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Maternal and Child Survival Program

MCSP Kenya Program Brief
Community Health

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Goal

The Community Health component of MCSP Kenya is focused on strengthening the national Community Health Platform and leveraging its reach to improve health education; promote healthy behaviors; and increase utilization of reproductive, maternal, newborn, child and adolescent health (RMNCAH), nutrition and WASH (Water, Sanitation and Hygiene) services.

Background

Kenya adopted in recent years a national strategy for community health. Under this strategy, communities are organized into community units (CUs) comprising of approximately 1,000 households or 5,000 people living in the same geographical area and sharing resources and challenges. Each CU is linked to a health facility and is organized around villages and other interest groups that are responsible for identifying and supporting a Community Health Volunteer (CHV). CUs are governed by a community health committee (CHC) comprised of community members and Health Care Workers (HCWs). The CHVs report to the health facility through a community health extension worker (CHEW), who is an employee of the MOH (nurses or public health officers), and a secretary for the CHC. CHVs are trained under a national modular curriculum.

A community health volunteer does a home visit to check on the progress of the pregnant woman, Bungoma, Kenya. Photo credit: Allan

Program Approaches and Strategies

The community platform enabled county health systems, with the support of MCSP, to deliver high impact interventions in RMNCAH, nutrition, and WASH directly to the end users. Strengthening these community health structures is a critical component along the continuum of care.

- **Assessing the coverage of community units (CU) in Igembe North, Igembe Central, and East Pokot:** MCSP collaborated with the Ministry of Health (MOH), implementing partners, and sub-county community health teams to map the coverage of community units and analyze the link between CUs and health facilities. This mapping exercise has helped stakeholders identify gaps and develop a three-prong approach to strengthening and implementing the community health platform at scale, as intended in the 2010 National Community Strategy.

- **Forming CUs in Igembe Central and East Pokot, in areas where they were previously absent:** The Program mobilized and engaged communities to elect CHVs and CHCs. MCSP trained the CHVs in basic and technical modules. The basic modules focused on communication and advocacy; community health information management; governance and coordination; basic health promotion and disease prevention and basic case management and lifesaving skills. Technical modules included integrated Community Case Management, Community Led Total Sanitation, MNH, FP, and nutrition. Subsequently, the Program also guided CHVs in household registration and demographic mapping exercises to build a foundation upon which CHVs could assess individual health status and deliver appropriate RMNCH services in their day-to-day activities.
- **Strengthening the functionality of existing CUs in Migori, Kisumu, East Pokot, Igembe North and Igembe Central:** A functional CU is defined as having technically trained CHVs who regularly report and conduct data review meetings, hold dialogue days, lead community action days, and perform outreach activities. To ensure CHVs were able to meet these criteria, MCSP distributed reporting tools and fulfilled outreach needs (e.g., transport) that would help CHVs mobilize the community for events. The action and dialogue days not only improved access by bringing RMNCAH services to the community, but also actualized interventions, such as building community latrines.
- **Introducing income-generating activities (IGA) to motivate CHVs and reward high-performing CUs:** As volunteers, CHVs are often not compensated for their critical role in Kenya's healthcare system. MCSP implemented county-specific IGAs in Migori, Kisumu, East Pokot, and Igembe Central, to help CHVs develop sustainable livelihoods. The Program partnered with World Bicycle Relief in Migori and Kisumu to give high-performing CHVs a buffalo bicycle. The bicycle strengthens a CHV's economic capacity by giving him/her sturdy transport to sell goods. In return, these IGAs have helped retain more CHVs and motivate them to increase the quality of services.

Key Results and Findings

Results

- **Formed 14 community units in Igembe Central, reaching 100% coverage.** Building community units can be a strenuous activity for counties and sub-counties that have limited funding. With this support, they have a basic community health platform to extend the reach of RMNCH services to remote areas.
- **Increased the number of functional community units.** MCSP supported 23 units in East Pokot, 105 units with 1139 CHVs in Migori, and 63 units with 623 CHVs in Kisumu to reach functionality. CHVs trained in outreach activities not only proactively reach more women with RMNCH services, but also rally the community around positive health behaviors.

Findings

- **Outreach events are effective in reaching women from nomadic communities.** In East Pokot, where the population is very mobile, it was difficult to establish communities and plan for routine services. The program focused on anticipating the population's movement by asking the people where CHVs should conduct outreach events so that women could continue to access RMNCH services. It is important to design a program around the community's culture, lifestyle, and needs rather trying to change them.
- **The Reaching Every Community immunization approach is an effective way to map hard-to-reach areas.** Having learned this lesson in program year one, MCSP made it the standard for identifying where additional community activities needed to take place.
- **CHVs need to be recognized and incentivized to reduce attrition rates.** Financial compensation varies among community units, which has caused CHVs to be less motivated and to stop performing duties. In lieu of a stipend, MCSP acknowledged CHVs with badges, provided incentives to help do their job, and

negotiated income-generating activities to support CHV livelihoods. CHVs have repeatedly responded well to these activities, and, in some cases, appreciated them more than a stipend.

Recommendations

- **Proper timing for introducing sustainability factors is important.** Establishing a community unit before discussing CHV retention and sustainability helps CHVs adhere to the main objective of health**.** If IGAs are introduced too early, a community unit may have CHVs join primarily to establish their business than being motivated to improve health outcomes.
- **Community-derived solutions need to be considered before imposing solutions.** Communities know their problems and have context-specific solutions, but need support in actualizing them.