process of HPTs. A proactive approach to resource mobilization in resource-scarce settings is inevitable for successfully implementing HPTU work plans. Also, integrating activities of the Unit as much as possible for efficiency.

Delegating duties to junior, inexperienced staff should be avoided as this makes it difficult for downstream implementation of action points.

EMPOWERING COMMUNITY HEALTH WORKERS THROUGH TRAINING AND DIGITIZATION OF TOOLS FOR VITAL DATA GATHERING AND HEALTH DELIVERY SUPPORT DURING THE PANDEMIC IN KISUMU COUNTY

Introduction

Community Health Workers (CHVs) provide primary healthcare services and education to communities through home-to-home visits and group training to improve their technical skills. In the process, they collect a lot of data from the households during the home visits that is relayed to their supervisors. Initially, all CHVs would manually record this vital data in two tools — MOH 513 (Household Register) and MOH 514 (Service Delivery Log Book).

Manual data entry presented risks such as gross errors, loss of the tools, damage of the tools rendering them illegible, not to mention the tedious and cumbersome task of compiling the data for onward submission to their supervisors every month-end, given that the CHVs had only done basic training. Data mix-ups and occasional lack of the said tools were also a reality. Limited resources coupled with the high cost of printing the tools led to a paucity of household data which often needed to be more consistent and non-verifiable, resulting in an erratic supply of commodities for CHVs due to poor forecasting.

In the wake of COVID-19, the CHVs' work was further affected by movement restrictions, lockdowns, social distancing and the anxiety surrounding COVID-19. Little was known about it except that it was highly contagious, but they would still work remotely by contacting households via phone calls.

The Public Health Department was not spared, as there is heavy reliance on data

generated by the CHVs during household visits.

The community depends on the CHVs to visit regularly and provide services. While using the manual system, if the CHVs forgot the visits, this affected the communities' well-being. It was also difficult for the CHV supervisors to monitor the CHVs and the commodities in their possession. CHVs provide a critical service. Unavailability of regular person-centric service at the household level meant an increase in preventable conditions leading to an overreliance on curative services. The outcome is individuals with poor health profiles, unhealthy individuals and sick communities.

Health supervisors depended on the data collected by CHVs to make timely and appropriate interventions, and in the absence of timely data, they delayed the interventions, risking lives. In the case of suspected COVID-19 cases, timely isolation is key to curbing the spread to the rest of the community members. The paucity and inconsistencies in data culminated in stock-outs of essential commodities needed to provide quality services.

Implementation Of The Practice

The County Government of Kisumu sought to strengthen the knowledge base and role of CHVs through pieces of training in technical modules (eCHIS/iCCM, COVID-19 and Home-Based Isolation and Care – HBIC), case detection, contact tracing linking people to care to fight against the COVID-19 pandemic, alongside the delivery of essential healthcare services.

On 11th July 2019, H.E. Hon. Prof. Anyang' Nyong'o the Governor attended the graduation ceremony of nearly 350 CHVs in Isiolo County during the formal launch of the UHC and in attendance was a partner with an international non-profit health organization

— Living Goods, whose goal is to build sustainable community health systems at scale. The Isiolo CHVs had been trained to incorporate digital technology to ensure wider coverage. The movement and physical distance restrictions to prevent COVID-19 infections have generally resulted in a greater demand for digital health innovations at the community health level.

The onset of the pandemic presented an opportune platform for introducing technology to optimize CHVs' functionality and ensure continuity of service delivery and data collection. Kisumu County was ripe for this and the Governor sought the partnership he saw in Isiolo.

To kick off the project, the following activities took place:

- i. Internal meetings with the Governor, Health Department and Living Goods.
- ii. The signing of an agreement between the County Government of Kisumu and Living Goods to co-finance the project.
- iii. Baseline assessment and identification of pilot sub-counties (based on performance in the KHIS).
- iv. Kitting the trained CHVs with the CHV kits during their completion of training.

Of the 2,998 CHVs, 1,000 have already undergone training and are currently using the digital platform since October 2020.

Monitoring has been ongoing to date. The Community Health Assistants verify and aggregate the collected data monthly to determine required interventions as well as forward the aggregated data to Sub-County Health focal persons who also verify and aggregate, then the same is pushed into the

Kenya Health Information System, which is national in scope after validation is done by the Sub-County Health Records Information Officer/County Health Records Information Officer (SCHRIO/CHRIO).

The digital implementation started in October 2020. An initial 600 CHVs were trained and onboarded onto the Smart-Health App from Living Goods.

The eCHIS pilot, currently being done in Nyakach and Muhoroni, has been upscaled by training another 400 CHVs making a total of 1,000.

The 1,000 CHVs underwent a rigorous 12-day Integrated Community Case Management (iCCM) training, and 600 of them have since been onboarded into the electronic Community Health Information System (eCHIS). Once the training is done, the CHVs get a smartphone and a CHV Kit. They then start working using the digital platform and use the commodities for assessments during household visitations.

Key implementers and collaborators and their roles

The County Government of Kisumu co-financed the project, i.e. the training was done by the County's Department of Public Health in collaboration with Living Goods. Living Goods also bought the phones and tablets and supported the data being used by CHVs.

The County Government provided the training curriculum, the technical trainers and the training venues. This ensured high standards of training were adhered to. Living Goods provided the mobile devices, the digital application and the expertise to run the application.

Resource implications

This year, the County has set aside KSh 42 million to train the 2,400 CHVs. The Department of Health made the budgetary allocation to meet the module training requirements, while Living Goods invested heavily in providing mobile devices and data bundles. This was done through a 60:40 co-financing collaboration between the County Government and Living Goods.

The County Government has developed and implemented a scheme of service for the CHVs. It has a budgetary allocation for the pieces of training, motivation (stipends) and provision of health products and technologies. In this quarter, the County plans to upscale the trainings of 591 CHVs in Muhoroni and Kisumu East Sub-Counties.

Results of the practice

The outcomes of the process include:

1. Trained and digitally empowered CHVs
CHVs are trained and mentored on how to use digital phones to enhance their work through digital reporting.
2. Efficient and accurate data and better experience during data capture by the CHVs

The trained CHVs now use the electronic Community Health Information System (eCHIS) that is currently being piloted in Kisumu County to relay real-time data. This data is vital for timely decision-making and planning of interventions needed, as well as supervising the activities of each CHV.

3. Prompt service delivery due to phone reminders.

The CHVs get phone reminders of their next home visits and follow-ups on the pregnant mothers for their clinic appointments, discuss their birth plans, referring them to the health facilities to treat minor

ailments in good time and refer them for skilled delivery. Real-time daily reports on CHV performance against set targets (Key Performance Indicators – KPIs) help monitor commodities consumption in their Community Units (CUs).

4. Timely support and management of CHVs by health supervisors, ensuring that Kisumu residents receive high-quality, standardized care at their doorsteps. The CHVs are supposed to do at least 85% of the set household visitations.

5. Healthy individuals and households; resilient communities

Many lives are saved through timely interventions, e.g. detection and management of COVID-19 cases, support to pregnant mothers and transferring those in need of specialized medical attention to a hospital.

6. Time conservation

The eCHIS dashboard can be viewed remotely, eliminating the need for the CHVs to physically take the reports to their supervisors.

Key activities undertaken that ultimately led to positive results

CHV training on iCCM and eCHIS technical modules facilitated their use of the digital platform with the help of their supervisors (CHAs) supported by the field coaches from Living Goods. iCCM training had a tremendous impact on the knowledge base of the CHVs. This, alongside the digital application training, enabled the trainees to navigate the digital platform with ease.

Lessons learnt

What worked well?

- ✓ Involvement of all key stakeholders during the CHVs training (CHMT, SCHMT, CHAs) was key, especially in the delivery

of the technical module for the CHVs.

- ✓ Involvement of the health facility in-charges from the link CUs for the replenishment of the commodities as well as sharing and consumption of data during the monthly data review meetings.

What did not work and why

1. Time was a stressing factor for the training since the CHVs could not fully be trained all at once, but scaling up is being done gradually.
2. Having a partially digitized health system posed challenges in completing the referral cycle.

What be done differently and what would be done in the same way

Since the initial cost is huge, there is a need at the initial stages to bring on board all like-minded partners and stakeholders to plan for a complete end-to-end digitized health system from the community to the link health facility. What would be done the same is to plan and allocate funds towards the pieces of training and work with partners who can support the digitization process.

Recommendations to other Counties

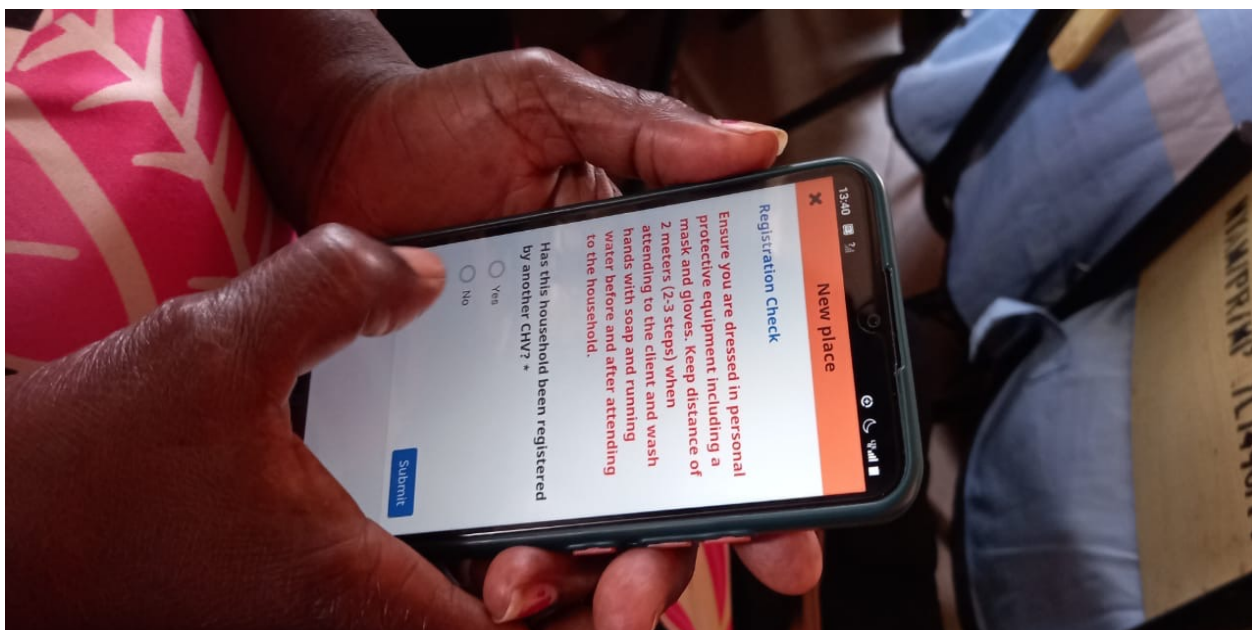
- ✓ Prior planning and adequate resource allocation are fundamental success factors.
- ✓ Also, it is important to incorporate all

subject matter experts in the pieces of training to have all teams involved in implementing the project.

- ✓ Work closely with the App developers to be able to capture all community health tools and indicators into the App.
- ✓ Collaborate with smartphone providers to provide affordable smartphones that can support the SmartHealth App in case of loss of phones by the CHVs.

Conclusion

The digitization of Community Health Services in Kisumu County will ensure increased household enrollment, improved service delivery, better client referral, accountable supply chain management, community-based disease surveillance and improved client messaging in all Community Units. The real-time data generated at this level is crucial for decision-making and planning and can be used to monitor progress towards the Universal Health Coverage (UHC) agenda. As we strive to achieve SDG 3 (Good Health and Well-being), data is needed to create health profiles of individuals and communities. Digitization of community health systems provides an outlook of the health profiles of these individuals and communities. Quality service delivery in resource-limited settings is pegged to the availability of data for decision-making.



A close-up of the SmartApp which guides the CHV in English on what to do and what questions to ask during the visit



A Kisumu CHV using a mobile phone to collect data during a home visit

NAKURU COUNTY ADOPTS MEDICAL WASTE TREATMENT AND DISPOSAL/ RECYCLING TECHNOLOGY TO MINIMISE AIR/GROUND POLLUTION

COVID-19 increased the consumption of personal care and single-use products such as the plastic personal protective equipment (PPE) worn by medical workers when handling patients, and glass vials, needles and safety boxes used in vaccination. This has resulted in tonnes of medical waste that has exposed the capacity gap in waste management in most Counties.

This highly contagious and voluminous waste led the County Government of Nakuru to invest in a microwave incinerator and a waste shredder at the Nakuru Level 5 Hospital to protect its healthcare workers, patients and

residents in general. The waste management equipment can treat over 250 kg of hazardous waste daily, thoroughly disinfecting, sealing and after that shredding it into compostable material and sterilizing it with temperatures above 100 degrees. It is later dumped safely at the rehabilitated Gioto dumpsite.

This on-site treatment and temporary storage of waste has not only helped reduce the spread of the COVID-19 virus through exposure to infected materials but has also reduce the threat to human and environmental health. If the waste were to be burnt in the open air and/or carelessly disposed of, it would find its way into rivers and litter the environment. This initiative has exposed a dire need to improve waste management practices to protect the environment and health.



A shredder machine at Nakuru Level 5 Hospital

SECTOR: AGRICULTURE

KIRINYAGA COUNTY GIVES FEED PRODUCTION MACHINES TO DAIRY FARMERS TO BOOST MILK PRODUCTION AND IMPROVE LIVELIHOODS

The County Government of Kirinyaga has empowered local dairy farmers by procuring feed mixers and grinding machines for the local manufacture of livestock feed. The feed mixers and single-phased motor machines will help the farmers to produce quality food for their livestock and lower the costs of buying feed. The County has over 60 livestock farmer groups with more than 2,000 members who depend on dairy farming and animal feed production for their livelihoods. In addition to the machines, the County is also giving the farmers the initial raw materials like wheat bran, maize and sunflower seeds as part of the starter

kit. The machines include motorized grass cutters, choppers and manual hay balers. The strategy aims to increase milk production and create income for locals who sell milk to dairy cooperatives both in the County and neighbouring counties.

Through the Wezesha Kirinyaga program, the County has also helped farmers increase productivity in different agricultural food chains and doubled their income. Currently, the County Government is also providing Artificial Insemination services to improve the breed of dairy cattle and produce more milk. This project aims to produce quality livestock food, improving their immune system and preventing diseases associated with poor nutrition. The farmers' living standards are also targeted to improve with increased income from selling extra milk and feeds to cooperatives and other farmers.



Kirinyaga Governor, H.E. Anne Waiguru, EGH, OGW, trying out one of the donated equipment



Kirinyaga Governor, H.E. Anne Waiguru, EGH, OGW, donating feed production machines to farmers

WEST POKOT COUNTY BOOSTS FOOD SECURITY BY REVIVING TURKWEL DAM AND GIVING FISH FARMERS FINGERLINGS AND FISHING BOATS

Fish farmers in West Pokot County are receiving fingerlings and fishing boats from the County Government in an effort to improve food security. The County through this initiative, has managed to restock 150,000 fingerlings in Turkwel Dam and provided training to the local fish farmers on how to improve fish production in the County. With increasing drought and malnutrition, the County Government had to find a way to boost food security in the area. In the quest for alternative ways to generate

food, the County settled on fishing, hence closing the Turkwel Dam for six months and reviving it for fishing purposes. With the help of the Kerio Valley Development Authority (KVDA), the County restocks and monitors fishing processes in the dam.

The restock happens after every eight months to ensure that there is continuous fishing harvesting. Through this initiative, the local farmers who depend on fishing as their major source of income, selling fish to both locals and residents of the neighbouring Counties, raising their living standards by. Currently, the County is constructing a fish production unit which will be in charge of supplying fingerlings to more dams.



Fish farmers receiving new boats from the County Government of West Pokot



West Pokot Governor H.E Hon. Prof. John Lonyangapuo with County officials restocking fish at Turkwel Dam in West Pokot

NAKURU COUNTY BOOSTS FARMERS BY DONATING INCUBATORS, SEEDS AND TRAINING ON MODERN AGRICULTURE TECHNOLOGY THROUGH THE LOCAL CHICKEN STIMULUS PROJECT

The County Government of Nakuru has partnered with the Kenya Agricultural and Livestock Research Organization to train farmers to use new technology and modern equipment for high-yielding returns.

Poultry farmers from all the sub-counties have also received incubators to reproduce

the new chicken breed. With the donated 340 incubators, the farmers are expected to rear a fast-maturing and disease-resisting breed of chicken that can lay over 200 eggs in a year. The County Government is distributing fertilized eggs and power generators to the farmers for an easier start to the project. This project aims to improve food security and the living standards of farmers in the County. Training on how to use the incubators correctly has also been offered to the farmers, as well as information on the right medication to stop the spread of poultry diseases.



SECTOR: EDUCATION

WEST POKOT COUNTY INCREASES CLASS ENROLLMENT IN EARLY CHILDHOOD DEVELOPMENT AND EDUCATION CENTRES THROUGH THE FEEDING PROGRAMME AND ESTABLISHMENT OF MORE CENTRES

Early Childhood Development and Education (ECDE) Centres in West Pokot have seen an increase in enrollment from 48,448 in 2015 to 74,462 in 2020. This increase in enrollment has partly been influenced by the school feeding programme that provides porridge to all learners in public schools. With many families still recovering from the COVID-19 impacts, this feeding programme has supported families that cannot afford to provide three meals a day to their children. The porridge contains vitamins and minerals which help fight malnutrition among young children in the County.

Establishing new centres close to home has also improved class attendance and enrollment. Previously, students would walk for many kilometres to get to school. This long-distance trekking forced some to lose motivation and quit school, translating to poor class attendance. In 2015, there were 600 ECDE centres in the County; by 2021, the number had doubled to 1215.

Increased enrollment has come with some budgetary challenges, which calls for more budget allocation for porridge flour for every school term. The County Government has also stopped procuring external contractors and switched to community labour-based skilled suppliers to build the ECDE centres. The community elects a seven-member committee to oversee the construction of new ECDE centres in the County. The Education Department approves the budgets for the construction of new centres.



West Pokot Governor (2017–2022), H.E. Hon. Prof. John Krop Lonyangapuo, CBS serving porridge to ECDE learners



**West Pokot Governor (2017–2022), H.E. Hon. Prof. John Krop Lonyangapuo, CBS,
with ECDE learners and their teachers**

WEST POKOT COUNTY PROMOTES SAFE COEXISTENCE BETWEEN DIFFERENT COMMUNITIES BY INITIATING THE PEACE BORDER SCHOOLS PROJECT

The County Government of West Pokot is promoting peace and education through the Peace Border Schools initiative. The conflict between the neighbouring Counties over control of resources has made many students abandon school due to insecurity issues.

These frequent conflicts among the pastoral communities have also turned the neighbours into enemies competing for pasture and water. To promote safe coexistence between communities in West Pokot, Turkana, Elgeyo Marakwet, Trans Nzoia and those living near the border of Kenya and Uganda, the County Government has conducted meetings with local community leaders to inform them of the importance of enrolling their children in the Peace Border Schools.

The project has involved the construction of eight classrooms, an admission block, toilets and two dormitories, hence bringing a peaceful coexistence among learners who sleep, eat and study in the same rooms

despite their backgrounds. This initiative has also brought teachers and parents together to not only talk about matters affecting their children but also to discuss the way forward on issues affecting them as people. The Peace Border Schools have encouraged shared economic activities among the communities like cattle trade between parents who meet in schools.



**Pupils attending parade at the West Pokot
Peace Border School**



West Pokot Peace Border School

BOMET COUNTY GIVES MILK TO EARLY CHILDHOOD DEVELOPMENT AND EDUCATION LEARNERS TO PREVENT MALNUTRITION AND IMPROVE SCHOOL ENROLMENT AND ATTENDANCE

The County Government of Bomet provides two milk packets a week to each Early Childhood Development and Education (ECDE) learner to fight malnutrition and improve class attendance. The project aims to benefit 54,000 children, from public schools and homes for children with disabilities in the County. This initiative comes after the County registered a 36% malnutrition rate, higher than the national rate of 26%. School dropout cases among learners due to lack of food and high poverty rates also contributed to the initiation of the milk-feeding project.

The County is currently relying on the Kenya Cooperative Creameries (KCC) to deliver the milk in selected wards where contracted bodabodas (motorbike taxis) collect the cartons and distribute them to schools and homes for children with disabilities. In addition, the initiative targets to provide job opportunities to members of the Bodaboda Association in the County. The County has a milk processing plant at Chebunyo in Chepalungu, as part of the feeding programme strategy designed to help local farmers produce milk for the ECDE centres. The initiative will donate a packet of milk daily to each learner once the processing

plant picks up.

NAIROBI COUNTY IMPROVES THE QUALITY OF EARLY CHILDHOOD DEVELOPMENT AND EDUCATION BY NARROWING THE TEACHER-PUPIL RATIO

The County Government of Nairobi has achieved a teacher-pupil ratio of one teacher to 35 learners, hence improving interaction and attention between the Early Childhood Development and Education (ECDE) learners and the tutors.

The County previously had a ratio of one teacher handling 60 learners, which made it hard to focus attention on learners with special needs. According to the County's Department of Education, the County is almost achieving the recommended ratio of one teacher to 25 learners in the ECDE centres.

Nairobi County has employed 498 trained ECDE teachers with skills to handle special-needs learners, hence improving the quality of education offered in the County. With one teacher handling 35 learners, the County aims to improve performance through the interaction offered and the close relationship between the learners and their tutors. With better teaching standards, the County has increased ECDE enrollment from 14,000 in 2017 to 30,000 learners in 2022. To ensure

there is quality education and that students are attended to as required, the County has developed quality assurance tools within all the domains of ECDE in collaboration with the Kenya Institute of Curriculum Development (KICD), Moran Publishers and Kenya Literature Bureau (KLB) who offer frequent Competency-Based Curriculum (CBC) pieces of training to all teachers.



Bomet County Governor H.E. Prof. Hillary K Barchok giving packets of milk to ECDE learners



A CBC teacher during a class session with pupils

the new Competency-Based Curriculum (CBC) system to ease the burden on parents. The County Government allocates KSh84 million to all ECDE centres. Through this fund, the feeding programme in the County ECDE centres has improved, with learners having well-balanced meals which include proteins, carbohydrates, vegetables and fruits.

NAIROBI COUNTY SUPPORTS HOLISTIC EDUCATION FOR ECDE LEARNERS THROUGH THE ANNUAL CAPITATION GRANT PROGRAMME

The County Government of Nairobi has improved the quality of education offered in all public ECDE schools through the Annual Capitation Grant, which allocates KSh3,200 to each Early Childhood Development and Education (ECDE) learner and KSh3,300 each to learners with special needs. The Capitation Grant supports administration work and the management of the centres. Through the grant, learners get books and other learning equipment to help them in

Through the holistic approach to education, with a focus on the academic and the health of the learners, the County aims to provide adequate teaching-learning materials suitable for the CBC system. The County Government has an assessment tool which is used to evaluate the quality of education offered in all public schools. Through the assessment tool, the County officers from the Ministry of Education conduct school visits without notice to evaluate the reading environment, teachers' in-class sessions, and the learners' health. These impromptu visits have encouraged teacher performance, hence improving the quality of education in the County.



A photo of Nairobi West ECDE teacher and learners enjoying a well balance meal



A teacher standing outside an ECDE Centre

SECTOR: GENDER, YOUTH, CULTURE, SPORTS AND SOCIAL SERVICES

EMBU COUNTY ESTABLISHES TALENT ACADEMY TO BOOST YOUTH CREATIVITY AND OFFER A PATHWAY TO EMPLOYMENT

Introduction

The population of Embu County is 608,599 as per the 2019 national census. More than half of this population is comprised of youth. Statistics from the Kenya Bureau of Statistics and the Embu County Integrated Development Plan indicate that the number of the youth population is slightly above all other age groups, especially in Embu town, which is the administrative County headquarters.

One of the fundamental reasons that Embu town has a huge youthful population is the mushrooming institutions of higher learning. Resultantly, there is a steady rise in the number of youth in the creative industry within the County. Previously, many artists and creative industry stakeholders in Embu had to travel to Nairobi and/or other major towns to access services, such as music and video production. This was a monumental challenge that discouraged talented youth from following their passion and consequently earning from their talents.

The inception of the devolved government was a blessing, as the first County Government of Embu had a vision for its youth in the creative industry. There was a critical need to establish a facility that supported talented youth.

Implementation of the practice

To address the gap in the creative industry, the County Government of Embu, through the Department of Youth Empowerment and Sports, sought to establish a Talent Academy whose main purpose was to identify and nurture creative and sports talents. In yesteryears, Embu Talent Academy was

Embu Sports Club, a recreational facility for civil servants that collapsed due to mismanagement. It became a youth den for drug abuse and other adversities. In 2013, there was also a plot to grab the Club's land to construct a parking lot for the County Assembly. The scheme ignited several demonstrations by the youth, which led to the decision to renovate the Sports Club and use it for talent development; hence, the Embu Talent Academy idea was born.



Embu Talent Academy's basketball pitch

Renovation works officially began in 2014 in phases divided into financial years since the County Government funded the project. The first phase involved the construction of a hall and the basketball pitch, which was done in the financial year 2014/2015. In the year 2015/2016, the second phase of constructing a perimeter wall and landscaping was done, while in 2016/2017, music instruments were purchased.

During the County Government's second term, the first project at the Talent Academy was to fit a music production studio in 2018/2019, and in 2019/2020, technical staff were employed to run the Academy. The construction of the Academy has been progressive, and the cost used so far can be approximately KSh 40 million.

The bottom line is that the project was undertaken in phases, which has aided in its success.



Embu Talent Academy's basketball pitch

Embu County Talent Academy is domiciled in the Department of Youth Empowerment and Sports, with the mandate of empowering talent and sports.

The Department has played a significant role in planning, designing, overseeing, and evaluating the construction of the Talent Academy and in the day-to-day operations to date.

The Talent Academy provides space, resources, and an environment that challenges talented youth to develop their talents through innovative approaches. It also provides a venue for all the youth to meet and socialize. The facility includes space for indoor and outdoor sports, recreation, conferencing (to host meetings, pieces of training, etc.), and a fully furnished music production studio.

To increase access to the facility, the Department subsidizes charges for activities like meetings, sports tournaments, pieces of training and concerts grounds.



A music session going on at Embu Talent Academy



Embu Talent Academy's basketball pitch

Results of the practice

The outputs and outcomes of the talent academy have been tangible and contribute positively to society. First, the facility serves approximately 500 youth weekly in different aspects.



Embu youth cheering during one of the outdoor events at the Academy

Second, the Academy has supported equality for the creative industry, where the less privileged can access talent-related services either for free or at a subsidized fee. Most of the artists served at the Talent Academy are low-income earners or have no income at all and benefit from the subsidized charges for music recording or total payment waiver. Third, the Academy has recorded several music tracks and videos for several artists. From March 2020 to December 2021, at least 200 audio tracks by over 50 artists were recorded at the studio. Some of these audios have been converted into music videos. Additionally, the Academy has created a space for networking for artists, with radio and TV stations providing music airplay.



Youth at the music studio in Embu Talent Academy



Fashion show at the Embu Talent Academy

Job creation is another output that can be accounted for. For example, DJ Blaxe, one of the Academy's graduates, hosts a show called Iwake every Saturday on KTN through links made by the Academy. Locally, with the skills acquired at the Academy, many young people are getting jobs in different areas such as videography at weddings, emceeing at dowry negotiation events, etc.

The Academy also offers different skills trainings such as deejaying, dancing, modelling, coaching, and refereeing. For example, film production trainings have benefited 60 participants who have gained skills in scriptwriting, acting, video production, photography and video editing. The Academy hosted a grand one-week cinematography training workshop in partnership with Canon and Kenya Film Commission, where 30 young people gained cinematography skills. Graduates from these

training programs have produced five films that have been showcased nationally.

For sports, the Talent Academy offers an array of activities, including football, handball, darts, basketball, skating, volleyball, table tennis, and chess. It also offers trainings for coaches and referees, with over 50 referees already benefitting from the training programs.

Additionally, youth with different capacities, skills, and talents have pooled together to form groups and community-based organizations (CBOs) that are entirely focused on the arts industry. A good example is a youth umbrella CBO known as Sanaa na Kahawa that attracts around 400 youth weekly for live performances, talent exchange, networking, youth-related issues and talent development.



Youth modelling African wear

Sanaa na Kahawa is a youth-based CBO that deals with arts. The CBO was established by talented youth from the Talent Academy through the support and patronage of the Academy. The idea behind Sanaa na Kahawa was brought to life by Talent Academy staff who saw the need for a program where the

artists trained or practising at the Academy can showcase their talent. As a result, Sanaa na Kahawa was brought to life, and every Friday, artists meet for different live performances and art exhibitions. The event is open to the public, and the audience has grown sporadically, from a mere 15 people to over 400 people every Friday.



A crowd of youths attending a live performance at the Embu Talent Academy

In a nutshell, many positive and tangible outcomes are associated with the facility for the few years it has existed.

Future expansion plans of the Academy include constructing a swimming pool, more offices and rooms to offer space for pieces of training, an ICT hub, a cafeteria and a hostel to accommodate talents from different corners of the world. Similarly, there is a plan to open satellite talent development facilities in all 20 wards to take services closer to the people.

Lessons learnt

The biggest achievement for the facility has been the capacity to entrench the culture of acknowledging and appreciating talent as a career or profession within the region. There is a surge in self-belief among the creatives and hope for a brighter future for the talented.

Besides, the facility has eased the burden of travelling long distances to major towns to record, produce, or even acquire creative-

related skills. For instance, it is costly to learn film production, for instance, in a private college, whereas the Talent Academy offers that for free.

Also, the fact that the youth can pop in, record their music and return to their daily hustles is a plus for the industry. Again, the number of creative industry stakeholders has increased in Embu because there is a facility where they can find artists and spot new talent. Several artists groomed at the facility have been featured on major TV stations or performed at national arenas.

However, there is still a challenge in helping artists to monetize their talents by charging for performances and through content distribution since the facility mainly focuses on content creation and production. This gap requires the support of relevant partners, especially private organizations.

Recommendations

For better results, there is a need to:

- establish a public-private partnership for such projects.
- Have a long-term plan for the project and divide it into milestones or phases to achieve the desired outcome.
- establish ways of generating revenue for the facility. Currently, for example, the Academy provides space for conferences and workshops to other governmental departments at a subsidized fee paid directly to the Embu County Revenue accounts. Revenue generation motivates the County Government to allocate a budget for the Talent Academy.
- map the target population to avoid a conflict of interest in service provision.

BOMET COUNTY SUPPLIES FREE SANITARY PADS TO FEMALE KCPE CANDIDATES TO KEEP THEM IN SCHOOL WHILE PRESERVING THEIR DIGNITY

The County Government of Bomet has extended support to primary school girls by donating free sanitary pads to all female candidates. Following a 2019 case where a student committed suicide after being shamed for having her menses by classmates, the County is undertaking this initiative to avoid a repeat, especially when boys ridicule them about menstruation. This project also aims to boost confidence among young girls while doing their exams and to fight the shame associated with menstruation at that age. The County has distributed 800 sanitary pads to each sub-county for all class eight candidates. This project started during the onset of COVID-19 in the County, where girls would call officers in the Gender Department to help them access sanitary pads.

The COVID-19 pandemic affected income generation in most households in Bomet, forcing most families to focus on the major basic needs like food. At the same time, sanitary pads and other female hygiene products came second. Bomet County has since then organized mentorship projects where girls from the slums and poor backgrounds receive free sanitary pads to help them during the tough economic times. The mentorship projects also involve training champions who get in touch with the County officials to inform them when girls in certain sub-counties have challenges accessing sanitary pads. The trained champions routinely advise young girls encourage, them to be confident during the tough days of the month and teach basic feminine hygiene routines. Schools share the pads among all girls, and needy students get extra packets to carry home for the coming days.



Bomet County First Lady Saline Barchok donating sanitary pads

KAKAMEGA COUNTY GIVES FREE LEGAL SERVICES TO GENDER-BASED VIOLENCE SURVIVORS TO ENSURE TIMELY ACCESS TO JUSTICE

The County Government of Kakamega is offering pro bono legal services to Sexual and Gender-Based Violence (SGBV) survivors from all sub-counties, irrespective of their gender. The County aims to fight SGBV by offering free legal services to survivors who cannot afford lawyers. With SGBV desks in the County hospitals and legal offices in the shelters, the County gets information on the cases immediately. Civic education has been carried out in all clinics to sensitize staff on the importance of reporting rape cases and avoiding tampering with the evidence before investigations are carried out. According to the County Department of Health, in 2021, over 500 children aged between 10 and 14 years were pregnant, while the total number of teenage mothers was 14,768. These teenagers, mostly girls, are survivors of sexual abuse.

Kakamega County Government has allocated KSh 25 million to set up and equip more rescue centres in different parts of the County, to help survivors stay safe as they wait for the legal processes. The cost of legal services in the County has led to 198 unsolved cases. With

help from the Judiciary and the Directorate of Criminal Investigations, rape cases are fully investigated to help in the justice administration process. Previously, cases would be settled outside court and parents would refuse to pursue legal procedures

due to cost implications. Witnesses of sexual abuse cases would not show up in court because that meant paying bus fare from their homes to the legal offices. With this initiative, the County, through its lawyers, provides pro-bono legal services.



The SGBV Rescue Centre in Kakamega

SECTOR: URBAN DEVELOPMENT

KAKAMEGA COUNTY IMPROVES THE LIVING STANDARDS OF ITS VULNERABLE RESIDENTS THROUGH THE SHELTER IMPROVEMENT PROGRAMME

Introduction

In 2013, when the County Government of Kakamega was established, the County population was estimated at 1,789,989 (859,195 males and 930,794 females), with a population growth rate of 2.5%. Among this population, 65,481 were aged 65 years and above, representing 4.3% of the County population. Analysis of the Basic Report on Well-being in Kenya of April 2007 showed that the dependency ratio for ages 65 years and above in Kakamega County was 4.5% which was higher than the national average. In the report, the overall poverty level stood at 51.3% with the majority of this population not able to afford basic commodities like food, shelter and clothing.

These poverty rates called for the introduction of welfare and social protection programmes, especially for vulnerable residents and the aged. It is against this background that in 2015 the County Government introduced the Shelter Improvement Programme under the Department of Social Services, Youth, Women Empowerment, Sports and Culture, to help the vulnerable and aged by constructing for them decent housing units and providing them with beddings (mattress and two blankets).

Implementation of practice

The Department partnered with the County Polytechnics Directorate to construct the two-roomed semi-permanent houses for vulnerable residents.

Six (6) houses are constructed in each of the 60 wards, translating to 360 houses

per financial year. Contracts for the construction of the houses are given to County Polytechnics which source materials and use the labour and skills of the trainees and their instructors to construct the houses. Materials used are sourced locally from the surrounding community.

The County polytechnics were selected to implement the program for the following reasons:

1. Less costly: Construction by the County Polytechnics is less costly compared to prevailing market rates.
2. Saves time: Less time is spent on the procurement process since it is government-to-government procurement.
3. Sustainability: Partnership between the arms of government ensures the sustainability of the program.
4. Building capacity: Using the County Polytechnics is a way to empower them through involvement in Income-Generating Activities (IGAs).
5. Better Quality of Work: There is better supervision of the projects by the local trainers whose relatives also benefit from the project, hence ensuring that the housing units conform to the required standards.

Results of the practice

Since the introduction of the programme, the County Government has constructed 1,800 housing units within 7 years that are benefitting 1,800 old and vulnerable members of society. The decent houses constructed and the bedding provided have

greatly improved the living standards of the beneficiaries.

Through the collaboration between the Department of Social Services and the Directorate of County Polytechnics, the County Government constructed the housing units within the required timelines and at a lesser cost than the market rate would demand.

Each year, except for the financial year 2019/2020, when the programme was put on hold due to the COVID-19 pandemic, the County Government targets to construct 360 housing units, and the target has always been met and in record time. Thus, the collaboration mechanisms of the County Government agencies have been instrumental in the programme's success.

Lessons learnt

In implementing the programme, key lessons learnt are:

1. Many vulnerable citizens require social welfare support from the County Government, but the resources available are limited.
2. Collaboration between the County Government agencies has reduced the time taken, lowered the cost of implementation and improved the

programme's sustainability.

3. Using the County polytechnics to construct the houses has availed an opportunity for the trainees to gain practical skills.
4. Involvement of the County polytechnics has provided an opportunity for income-generating activities and reduced their dependence on County Government funding.

Conclusion

Efforts should be made to increase alternative income-generating activities for the youth and the vulnerable residents, for example, increasing their enrolment in the cash transfer programme and universal health insurance coverage to improve their livelihoods. The 1,800 housing units constructed have greatly improved the living conditions of the vulnerable and old members of the County who cannot afford basic amenities. The collaboration between the County Government's Department of Social Services and the Directorate of County Polytechnics has greatly improved the performance of the programme, an aspect that should be replicated while implementing such programmes in future.



The old house versus the newly constructed house

CONCLUSION

From the good practices and innovations shared in this third edition of the Compendium, it is evident that improved service delivery in County Governments requires resource mobilization, a skilled and dedicated human resource, appropriate infrastructure, public participation and accountability, public-private partnerships, and sound leadership. County Governments should especially leverage on technology in service delivery. Technology has, for instance,

revolutionised healthcare and added value to health outcomes.

Kisumu County learning about the digitalization of CHV work from Isiolo County is proof that Counties can indeed learn from each other without reinventing the wheel. The innovations and best practices emerging from Counties can foster inter-County learning and increase partnerships amongst Counties. County Governments are encouraged to continue applying innovative solutions to their local challenges.

APPENDIX 1: COUNTY LOGOS



Embu 014



Kirinyaga 020



West Pokot 024



Nakuru 032



Bomet 036



Kakamega 037



Vihiga 038



Kisumu 042



Nairobi 047

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