### MISSION:
To build a responsive client-centred and evidence-based health system for accelerated attainment of the highest standard of health to all in Laikipia County

### VISION:
A healthy and productive County

<table>
<thead>
<tr>
<th>BACKGROUND</th>
<th>SITUATION</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographics (2019)</strong></td>
<td><strong>Macroeconomic Environment</strong></td>
<td><strong>Health Financing Status</strong></td>
</tr>
<tr>
<td>• Total population – 518,560</td>
<td>• Gross County Product (GCP) (2020) – KES 94,810 million¹</td>
<td>• % Health Exp. to Total Govt. Exp. (2019/20) - 33%¹</td>
</tr>
<tr>
<td>• Male – 51% and Female – 49%</td>
<td>• Annual GDP growth rate (2020) - 8.9%</td>
<td>• Total Health budget (2019/20) – KES 5.067 B¹</td>
</tr>
<tr>
<td>• Total households – 149,271</td>
<td>• Human poverty index - 57.3 (national - 29.1)</td>
<td>• Community Health Allocation – KES 33 M²</td>
</tr>
<tr>
<td>• Average household size – 3.4</td>
<td>• Main economic activity – Agriculture</td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td><strong>Weaknesses</strong></td>
<td><strong>Opportunities</strong></td>
</tr>
<tr>
<td>• Existing political goodwill at the executive and county assembly</td>
<td>• Inadequate financing for community health</td>
<td>• Community health stakeholders willing to support the County in advancement of community health</td>
</tr>
<tr>
<td>• Pool of trained community health volunteers (1100)</td>
<td>• Unstructured supportive supervision and performance management</td>
<td>• Use of technology in community health service delivery</td>
</tr>
<tr>
<td>• Each CHU has a link facility to effectively implement CH linkages</td>
<td>• No community health legislature and policy</td>
<td>• Provision of comprehensive service package</td>
</tr>
</tbody>
</table>

### Health Financing Status
- % Health Exp. to Total Govt. Exp. (2019/20) - 33%¹
- Total Health budget (2019/20) – KES 5.067 B¹
- Community Health Allocation – KES 33 M²

### Community Health Status
- CH program launched in 2012
- Active CHVs – 1,100 (2019/20)
- Active CHUs – 65; active CHAs – 65
- 1 CHA supervises 10–30 CHVs
- 1 CHV serves 100–150 households

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### GOAL
The strategy aims to provide efficient, cost effective and accessible health and sanitation services and accountability for quality public service delivery

### STRATEGIC DIRECTIONS
- **GOVERNANCE & LEADERSHIP**
  - Operationalized a county community health technical working group
  - Strengthen existing community health social accountability and oversight mechanisms
  - Operationalize the county health bill articles on community health
  - Strengthen community health partnership and stakeholder coordination mechanisms

- **FINANCING**
  - Establish advocacy and resource mobilization strategies for community health services

- **HUMAN RESOURCE**
  - Strengthen the capacity of community health workforce for improved service provision

### STRATEGIC OBJECTIVES

### KEY INTERVENTIONS

### GOVERNANCE & LEADERSHIP
- Define the scope of the CH Technical Working Group
- Provide oversight on implementation of the Community Health Strategy
- Review performance of the CH Technical working group
- Build capacity of oversight committee on community health linkages
- Advocate for enactment of the CH bill
- Map community health stakeholders
- Develop a community health partnership framework

### FINANCING
- Strengthen the capacity of CHMT on health financing, advocacy, and resource mobilization
- Build and maintain strategic public-private partnerships
- Track community health program domestic and external financing
- Partner with Department of Gender and Social Services on CBOs registration and management

### HUMAN RESOURCE
- Assess community health workforce capacity and coverage
- Train new and existing community health workforce
- Develop a community health services workforce norms and standards
- Equitable deployment of community health workforce
- Strengthen community health workforce performance management mechanisms
- Develop a community health workforce registry
**SERVICE DELIVERY**
- Demand creation for community health services
- Increase utilization of community health services
- Reinforce community health linkages and referral mechanism

**HEALTH INFORMATION**
- Strengthen the existing County community health information platform (CHIS)
- Enhance the capacity of CHW on CHIS
- Strengthen community health services monitoring systems

**DRUGS & SUPPLIES**
- Strengthen coordination and management of community health products and technologies

**KEY INTERVENTIONS**
- Undertake integrated CH outreach and awareness campaigns
- Develop a network of community health champions to promote healthy behaviors and address barriers to social determinants of health
- Roll out CH service package
- Equip CHW with a comprehensive kit
- Strengthen the capacity of CHW on referral linkages
- Strengthen CH referrals/Linkages and follow
- Digitalize the community health information system
- Build the capacity of the community health workforce to effectively collect, collate and report quality community health data
- Conduct community health data quality checks
- Capacity building of community health workforce in commodity and supplies forecasting and quantification
- Equip community health workforce with appropriate technologies

**STRATEGY IMPLEMENTATION COSTS AND RESOURCE NEED**

<table>
<thead>
<tr>
<th>STRATEGY COSTS BY INPUT</th>
<th>ANNUAL INPUT COSTS</th>
<th>2021/22</th>
<th>2022/23</th>
<th>2023/24</th>
<th>2024/25</th>
<th>2025/26</th>
<th>Total</th>
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<tbody>
<tr>
<td>Stipends</td>
<td>36,780,000</td>
<td>36,780,000</td>
<td>36,780,000</td>
<td>36,780,000</td>
<td>36,780,000</td>
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<td>NHIF</td>
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<td>Airtime</td>
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<td>10,668,000</td>
<td>10,668,000</td>
<td>10,668,000</td>
<td>10,668,000</td>
<td>53,340,000</td>
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<tr>
<td>CHV Training</td>
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<td>18,220,013</td>
<td>18,450,013</td>
<td>10,920,013</td>
<td>37,350,000</td>
<td>152,050,039</td>
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<tr>
<td>CHA and Management Training</td>
<td>3,039,500</td>
<td>183,000</td>
<td>2,836,000</td>
<td>4,870,000</td>
<td>10,928,500</td>
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<tr>
<td>CHV Equipment/Kits</td>
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<td>58,910,283</td>
<td>29,165,037</td>
<td>5,090,037</td>
<td>34,060,000</td>
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<td>Medicines and Supplies</td>
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<td>1,934,874</td>
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<td>1,934,860</td>
<td>9,674,356</td>
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<tr>
<td>Digitalisation of CHIS reporting</td>
<td>-</td>
<td>10,500,000</td>
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<td>1,000,000</td>
<td>14,000,000</td>
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<tr>
<td>CHA / Management Salary</td>
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<td>28,056,000</td>
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<td>28,056,000</td>
<td>28,056,000</td>
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<td>Supervision</td>
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<td>Quarterly Dialogue Days</td>
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<td>1,764,000</td>
<td>1,764,000</td>
<td>1,764,000</td>
<td>1,764,000</td>
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<td>Monthly Feedback Meetings</td>
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<td>10,320,000</td>
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<td>Recurrent Costs</td>
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<td>Action days</td>
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<tr>
<td>Dialogue days</td>
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<td>4,102,280</td>
<td>4,102,280</td>
<td>4,102,280</td>
<td>4,102,000</td>
<td>20,511,120</td>
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<td>Reporting Tools</td>
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<td>3,347,500</td>
<td>16,737,500</td>
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<td>Coordination (TWGs and Stakeholders Forums)</td>
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<td>756,500</td>
<td>756,500</td>
<td>756,500</td>
<td>756,500</td>
<td>3,873,000</td>
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<td>Other Costs</td>
<td>5,728,250</td>
<td>711,000</td>
<td>9,604,250</td>
<td>392,000</td>
<td>392,000</td>
<td>16,827,500</td>
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<td><strong>Total</strong></td>
<td><strong>213,180,454</strong></td>
<td><strong>207,451,450</strong></td>
<td><strong>180,482,454</strong></td>
<td><strong>136,329,204</strong></td>
<td><strong>196,598,860</strong></td>
<td><strong>934,042,422</strong></td>
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**Funding Needed:**
- KES 934M
- USD 8.32M

**Funding Available:**
- KES 350M
- USD 3.24M

**Funding Gap:**
- KES 584M
- USD 5.08M