Background

Wajir and Mandera counties have the highest total fertility rate (TFR) and the lowest modern contraceptive prevalence rate (mCPR) in Kenya; the modern contraceptive prevalence rates are 2.3 in Wajir and 1.9 in Mandera.[1] This low use of family planning (FP) is attributable to a weak health system, policy, resource environment, and strong socio-cultural norms opposed to the use of FP.[2] Save the Children, with funding from the Bill & Melinda Gates Foundation, partnered with the London School of Hygiene and Tropical Medicine and the Centre for Behaviour Change Communication on the four-year (December 2018-April 2022) Nomadic Health Project (NHP) to increase use of quality FP services among nomadic and semi-nomadic pastoralist populations in Kenya.

The Government of Kenya developed a Community Health Services Strategy that establishes Community Health Units (CHUs) which is a health service delivery structure within a defined geographic area covering a population of 2,500 people or approximately 500 households. Each CHU includes about 10 Community Health Volunteers (CHVs) and is governed by a Community Health Committee. The CHU is recognized as the first tier in Kenya's health system with devolution of the government in 2013, funding for implementation of the strategy comes from the county government. Currently, Wajir and Mandera counties do not have legislation to support implementation and financing for the strategy.

Save the Children's implementation model for the Nomadic Health Project leveraged the Community Health Strategy and sought to demonstrate the feasibility of implementation of a mobile CHU, which is a CHU that's members are comprised of nomadic and semi-nomadic pastoralists that enable the CHU to move when the nomadic and semi-nomadic populations do. Previously, all CHUs established were serving

[1] Kenya National Bureau of statistics. Kenya demographic and health survey (KDHS) 2014–15; 2014
[2] Leah Kenny, et al (2021) Improving provision of family planning among pastoralists in Kenya: Perspectives from health care providers, community and religious leaders, Global Public Health, DOI: 10.1080/17441692.2021.1944263

the settled population. In Wajir and Mandera counties, where 60% of the population is nomadic or semi-nomadic, this created large inequities in access to healthcare services.

County and sub-county health management teams were involved in implementing NHP from day one, problem-solved challenges that emerged, saw project successes, and utilized the CHVs in the mobile CHUs to conduct disease surveillance as COVID-19 emerged. To support further implementation of mobile and static CHUs, NHP worked with county governments to begin to develop a Community Health Services Bill in both counties to support implementation and financing of CHUs.

Adapting the Community Health Services Strategy in Wajir and Mandera Counties

Recognizing the similarities in context between the counties, the bills include the same components in both counties. The bills describe the role and responsibilities of the county government, criteria to establish CHUs (both static and mobile CHUs), and establishes Community Health Committees (CHCs) to govern CHUs at the community level. The bills also detail the recruitment process and responsibilities for community health extension workers (CHEWs), the recruitment process, training and responsibilities of CHVs, and the establishment of a county community health services fund to finance implementation of the strategy which will be administered by the County Community Health Services Committee.

In the Community Health Services Strategy, a specific health facility is linked to the CHU. In Wajir and Mandera, the mobile CHU requires the "linked" facility to change as the CHU moves, with different facilities along the migratory pathway identified to serve temporarily as the linked facility for the CHU. The bill specifies the process for commodity management, support supervision, and governance of the mobile CHU.

Developing the Bill

Save the Children organized the initial two meetings to advocate for development of the bill in both counties and subsequent meetings were organized and funded by the counties or other implementing partners. These meetings were used to discuss and debate the approach taken to introduce the bill (and in Mandera, meetings continued to discuss resource mobilization and financing). In February 2022, in Mandera, a meeting was held to discuss the structure of the bill and to begin its drafting. In Wajir, drafting of the bill was delayed due to a political stalemate which was caused by political challenges that began the previous year, in April 2021, when the Governor of Wajir was impeached by the county assembly. The impeachment was challenged by the then former governor who was since reinstated in March of 2022 by the high court, causing delays in the progress of the bill in Wajir County.

As an outcome of the initial consultative meeting, the county health management team (CHMT) and County Executive Committees formed a task group to begin drafting different components of the bill. The task group included representatives from the health department, county assembly, and NGOs. After the bill was drafted, the County Executive Committee in each county held a cabinet meeting for approval. The next step is to proceed to the county assembly for debate, which is expected to occur in May 2022.

Support for the Bill

Several partners in the county governments were important champions at different stages of development. The Executive Health Committee of both counties advocated for approval of the bill at the cabinet level and the county assembly health committee chair continues to advocate at the assembly level. In both counties, the Chief Officer played an important role in the process as budgets and plans were developed. Finally to support annual workplanning at the county and sub-county levels, the Director of Health (county

level) and Health Coordinator (sub-county level) played important roles in working with health management teams to develop the plans.

Expected Community Impact

To date, there have been 15 mobile CHUs established in Wajir and Mandera counties, with project support. Currently 73 static CHUs are still active in both counties. Nomadic and semi-nomadic pastoralists had not received community level services until NHP's mobile CHUs were operational; by establishing 100 static and 60 mobile CHUs in each county under the bill, access to basic health services will be guaranteed.

Looking Ahead

In the second half of 2022, it is expected that the bill will progress in both counties according to the process outlined in the graphic below. If the process proceeds as anticipated, the Community Health Services Bill will be approved by the Governors of Wajir and Mandera counties by the end of the month. The successful approval of the bill will be a critical milestone for community health services in general in both counties, and specifically for the sustainability of the mobile CHU and improving equity of access to health services for the nomadic and semi-nomadic populations in these counties.