

# COMMUNITY HEALTH SERVICES & DEVELOPMENT OFFICERS ASSOCIATION

## 1<sup>ST</sup> ANNUAL SCIENTIFIC CONFERENCE ON COMMUNITY HEALTH PRACTICE

### THEME

Reimagining Community Health Practice: Innovations, Partnerships, and Equity for Universal Health Coverage.

### Conference Report



Date: 26th to 27th November 2025  
Venue: Acacia Premier Hotel, Kisumu



## List of Acronyms

**ACHVOK:** Advocates for Community Health Volunteers of Kenya

**ASAL:** Arid and Semi-Arid Lands

**CHESOA:** Community Health Services and Development Officers Association

**CHOs:** Community Health Officers

**CHPs:** Community Health Promoters

**CHU4UHC:** Community Health Units for Universal Health Coverage

**eCHIS:** Electronic Community Health Information Systems

**IRC:** International Rescue Committee

**JnJ:** Johnson & Johnson

**MoH:** Ministry of Health

**MSF:** Médecins Sans Frontières

**PCNs:** Primary Care Networks

**PLWDs:** Persons Living with Disabilities

**SHA:** Social Health Authority

**UHC:** Universal Health Coverage



## 1. EXECUTIVE SUMMARY



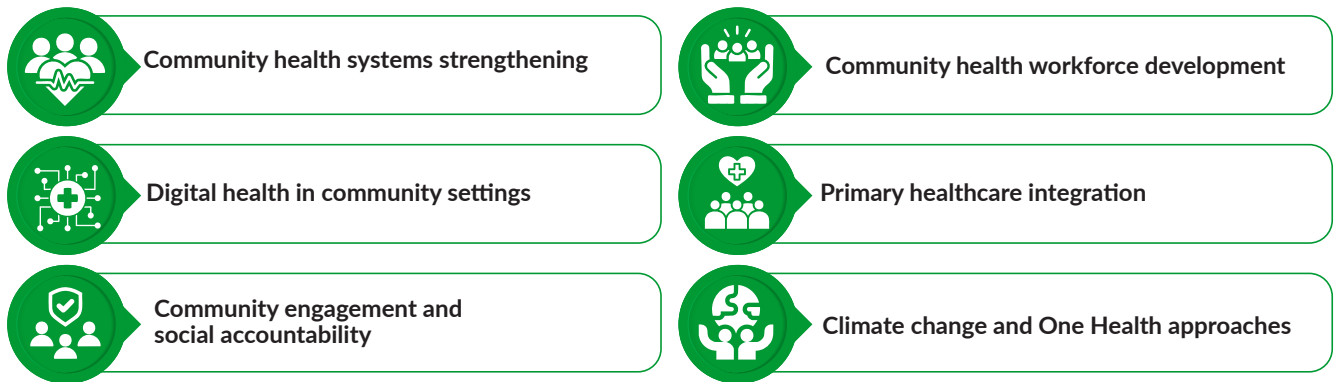
**Group photo of the conference secretariat team with the Chief Guest, H.E. Prof. Peter Anyang' Nyong'o, Governor of Kisumu County, and Dr. Gregory Ganda, CEC-M for Health, Kisumu County.**

The 1<sup>st</sup> Annual Scientific Conference on Community Health Practice was held from 26–27 November 2025 at Acacia Premier Hotel, Kisumu, marking a significant milestone in advancing Kenya’s community health agenda. Convened by the Community Health Services and Development Officers Association (CHESOA) in collaboration with the Advocates for Community Health Volunteers of Kenya (ACHVOK), Community Health Units for Universal Health Coverage (CHU4UHC), and the Ministry of Health, and hosted by the County Government of Kisumu, the conference brought together 355 delegates drawn from across the country.

Held under the theme *“Reimagining Community Health Practice: Innovations, Partnerships, and Equity for Universal Health Coverage,”* the conference provided a national platform for policymakers, county leaders, researchers, development and humanitarian partners, academic institutions, Community Health Officers (CHOs), and Community Health Promoters (CHPs) to engage in evidence-informed dialogue on strengthening community health systems amid ongoing health sector reforms.



## Conference deliberations were structured around six key sub-themes:



These discussions responded to emerging national priorities, including the rollout of the Social Health Authority (SHA), digital transformation through the Electronic Community Health Information System (eCHIS), increasing climate-related and humanitarian pressures, and persistent inequities affecting frontline community health workers.

Over the two days, delegates participated in high-level plenary sessions, panel discussions, breakout sessions, exhibitions, and networking forums. The scientific program featured 27 oral presentations, 25 poster presentations, and 6 exhibitors, showcasing innovations, operational research, and best practices from diverse county and programmatic contexts. Keynote addresses and remarks from national and county leadership reaffirmed the central role of community health as the foundation of Primary Health Care (PHC) and Universal Health Coverage (UHC), and emphasized the need for sustained investment, professionalization, and predictable financing of the community health workforce.

The successful convening and delivery of the conference was made possible through strong multi-sectoral partnerships. The organizers acknowledge the leadership and technical stewardship of the Ministry of Health and the County Government of Kisumu, alongside the collective support of development partners, civil society organizations, academic institutions, and the private sector. Key partners included Johnson & Johnson Foundation, Amref Health Africa, Lwala Community Alliance, Living Goods, LVCT Health, Financing Alliance for Health, International Rescue Committee (IRC), Médecins Sans Frontières (MSF), World Bicycle Relief, VillageReach, Dandelion Africa, and Afya Reach. Academic partners, including Strathmore University, Great Lakes University of Kisumu and Amref International University, played a critical role in strengthening the scientific rigor and knowledge exchange outcomes of the conference.

Key outcomes of the conference included strengthened consensus on the professionalization, regulation, and sustainable financing of the community health workforce; recognition of digital health tools, particularly eCHIS, as essential enablers of data-driven service delivery; identification of context-specific strategies for ASAL and humanitarian settings; enhanced alignment between community health systems and Primary Care Networks (PCNs); and the launch of the National Community Health Awards, a landmark initiative aimed at recognizing excellence, innovation, and dedication within Kenya's community health workforce.

**Overall, the conference reaffirmed community health as the cornerstone of Kenya's UHC agenda and strengthened alignment between policy, practice, and partnerships.**



## 2. Conference Execution

The 1<sup>st</sup> Annual Scientific Conference on Community Health Practice 2025 was successfully executed through the coordinated efforts of multidisciplinary committees that ensured planning, resource mobilization, scientific review of abstracts, and stakeholder engagement. The 2-day event featured plenary sessions, breakout presentations, poster displays, and high-level discussions that advanced Kenya's community health policy, research, and practice agenda.

### Conference Committees and Roles

The success of the 1<sup>st</sup> Annual Scientific Conference on Community Health Practice 2025 was driven by the coordinated efforts of the following four (4) key committees that ensured effective planning, execution, and impact.



### 3. Opening Ceremony, Keynote Addresses and Closing Ceremony

#### 3.1 Opening Remarks



#### *H.E. Prof. Peter Anyang' Nyong'o, Governor of Kisumu County, delivering his opening remarks*

The conference was officially opened by H.E. Prof. Peter Anyang' Nyong'o, Governor of Kisumu County, who emphasized that community health is the foundation of UHC and described CHPs as “the heartbeat of the Universal Health Care system.” He underscored the need to match policy recognition with adequate tools, digital systems and dignified remuneration for CHPs. Kisumu County’s leadership in piloting and scaling eCHIS, now adopted nationally, was highlighted as a model for data-driven community health service delivery.



### 3.2 Keynote Address - Dr. Mercy Mwangangi-Social Health Authority - CEO



*Dr. Mercy Mwangangi-Social Health Authority CEO, engaging with the conference participants*

Dr. Mwangangi addressed frontline concerns related to SHA implementation, including flexible payment options, inclusion of vulnerable populations, refugee registration pathways and plans to transition CHUs into cost centers to support sustainable CHP financing.

### 3.3 Remarks



#### 3.3.1 Remarks by John Wanyungu- Deputy Head- Division of Community Health

Mr. John Wanyungu acknowledged the progress made in institutionalizing community health and stressed the importance of sustained collaboration between national and county governments, development partners, and frontline health workers.



#### 3.3.2 Remarks by Dr. Gregory Ganda, County Executive Committee Member (CECM) Health, Kisumu County

Dr. Ganda, highlighted Kisumu's leadership in community health system reforms and reaffirmed the county's ongoing commitment to supporting CHPs and CHAs as essential pillars of primary healthcare.



#### 3.3.3 Remarks by Peter Waithaka, Secretariat Lead, CHU4UHC Coalition

Mr. Peter reported that the Community Health Units for Universal Health Coverage (CHU4UHC) Coalition, established in 2019 with eight founding partners and supported by philanthropic organizations, has grown to include over 20 additional organizations and is hosted by the Ministry of Health's Division of Community Health, working closely with national and county governments to strengthen community health systems. He highlighted the coalition's role in advancing Primary Health Care and Universal Health Coverage through coordinated support in community financing, supply chains, governance, service delivery, and workforce strengthening, citing the launch of eCHIS in Kisumu County as a key example of successful partner-led innovation. He noted the coalition's technical and financial contribution to the conference and emphasized the professionalization of Community Health Promoters as a priority, concluding with optimism that the conference would generate practical recommendations to further strengthen community health systems nationwide.



#### 3.3.4 Remarks by Mr. Wycliffe Ogenya, Secretary General of CHESOA

Mr. Wycliffe, spoke on behalf of Community Health Officers and Assistants, reaffirming the association's role in representing their professional interests. He recognized the Division of Community Health for its continued support in strengthening community health services nationwide and extended appreciation to all stakeholders and delegates whose contributions made the conference a success.



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### 3.3.5 Remarks by Mr. Sherringham Elisha, ACHVO-K's Secretary General

Mr. Sherringham highlighted the national association's role in uniting CHPs to champion their rights and welfare. He emphasized that the conference reflects a collective commitment to advancing community health and acknowledged the persistent challenges CHPs face. He expressed optimism for a future where CHPs are fully recognized, county chapters are well-structured, and every community has access to people-centered, equitable care.

## 3.4 Closing Remarks

The two-day conference concluded with a closing ceremony that reflected on the very insightful discussions, and practical recommendations generated throughout the event. A major highlight of the ceremony was the launch of the National Community Health Awards, a landmark initiative designed to honor excellence, dedication, and innovation within Kenya's community health workforce. The closing ceremony marked a forward-looking end to the inaugural conference, reaffirming the collective commitment of stakeholders to strengthening community health systems and advancing universal health coverage in Kenya.



### 3.4.1 Dr. Joel Gondi-Director, Primary Health Care, MoH

Dr. Gondi assured the delegates of the commitment by the Ministry of Health to support the resolutions that emanated from the conference. He reiterated that whilst, professionalisation is the direction for the future of community health workforce, there was need for continued collaboration to support the ongoing community health workforce underscoring the critical health services need they continue to address.



*Dr. Joel Gondi-The Director, Primary Health Care, MoH, making closing remarks during the conference.*

### 3.4.2 Julius Mbeya, Co CEO Lwala Community Alliance



#### *Mr. Julius Mbeya, Co CEO Lwala Community Alliance while addressing the conference participants*

In his remarks, Julius Mbeya, Co-CEO of Lwala Community Alliance, commended the CHU4UHC coalition members for coming together to support and champion the conference. He noted that sustained investment in community health consistently delivers measurable impact, reinforcing the need to safeguard the community health workforce, protect the community health registry from political interference, and ensure that CHPs are adequately compensated for their role in supporting SHA registrations. He further underscored the importance of demonstrating tangible results as a basis for advocating increased investment in community health.

### 3.4.3 Anthony Gitau, Director, Program Delivery and Impact, Africa and Middle East, Johnson and Johnson



#### *Anthony Gitau, Director, Program Delivery and Impact, Africa and Middle East, Johnson and Johnson*

Anthony Gitau in his remarks reiterated the need for and shift towards performance based initiatives for CHPs showcasing the return on community health investment. He proposed the launch of the National Community Health Awards as a landmark initiative designed to honor excellence, dedication, and innovation within Kenya's community health workforce.



## 4. Conference Proceedings - Plenary and Breakout Sessions Summaries

Day 1-26th November 2025

Session 1: Strengthening Community Health Systems in Kenya: Sustainable Strategies for the Future of Primary Healthcare

Discussions highlighted persistent challenges including donor dependency, heavy workloads, weak supervision, fragmented implementation, and data feedback gaps.



Panelists for Strengthening Community Health Systems in Kenya Session

### Recommendations



Full institutionalization of community health within government structures



Strengthened legal and policy frameworks



Predictable and sustainable financing



Protection from politicization



Enhanced community ownership

## Day 1-26th November 2025

### Breakout Session 2: Digital Health in Community Settings

The session explored how digital tools, most notably eCHIS, are transforming community-level health care in Kenya. Speakers reflected on the opportunities these technologies bring to data-driven service delivery, while also highlighting operational, policy, and infrastructure challenges that must be addressed for sustainable impact.

The rollout of Electronic Community Health Information Systems (eCHIS) has transformed community health practice by reducing paperwork, improving supervision, and enabling real-time data reporting. Key benefits included improved referrals, household tracking, and performance monitoring.

#### Challenges identified included:

1. Network connectivity gaps
2. Limited refresher training
3. Weak data validation and feedback mechanisms
4. Concerns around data security and privacy



*Panelists for Digital Health in Community Settings session engage the conference participants*

#### Challenges Identified

Major obstacles remain unreliable network connectivity affecting report synching; limited refresher training and supervision; weak feedback loops; gaps in data quality, validation, and usefulness; complexity in linking eCHIS performance to CHP stipends; and interoperability across health data systems.

## Recommendations



Develop and implement a common 3-year digital health roadmap aligned with national policies.



Strengthen user feedback mechanisms in eCHIS to ensure responsiveness and reduce delays.



Expand training programs through refresher courses, mentorship, and combined digital/physical sessions



Institutionalize supervision, data audits, and validation protocols to guarantee data quality, reliability, and accountability.



Invest in sustainable infrastructure and connectivity to ensure uninterrupted system functionality and interoperability across platforms.

Day 1-26th November 2025

### Breakout Session 3: Reimagining Community Health Practice in Humanitarian Settings: Refugee Hosting Counties in Kenya (IRC Kenya, Amref Health Africa, MSF Geneva)

CHPs operating in arid, semi-arid, and humanitarian settings face extreme challenges, including insecurity, vast distances, poor infrastructure, climate shocks, and delayed stipends. Despite these constraints, strong partnerships have driven community resilience, livelihoods, and social cohesion.

Participants emphasized the need for:

- Context-specific staffing ratios
- Timely compensation
- Improved mobility and security
- Adult literacy support
- Tailored policy adaptations for ASAL and refugee-hosting counties.



*Panelists for Reimagining Community Health Practice in Humanitarian Settings Session*

**Moderator**

Dr. Grace Vugutsa Magada

**Speakers**

1. Minani Michael (Community Health Promoter, Kakuma Refugee Camp)
2. Kaltuma Yussuf Abdullah (Community Health Officer, Medecins Sans Frontieres -MSF)
3. Lobokan Ebune James (Turkana County Government)
4. Irene Bosire (Deputy Director Programs IRC, Kenya)
5. Dr. Silas Agutu- Senior Deputy Director of Medical Services, Ministry of Health



Day 1-26th November 2025

Breakout Session 4: Frontline Realities, CHPs in Arid Areas; The Good, the Bad and the Work



Panelists for Frontline Realities, CHPs in Arid Areas Session



### The Challenges (“The Bad”)

Panelists highlighted several persistent and context-specific challenges :

- Vast distances, poor road networks, and scattered settlements make routine household visits and effective supervision extremely difficult.
- Limited health facility coverage contributes to frequent delays in referrals and emergency care.
- Poor mobile network connectivity was cited repeatedly; CHPs often resort to climbing trees or walking long distances to access a reliable signal for reporting or emergency communications.
- Insecurity, including banditry, inter-clan conflict, and armed attacks, severely restricts movement and jeopardizes the safety of CHPs.
- High levels of illiteracy among community members and in some cases CHPs, were noted as barriers to both service delivery and the effective use of digital tools.
- Early marriage and cultural norms continue to hinder health-seeking behaviors and women’s empowerment.
- Climate-related disruptions, particularly droughts and floods, worsen displacement, food insecurity, and disease outbreaks.
- Delayed and unpredictable stipends were noted as a major demotivator for CHPs.
- Frequent stock-outs of essential supplies, commodities, and job aids limit the ability of CHPs to provide timely and effective care.



### The Successes (“The Good”)

- Despite the challenges, inspiring progress was noted, much of it driven by strong community partnerships. Dandelion Africa was highlighted as a key partner strengthening community resilience and livelihoods.
- Community members have been trained to write proposals and secure grants, enabling them to initiate income-generating projects.
- Various groups have been equipped with practical livelihood skills, including soap-making, tree-planting, mushroom cultivation, kitchen gardening, and rabbit rearing initiatives that improve household income and overall well-being.
- The formation of self-help groups and women-led savings initiatives (e.g., table banking) has boosted financial literacy, economic resilience, and social cohesion.
- Panelists emphasized that these successes demonstrate the transformative power of partnerships and community-driven development.

### Recommendations

The panel outlined several actionable priorities essential for strengthening community health in ASAL regions:



**Ensure timely and predictable compensation for CHPs:** It was noted that regular stipends are vital for motivation, retention, and performance.



**Strengthen partnerships and government support:** to make CHPs increasingly self-reliant through integrated adult education, continuous advocacy, and structured mentorship.



**Increase government investment in infrastructure:** including roads, communication networks, and security measures, to address foundational barriers to service delivery.



**Revisit policy guidelines for ASAL contexts:** Panelists stressed that the standard ratio of one CHP per 100 households is unrealistic in sparsely populated, hard-to-reach regions and should be revised accordingly.



**Promote leadership that champions ASAL issues:** Communities were encouraged to elect leaders who understand the realities faced by CHPs in ASAL areas and can drive relevant policy reforms.

**Day 1-27th November 2025**

**Session 1: Professionalizing Community Health Workforce**

The plenary session covered areas that need attention in order to professionalize community health workforce. It was noted that significant process had been made through:

1. Legal recognition of CHPs
2. Rebranding from CHWs to CHPs
3. Adoption of Standardized training curricula
4. Establishment of a national CHP registry
5. Introduction of digital tools
6. Provision of CHPs stipends



**Panelists for Professionalizing Community Health Workforce Session.**

**Moderator**

Peter Waithaka – Secretariate Lead CHU4UHC

**Speakers**

1. Kenneth Ogendo- Lwala Community Alliance
2. Dr. Lilian Otiso- Executive Director, LVCT Health
3. Christine Mwamisidu- Amref Health Africa
4. Margaret Odera- Community Health Promoter
5. Dr. David Oluoch- Senior Government Advisor, Living Goods

## Recommendations



Standardize selection, training, and certification of CHPs nationwide.



Institutionalize strong supervision structures, standardized tools, and performance dashboards.



Ensure adequate and predictable financing to support motivation, supplies, and supervision.



Implement PHC Act provisions to secure dedicated community-level funding.



Strengthen regulatory frameworks and ethical standards for CHPs and CHAs.



Build and sustain partnerships and coalitions to advance professionalization.



Promote peer learning and continuous in-service training for quality improvement.



Export Kenya's best practices to other countries seeking to strengthen community health.

Day 2-27th November 2025

## Break out Session 1: CHU4UHC Platform – Reflecting on Progress, Shaping the Future of Community Health Care

The plenary panel brought together leaders from national and county governments, community representatives, the private sector, and the secretariat to reflect on the progress and future direction of the CHU4UHC Platform as a cornerstone for advancing Universal Health Coverage (UHC) in Kenya.

Moderated by Dr. Loice Wanjiru, the discussion emphasized CHU4UHC as a transformative, government-anchored initiative aimed at strengthening community health systems through improved coordination, pooled resources, and reduced fragmentation.

### Panelists underscored several key achievements including:

- Policy and legal anchoring of CHPs within the national health system, enhancing their legitimacy and sustainability.
- The rebranding from CHWs to CHPs marked a significant step toward professionalization.
- Establishment of a national community health workforce registry.
- Rollout of an integrated curriculum and standardized supervision systems.
- Deployment of eCHIS to enable real-time data capture and evidence-based decision-making. Resource pooling among partners which has expanded funding and minimized duplication.

Despite these gains, several gaps remain. Humanitarian settings require tailored community health approaches, counties need to recruit more CHAs and CHOs and sustainability must be strengthened through structured, long-term partner engagement. Further emphasis was placed on continuous in service training, linking performance to financing, improving mobility and providing essential tools and equipment to enhance working conditions.

### Key Take aways



Government leadership is central to the sustainability of UHC programs.



Policy anchoring and professionalization of community health workforce are major system strengthening milestones.



Digital tools like eCHIS are transforming data quality and decision making.



Resource pooling reduces fragmentation and increases impact.



Quality, workforce capacity and mobility remain critical gaps.





**Panelists for Reflecting on Progress, Shaping the Future of Community Health Care Session.**

### Moderator

Dr. Loice Wanjiru – Strathmore University

### Speakers

- Paul Waswa- Strathmore University
- Dr. Malkia Abuga- CEO, CHESOA
- Dr. Joel Gondi- Director PHC at Ministry of Health
- Mwanaidi Idi- CHP, Kwale
- Peter Waitthaka- Secretariat Lead, CHU4UHC
- Anthony Gitau- Johnson & Johnson

### Recommendations



Strengthen sustainability by institutionalizing partner support



Expanding workforce recruitment and mobility



Linking performance outcomes to predictable financing to fully realize community health contribution to UHC.

Day 2-27th November 2025

Breakout Session 2: Integrating Community and Primary Health Care for Improved Antenatal Care and CHP Mental Wellbeing: Experiences from the C-It DU-It and SHINE Programmes (LVCT Health)



**Panelists for LVCT Health Led Session on Integrating Community and Primary Health Care for Improved Antenatal Care and CHP Mental Wellbeing Session.**

**Moderator:**

Dr Stephen Mulupi (The light Consortium)

**Panelists:**

1. Dr. Lilian Otiso - LVCT Health
2. Linet Okoth - LVCT Health
3. Benson Omondi - KEMRI
4. Faith Munyao - LVCT Health
5. Samson Adhu - Lead CHP Homabay
6. Mathews Onyango – CHO-Deputy CHS Focal Person Homabay

**Day 2-27th November 2025**

### **Breakout Session 3: Primary Health Care (PHC) Integration**

The session highlighted the importance of Primary Care Networks (PCNs) in linking community and facility services. Kisumu and Vihiga counties were cited as examples of effective integration through team-based care, shared supervision, and digital interoperability. Gaps remain in interdisciplinary collaboration, pooled financing, and research translation into policy, requiring stronger coordination across levels of care.



**Panelists for Primary Health Care (PHC) Integration Session.**

#### **Moderator**

Dr. Brenda Maingi

#### **Speakers**

1. Dr. Silas Agutu- Senior Deputy Director of Medical Services, Ministry of Health
2. Fanaka Nero- Community Health Officer, Kisumu County
3. Dr. Linet Nyapada – Greatlakes University
4. Jemima Nyawira Kibira- Co-Founder & Technical Lead, Afya Reach
5. Dr. Vitalis Juma - PHC Coordinator, Vihiga County

## Key Highlights:

### • Strengthening Linkages Between Community and Facility:

Panelists noted that while outreach activities have historically dominated community health work, stronger linkages to health facilities are now essential for continuity of care. Kisumu County was recognized for its effective PCN model, where CHUs are seamlessly connected to nearby facilities, enabling smooth referrals and integrated workflows.

### • Strengthening Team-Based Primary Care

Speakers emphasized the importance of multidisciplinary teams; nurses, clinical officers, CHPs, and other cadres, working collaboratively at lower-level facilities. Kisumu's PCN model includes:

- i. Functional wellness centers with CHPs integrated into facility operations.
- ii. Regular supervision, mentorship, and coaching by CHAs.
- iii. A CHP rota system attaching CHPs to facilities to support SHA registration and service delivery.

This approach has resulted in shared resources, improved referrals, strengthened teamwork, and more accessible care for communities.

### • Digital Innovation and Interoperability

Digitalization within PHC networks is enabling interoperability and better patient tracking. Panelists highlighted the goal of having unique patient identifiers to improve continuity of care across community and facility services.

## Lessons from Vihiga County

Dr. Vitalis Juma shared Vihiga's progress, including:



Payment of stipends and full kitting of CHPs.



Strong political commitment supporting community health reforms.



Improved linkage between CHPs and health facilities, enhancing referrals and service continuity.

## Challenges Identified

1. **Fragmented financing**, with limited pooling of resources across partners.
2. **Gaps in PHC competencies**, affecting uniform service delivery.
3. **Poor interdisciplinary collaboration**, where nurses, clinical officers, and CHPs often operate in isolation rather than as integrated teams
4. **Limited research integration**, where community-level data and innovations do not consistently inform policy.
5. **Inadequate support for research-based innovation** to strengthen PHC workforce capacity.

## Key Recommendations



Improve partner coordination and financial pooling to reduce fragmentation.



Build interdisciplinary PHC competencies across all cadres.



Strengthen collaboration between community and facility teams through PCNs.



Promote evidence-informed practice by ensuring community-level data feeds into policy and decision-making.



Support research-driven innovation to enhance PHC efficiency and workforce performance.

Day 2-27th November 2025

## Breakout Session4: Mobility and Access as Catalysts for Strengthening Community Health Practice (World Bicycle Relief (WBR) /Buffalo Bicycles Kenya)

### Moderator

Peter Wechuli

### Speakers

1. James Oyamo -Department of Health-Siaya County (SCCHSF)
2. Headlqueen Okutoyi - Department of Health-Kakamega (Facility in Charge)
3. Kakamega Community Health Representative
4. Siaya Community Health Representative

### Key Highlights

- **Transforming Access to Care:** Demonstration of how bicycles expand the reach of community health promoters (CHPs), enabling them to serve more households and reduce travel fatigue and time.
- **Data-Driven Evidence:** Presentation of findings from WBR's impact studies linking mobility with improved maternal health visits, timely immunizations, and referral follow-ups- strengthening evidence-based practice.
- **Gender Empowerment and Equity:** There were shared lessons on how WBR's inclusive distribution models enhance female CHPs' mobility, leadership, and retention; advancing gender equity in community health delivery.
- **Sustainability and Systems Strengthening:** Discussions on WBR's community-centered model- local assembly, maintenance, and ownership- as a replicable approach that integrates sustainability into health programming.
- **Policy and Integration Pathways:** Advocacy efforts aimed at embedding mobility solutions within County Health Investment Plans and Community Health Strategy frameworks, emphasizing bicycles as cost-effective enablers of UHC.
- **Partnership and Research Opportunities:** Invite collaboration on implementation research and impact evaluations examining the role of mobility in improving community health outcomes, resilience, and productivity.



## 5. Oral and Poster Presentation

### 5.1 Oral Presentations

Name	Title
Lilyana Dayo	Community-Based Delivery of IPTp/SP to Improve Malaria Prevention in Pregnancy: Lessons from Kisumu County, Kenya
Emily Muchina	Empowering Community Health Promoters for Cardiovascular Disease Prevention: A qualitative exploration of barriers and facilitators in Kiambu, Kenya
Erick Auko	Enhancing Continuity of Care for Sick Young Infants through Strengthened Community – Facility Referral Systems
Susan Kagia	Integrating Baby Friendly Community Initiative (BFCl) into Primary Health Care in Dagoretti sub county- Nairobi Count
Sei-kashe M'pfunya	Understanding the Status and Perspectives of Functionality of Community Health Committees in Western Kenya
Judith Naita Ngechu	Model to Reduce Intestinal Parasitic Infections among School Going Children in Meru County, Kenya
Antony Ochung'	Digital Promise, Practical Challenges – lessons from rolling out of eCHIS as part of a cluster randomised trial in Homabay County
Obonyo Wycliffe Odhiambo	Integrated Community Health Model for Universal Health Coverage: A Case Study of Nyatike Sub County, Migori County, Kenya
Edward Ouko	Urban Gardening Hubs with Community Nutrition Education as a Strategy for Climate-Resilient Food Security in Low-Income Urban Settlements
Lou Goore	CHP Professionalization Outweighs Education and Literacy in Predicting CHP Knowledge and Digital Confidence
Eric Otieno Were	Improving adolescent health services: A scorecard approach to facility enhancement. Lessons learnt from Ojolla Sub County Hospital in Kisumu West Sub County, Kisumu, Kenya.
Damaris Anyango Odhiambo	Community Health Systems Strengthening: Effective Governance, Financing and Quality Improvement
Faith Munyao	Unintended Consequences of the Community Health Systems Reforms on Community Health Promoters' Mental Health and Well-being in Kenya
Martina Gant	Can Pregnant Women's Groups in Kenya Improve Attendance to Antenatal Care?
James Malusha	Household Hazardous Waste Management Practices in Nairobi Kenya

Patricia Okoth	Policy Intentions versus Implementation Realities: Addressing Psychosocial Stressors among Community Health Promoters in Kenya
Benson Omondi Omolo	The Silent Supervisor: Co-development and use of a Community Health Promoters' Case Report Form in Supporting Antenatal and Post-natal care in Homabay County
Bernard Nthuku Musyoki	Best Practices For Community health in Machakos County
Paul Nawiri	Configuring an Evaluation Matrix within the Mental Well-Being Intervention context, among Community Health Workers in Kenya, using the Re-AIM Framework
Dr. Felix Blair Odhiambo	Mobile phone text messaging increases breast cancer screening uptake and knowledge in Rural Communities: A case of Homa-Bay County Kenya
Vincent Ondieki Sunda	Utilizing the Electronic Community Health Information System (eCHIS) for Training, Household Mapping, and Service Delivery: A Case Study of Kasarani Sub-County, Nairobi.
Okongo Abel	Performance-Based Incentives Compensation Model for Measuring Community Health Outcomes in Strengthening Primary Healthcare in Kenya
Mercy Lodendwa	Community Dialogue, A powerful Tool in Malaria Social Behaviour Change Intervention; The Case of Mambai Community Unit, Vihiga County
Kirwa Albert	Concurrent – Sequential Uptake, Timeliness and Completeness of vaccines among children 12-23 months in Emuhaya, Kenya
Lilian Nyokabi Wanjohi	Humanizing Maternal Care in Community Health: A Transformative Model from Riruta Health Center, Nairobi
Sheringham	Reimagining the Community Health Workforce through Advocacy, Innovation, and Equity in Kenya
Dr. Vincent Omwenga	Utilization of Male Targeted Short Message Service to Enhance Family Planning Uptake Among Spouses in Marsabit County, Kenya
Verone Otieno Onyango	Sustaining Open Defecation Free Gains in Nyakach Subcounty, Kisumu County
Zipporah Moraa Nyangacha	Leveraging Digital Technology to Enhance Supportive Supervision of Community Health Promoters
Ann Mugo	Sustainable solutions to management of malnutrition through Positive Deviance Hearth (PDH) Approach
Gerald Ong'ayo	Closing the Loop: Digital Referral Linkage Between Community and Facility Care in Homabay, Kenya



## 5.2 Poster Presentations

<b>Kennedy Odhiambo Otieno</b>	Strengthening Community Health Systems through Market-Based WASH Business Centres: Lessons from Nyakach Sub-County, Kisumu
<b>Fatuma Mwarasi Zani</b>	Strengthening community health coverage and improving community health performance in Mjambere Ward, Mombasa County
<b>Susan Okiri Okullo</b>	Advancing Primary Health Care Integration in Kenya: Experiences from Kisumu County through Community- Led and digital innovations
<b>Jane Nelima</b>	Strengthening Community Health Systems for Equitable and Sustainable Care
<b>Mary Juma</b>	Digital Health Best Practices in the Community
<b>Felix Mwai Nyamiel</b>	Male Champion Model in Addressing Cultural Barriers in Contraceptive Uptake: A Case Study of Seme Sub-County, Kisumu County
<b>Monica Atieno Okwany</b>	Leveraging Local Media to Enhance Community Engagement in Nutrition, Hygiene, and Sanitation
<b>Mary Juma</b>	Strengthening Community Health Promotion Through Digital Health Solutions
<b>Jared Odaro</b>	Bridging Traditional and Modern Maternal Healthcare: The Role of Multi-Stakeholder Collaboration in Improving Quality of Antenatal Care in Homabay County

The conference also included exhibition booths where LVCT Health, CHU4UHC, ACHVO-K, CHESOA, Great Lakes University of Kisumu (GLUK), and Amref International University (AMIU) showcased their innovations and programs. These spaces allowed exhibitors to expound the work their organization is doing and participants to interact with new tools, explore potential partnerships, and gain exposure to cutting-edge solutions in community health.



## 6. Conference Achievements, Challenges, and Lessons Learned

### 6.1 Key Outcomes and Achievements of the Conference

The conference yielded significant policy, programmatic, and system-level outcomes that collectively advanced the national discourse on strengthening community health systems for Universal Health Coverage. Specifically, the conference realized the following achievements:

1. Successfully convened the 1st Annual Scientific Conference on Community Health Practice, establishing a national convening platform for community health policy, practice, and research.
2. Brought together national and county governments, CHPs/CHOs, academia, civil society, humanitarian actors, and development partners, strengthening multi-sectoral collaboration.
3. Advanced national dialogue on Universal Health Coverage (UHC) through community health systems strengthening.
4. Elevated the role of Community Health Promoters (CHPs) and Community Health Assistants/Officers as central to Primary Health Care (PHC) and the Social Health Authority (SHA) model.
5. Generated consensus on priority reforms in professionalization, digitization, regulation, and financing of community health.
6. Documented practical innovations and best practices, including eCHIS implementation, humanitarian community health models, and inclusive approaches for vulnerable populations.

### 6.2 Challenges

#### Logistical

- High attendance, exceeded initial planning assumptions, with most participants confirming attendance at the last minute, placing pressure on venue space, session timing
- The two-day duration for the event was short, resulting in limited time for parallel sessions constrained deeper technical engagement.

#### Technical

- Variability in abstract quality reflected uneven research capacity among practitioners.
- Limited time for structured policy dialogue reduced the depth of consensus-building on some reform areas.

#### Others

Financing participation for frontline CHPs remained a challenge.



### 6.3 Lessons Learnt for future conferences

1. Future conferences should be planned over a longer duration, with early participant confirmations and scalable venues to accommodate growing attendance.
2. Pre-conference technical support should be strengthened through abstract mentorship and quality assurance.
3. Conferences are most impactful when they deliberately link evidence, practice, and policy across all sessions.
4. Dedicated spaces for CHPs, county governments and humanitarian actors enhance relevance, inclusivity and practical engagement.
5. Targeted sponsorships for frontline CHPs and formal government endorsement mechanisms are essential for equitable participation and policy uptake.
6. Clear pathways must be established to translate conference resolutions into policy decisions and implementation actions.
7. Awards and recognition frameworks significantly motivate, professionalize and retain the community health workforce.
8. Strong documentation, strategic dissemination and structured post-conference follow-up increase long-term influence and impact.



## 7. Conference Resolutions and Recommendations



Accelerate formal recognition, standardization and career progression for Community Health Promoters (CHPs) and Community Health Officers (CHOs), and institutionalize continuous professional development alongside performance-based recognition mechanisms.



Fast-track the development of a national regulatory framework to guide training, deployment, ethics, accountability and clearly define roles and scopes of practice across community and primary health care cadres.



Integrate CHPs and CHAs as core agents within the Social Health Authority (SHA) agency model for household enrollment, health education, follow-up, and referral, supported by adequate training, tools, and predictable remuneration.



Formalize and adapt community health service delivery models for fragile, ASAL and humanitarian settings, while strengthening partnerships with humanitarian agencies to ensure continuity, equity, and resilience of care.



Scale up the use of eCHIS and other interoperable digital tools across counties, and strengthen data use at community and county levels to support decision-making, performance management and accountability.



Strengthen last-mile supply chain systems to ensure consistent availability of community health commodities, and integrate community-level supply needs into national and county quantification, procurement and distribution plans

## 8. Conclusions

The 1st Annual Scientific Conference on Community Health Practice 2025 successfully reaffirmed community health as the cornerstone of Universal Health Coverage in Kenya. It strengthened alignment between policy, practice, and partnerships while centering the voices and realities of frontline workers. The outcomes provide a clear roadmap for advancing equitable, resilient and people centered community health systems in the country.



## 9. Closing Ceremony

Closing remarks by the Secretary General of ACHVOK and Secretary General of CHESOA acknowledged the vital contributions of the planning committees and emphasized the strong spirit of collaboration with all partners that defined the inaugural Scientific Community Health Conference.

Antony Gitau of JnJ gave his closing remarks and detailed the vision for the annual community health awards. Julius Mbeya, Chair CHU4UHC and Co-CEO of Lwala Community Alliance, commended the CHU4UHC coalition for supporting the conference and underscored the importance of sustained investment in community health. He highlighted the need to protect the workforce, development of CHWs registry, ensure fair compensation for CHPs and demonstrate measurable impact to advance Universal Health Coverage in Kenya. He also asked the conference planning team to consider holding the next conference in Nairobi during the launch of the National Community Health Awards.

The conference was officially closed by Dr. Joel Gondi, Director – Primary Health Care at the Ministry of Health. He offered his unwavering support to the stakeholders in advancing community health in the Country.



## 9.1 Official Closing Ceremony

### SPEECH OF MARY MUTHONI MURIUKI, CBS- PRINCIPAL SECRETARY STATE DEPARTMENT FOR PUBLIC HEALTH AND PROFESSIONAL STANDARDS, MINISTRY OF HEALTH DELIVERED BY DR. JOEL GONDI



It is an honor to officiate the closing ceremony for the CHESOA and ACHVOK first annual scientific community health practice conference being held in Kisumu. The conference title “Reimagining Community Health Practice: Innovations, Partnerships and Equity Towards Achieving Universal Health Coverage” resonates with the Kenya Kwanza’s mantra of delivering Universal Health Coverage (UHC) ensuring that all Kenyans have access to high-quality health services without financial hardship. UHC has to be delivered through Primary Health Care as envisioned in the Astana Declaration (2018).

We recognize all the frontline health care workers in the conference. Indeed, you all are the architects of universal health coverage.

As you saw in the Presidential address to the country during the State of the Nation address last week, community health services is at the heart of the Leadership in the country. Kenya and Community health have never had such a high political and strategic prioritization.

#### The conference themes, which are;

- Community Health Systems Strengthening
- Community Health Workforce Development
- Digital Health in Community Settings
- Primary Health Care Integration
- Community Engagement and Social Accountability
- Climate change and one health approaches

Are what my State Department focuses on, every single day when me and my team wake up.

CHPs and their supervisors play a vital role in health education, prevention, and timely referrals, especially in underserved areas. Kenya has mapped 107,831 CHPs across 47 counties. They are equipped with CHP kits, smartphones, and monthly stipends, empowering them to fulfill their essential role. These heroes are supervised by a team of 5,100 Community Health Officers who are in most instances not recognized for the important work they play every day.



Ladies and Gentlemen, Kenya has made meaningful progress in community health delivery. You (our beloved CHPs and CHAs) have registered 8.98 Million households on eCHIS, and have provided routine visits to 88% of those households (7.88M). You have performed over 41 Million diabetes screenings, referred 240,720 people; over 27 Million hypertension screenings, referred 566,580 people; 291,000 pregnant women identified and 148,985 referred for antenatal care; and 344,585 children under five screened for common illnesses. This is remarkable work by our health heroes, ensuring no one is left behind.

I am pleased that we are gathered today to appreciate the heroes of our time.

Today, I acknowledge the critical role of partnerships in delivering on the Government's agenda. Our partners, CHU4UHC in collaboration with CHESOA and ACHVOK have made the conference a huge success. We recognize that we require to do the following to make the community health program a huge success:

- Increase the number of supervisors recruited to match the Community Health Policy 2020-2030
- Continuously train the CHPs and CHAs to ensure quality service provision
- Develop and implement the career progression guidelines for Community Health Officers and CHPs
- Work with the counties to ensure consistent payment of stipends in all 47 counties through the 50-50 cost sharing formula
- Continue enhancing the service package through strengthening the digital products and the replenishment of CHP kits.

Today, as we officially close the community health practice scientific conference, we urge all the players in the room and beyond to continue supporting community health since it is the foundation of a health system.

In closing, I invite more donors, partners, and private-sector actors to join us in expanding the access and quality of community health services in the country. Let us collaborate to ensure every member of the community can receive effective and comprehensive services.

I look forward to the second scientific conference on community health practice in September 2026 as agreed today.

Asanteni Sana.



## 10. Annexes

### Annex 1: Conference Committee and Sub Committee

#### Steering Committee

Dr. Maureen Kimani  
 Julius Mbeya  
 Dr. Dennis Butto  
 Aloise Gikunda  
 Dr. David Oluoch  
 Peter Waithaka  
 Margaret Odera  
 Sheringham Odhiambo  
 Kenneth Ogendo  
 Dr. Malkia Abuga  
 Jemima Kibira  
 Dr. Felix Blair Odhiambo  
 James Kiplimo  
 Dr. George Nzioka  
 Carla Blauvelt  
 Suzan Muthoni  
 Derick Lung'aho  
 Wycliffe Ogenya

#### Scientific Committee

Dr. Felix Blair Odhiambo  
 Titus Kiptai  
 Dr. Malkia Abuga  
 Dr. Joseph Muchiri  
 Dr. Vincent Omwenga  
 Jemima Kibira  
 Dr. Brenda Maingi  
 Nekesa Were  
 Bridgit Waliuba  
 Dr. Molly Muiga  
 Dr. Lynet Nyapada  
 Dr. Linet Agwa

#### Logistics and Communication Committee

Dr. Malkia Abuga  
 Clara Wanjiru Kamachu  
 Dr. Brenda Maingi  
 Raymond Jeff  
 Linet Okoth  
 Dr. Dennis Butto  
 Jemima Kibira  
 Maureen Opiyo  
 Francis Mwangi  
 Alex Irungu  
 Nyambura Gitonga  
 Elizabeth Karengo  
 Vincent Sunda  
 Judith Gathoni

#### Resource Mobilization Committee

Peter Waithaka  
 Wycliffe Ogenya  
 Jemima Kibira  
 Vincent Sunda  
 George Onyango  
 Wendy Wakhusama  
 Sheringham Elisha  
 Margaret Odera  
 Christine Mugambi



### Annex 2: Photos



### Annex 3: Exhibition Booths



Annex 4: List of Partners



