

Module	What worked well	What did not work well	Challenges observed	Gaps identified	Priorities	Additional Comments
Health Sector Planning and Governance for Integrated People-centered Services	<a href="#">National consultation during the development of HIV, TB strategic plans/Frame work</a>	1.Consolidated engagement of CSOs in the development of the Health sector plans in MTP and at the County level in CIDP	Implementation of community health strategy in the different counties	1.Innovation lack of multifaceted approach, No clear link between HIV/PHC/UHC Harmonisation of policy frameworks for RSSH, Advocacy 2.Uncordinated engagement in the development of national guiding plans especially the MTP and CIDP	1.National dialogue on RSSH policies in the country to ensure harmonisation at the national and County level. 2. Advocate for inclusion of CHS into the KHSP 3.Coordination along the the health line not disease areas only 4. Development of guidelines to make healthcare more people centred. The process should engage and consult CSOs, Communities, AYP and children 5.CSO led public participation on health priorities, community interventions, health needs and grassroot solutions. 6. Development of public participation law	
Community Systems Strengthening	1.The development of CSS guidelines including CLM and CLAR 2.The creation of CSS Technical working group		1. There is no structured way of engaging community players eg CBOS, support groups and champions 2.Implementation of community health strategy in the different counties 3.Standardisation of remuneration rates using the RSSH framework	1.Low funding for community level interventions including behaviour change communication, demand creation, CLM 2.Stipends are too low	1. Development of engagement strategy for community / grassroots implementation 2. Development of Feedback mechanism including community dialogue meetings where CLM finding, community interventions can be done 3.Embracing research for decision making by Conducting annual conference on community led research and advocacy 4.Review of the CHV stipends and mandate in light of integration or service delivery at the community level and in line with PHC 5.CHVs to be prioritised as a mainstream component of the healthcare system 6.Disease specific community champions - have a structure and build their capacity. 7..integration of all diseaseshealth, environment and gender. Community Led	
Health Financing Systems					investment in health (HIV,TB,Malaria) through the annual budgeting and planning process 2. Segregation of the disease allocations budgets and accountability for the domestic finances 3.Contextualisation of UHC within the GF operating model. 4.HTM to be included in the expanded benefits package 5.Innovation that puts prevention and promotion at the core of health programming. 6.Advocate for domestic financing for health research, development and innovation to increase equitable access to affordable, accessible, available and quality health products and technologies.	Intervention for Domestic Resource Mobilization - CSO Advocacy

Health Products Management Systems					Strengthening of regulatory review system of health products and technologies ( Diagnostics, Therapeutics and Vaccines for HTM). Enabling policy environment for health research development and technology.Regulatory framework for PWDs to enhance treatment success through adherence (assistive technology). policy operationalization.	Climate change-
Human Resources for Health (HRH) and Quality of Care					capacity building across levels of care-PHC( Wholistics/people centred care. CME	pandemic preparedness- need for development of grants for all implementing partners
Laboratory Systems (including national and peripheral)					Use of technology for diagnosis-value for money. Harmonization of referral systems across disease areas (integration). Cross border and zoonotic disease surveillance. One health system	
Medical Oxygen and Respiratory Care					Construction of oxygen plants in Counties.	
Monitoring and Evaluation Systems					Knowledge management approaches.	
9.Program Management					Cross learning among implementing partners. Collaborative learning and adaptive culture.	

