COS 2102

UNIT 2: COMMUNITY STRATEGY

BY

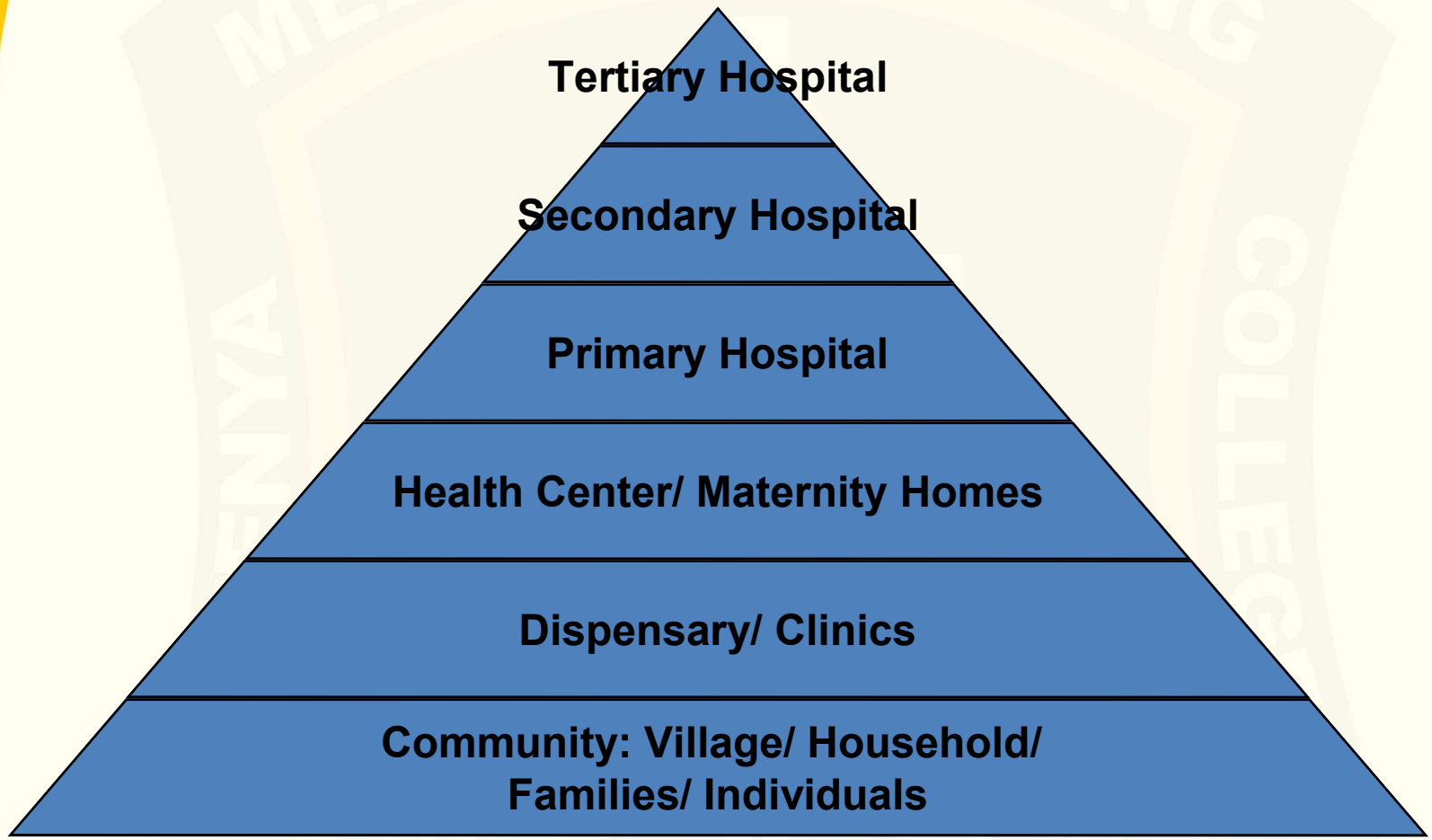
MUDOLA JM

BACKGROUND

- Kenya's second National Health Sector Strategic Plan (NHSSP II – 2005–2010) defined a new approach to the way the sector would deliver health care services to Kenyans using the Kenya Essential Package for Health (KEPH) and community involvement approaches.

- KEPH introduced six life-cycle cohorts and six service delivery levels.
- However, revised to align to the county system.

- Pregnancy and the newborn (up to 2 weeks of age)
- Early childhood (2 weeks to 5 years)
- Late childhood (6–12 years)
- Youth and adolescence (13–24 years)
- Adulthood (25–59 years)
- Elderly (60+ years)


Tertiary Hospital
Secondary Hospital
Primary Hospital
Health Center/ Maternity Homes
Dispensary/ Clinics
Community: Village/ Household/
Families/ Individuals

- Key changes: From 6 to 5 cohorts
  - Cohort 1: From 14 – 28 days to cover full neonatal period
  - Early and late childhood cohorts combined into one cohort – Children and Youth due to similar health challenges
- New Cohorts are;

1. **Pregnancy and the newborn (up to 28 days):** The health services specific to this age-cohort across all the Policy Objectives

2. **Childhood (29 days – 59 months):** The health services specific to the early childhood period
3. **Children and Youth (5 – 19 years):** The time of life between childhood, and maturity.
4. **Adulthood (20 – 59 years):** The economically productive period of life
5. **Elderly (60 years and above):** The post – economically productive period of life

The 5 Age Cohorts in Summary

COHORT	CATEGORY	AGE
COHORT 1	**Pregnancy and the newborn**	**up to 28 days**
COHORT 2	Childhood	**29 days - 59 months**
COHORT 3	**Children and Youth**	**5 - 19 years**
COHORT 4	**Adulthood**	**20 - 59 year**
COHORT 5	**Elderly**	**Over 60 years**

Major health needs and services by age cohort defined in KEPH

COHORT	Health Services at Community	Health Services at Health Center and Dispensary
1. Pregnancy and Newborn	• Sensitization on early recognition of danger sings • Preparation for birth • Frequent follow up • Verbal autopsy	• Focused ANC, IPT for Malaria • VCT, PMTCT or referral • Basic emergency obstetric care, post-abortion care, referral services • Maternal death review
2. Childhood	• Sensitization on; – Key household care practices – Care of the sick child at home – Care seeking and compliance – Promoting growth and development • Support family on feeding for infant and young children • Ensuring school enrolment, attendance and support • Support for behavior formation and good hygiene	• Immunization, growth monitoring, treatment of common conditions (pneumonia, malaria, diarrhea) • Screening for early detection of health problems
3. Children and Youth	• Support behavioral change for prevention of HIV, STIs, early pregnancy and substance abuse • Supply preventive commodities	• All basic youth friendly services • Syndromic management of STIs • Lab diagnosis of common infection

4. Adulthood	•support behavioral change for prevention of communicable diseases and lifestyle diseases • Supply preventive commodities • Home based care • Compliance for treatment (ART, TB) • Promotion of gender and health rights	• VCT, ART and support groups • Syndromic management of STIs • Lab diagnosis of common infection
5. Elderly	• Support behavioral change to reduce harmful practices • Home based care • Community based rehabilitation	• Management and rehabilitation of clinical problems • Screening early detection of disease
6. Across all the Cohorts	• Home visit • Referral services • Community dialogue • Health action days • Promotion of safe water and sanitation and hygiene practices • Promotion of healthy diet • Support claiming health rights • Verbal Autopsy	• Diagnosis and treatment of common conditions • Stock of essential drugs • Referral services • Manage client satisfaction • Oversight of CHVs activities • Participation in Community dialogue

- Key changes: From 6, to 4 levels necessitated by need to align to County system
  - Dispensaries and Health Centres combined into one level – Primary Care level
  - Provincial level not in existence
- Tiers are
  - **Tier 1:** Community Level – This is a Community unit as defined in the previous KEPH Level 1 unit.

Tier 2: Primary Care Level – Provision of basic outpatient health services – previous KEPH levels 2 and 3

Tier 3: County Level – Provision of primary referral services – previous KEPH level 4

Tier 4: National Level: Provision of secondary and specialized services – previous KEPH Level's 5 and 6

Elements of KEPH

- The five key elements in KEPH that define the pillars of improved health care are:
- **Equity:** ensure that all have equal opportunity to services.
- **Access:** ensure that all can reach health services.

- **Effectiveness:** ensure that the right health services are given.
- **Efficiency**: ensure that services are delivered in the right way.
- **Partnerships** and resource mobilization.

- One of the key innovations of KEPH was the recognition and introduction of level 1 service, which aimed at empowering Kenyan households and communities to take charge of improving their own health.

- Realizing the importance of empowering households and communities in the delivery of the KEPH at level 1, the Ministry of Health and sector partners developed and launched a Community Strategy in 2006.

- The strategy outlined the type of services to be provided at level 1, the type of human resources required to deliver and support level 1 services, the minimum commodity kits required, and the management arrangements to be used.

Definition of community strategy

- The community health strategy, is a community-based approach, through which households and communities take an active role in health and health-related development issues.

- Community Health Strategy is an approach for delivery of Kenya Essential Package for Health.

- KEPH targets everybody in all age groups in the community through the life cycle focus instead of limiting the services and activities to specific groups like mothers and children.

- And to tackle the health concerns of everybody in the community, Kenya Essential Package for Health divides the community by age groups because each age group has different health needs.

- And the age groups are referred to as ‘Age Cohort’ in the Community Health Strategy

- Community strategy utilizes the bottom-up approach in solving health related problems.

The goals of the community strategy

- To enhance community access to health care by providing health care services for all cohorts and socioeconomic groups at household and community levels

- The community based approach is the mechanism through which households and communities strengthen their role in health and health-related development by increasing their knowledge, skills and participation.

- To build the capacity of community health extension workers (CHEWs) and CHWs to provide community level I services;
- To strengthen health facility-community linkages;
- To raise the community's awareness of their rights to health services

- The overall goal of the community strategy is to enhance community access to health care.
- This helps to improve productivity and thus reduce poverty, hunger, and child and maternal deaths.
- It also improves education performance across all the stages of the life cycle.

- It is accomplished by establishing sustainable community level services aimed at promoting dignified livelihoods throughout the country through the decentralization of services and accountability

Objectives of community strategy

- Provide **level 1** services for all cohorts and socioeconomic groups by focusing on their specific needs and priorities.
- Build the capacity of the community health extension workers (CHEWs), community health volunteers (CHVs) and community-owned resource persons (CORPs) to provide services at level 1

- Strengthen health facility–community linkages through effective decentralization and partnership for the implementation of LEVEL ONE SERVICES.
- Strengthen the community to progressively realize their rights for accessible and quality care and to seek accountability from facility-based health services.

Principles of community strategy

- Communities to be organized into functional units of 20 households.
- CORPs to be voluntary, but paid a stipend on the basis of work actually done, and this payment to be made through the local committees to enhance loyalty and accountability.

- CORPs to be nominated by the communities on the basis of predefined criteria.
- CHEWs to be on government payroll and facilitated (e.g., transport).
- Community to play a leading role in joint health actions

- A strong coordination structure to be established to bring in all actors at all levels.
- Communication to be strengthened through advocacy, social mobilization and interactive dialogue

Basic Structure of Community Health Strategy

- CHS regards Community Health Unit (CHU) as a unit which is assumed to share resources and challenges. The composition of Community Unit (CU) differs by demographic features in various geographical mapped zones in Kenya

- **Zone 1 –** High density regions (Nairobi, Central, Nyanza and Western)
  Zone 2 – Densely populated regions (Parts of Rift Valley)
  Zone 3 – Medium density (Coast, Eastern and Parts of Rift - Valley)
  Zone 4 – Sparsely populated (Northern Arid Lands).

- CU has 3 types of key actors with different roles:-
- **Community Health Worker (CHV)**: Volunteer workers provide level 1services and support community for their initiatives to improve their health status.

- **Community Health Committee (CHC)**: Governance body for CU consists of representatives from different groups and villages who provide leadership for managing level 1 services and activities in CU and build partnership with stakeholders.

- **Community Health Extension Worker (CHEW)**: Health or development workers support CHVs and CHC technically through supervision and mentoring and strengthen linkage between CU and higher health systems

Roles and Responsibilities of CHVs defined in CHS guidelines

- Guiding the community on how to improve health and prevent illness by adopting healthy practices.
- Treating common ailments and minor injuries, as first aid, with the support and guidance of the HEW.

- Stocking the CHV kit with supplies provided through a revolving fund generated from users.
- Referring cases to the nearest health facilities.
- Promoting care seeking and compliance with treatment and advice.

- Visiting homes to determine the health situation and initiating dialogue with household members to undertake the necessary action for improvement.

- Promoting appropriate home care for the sick with the support of the CHEWs and level 2 and 3 facilities.
- Participating in monthly community unit health dialogue and action days organized by CHEWs and CHCs.

- Being available to the community to respond to questions and provide advice.
- Being an example and model of good health behaviour.
- Motivating members of the community to adopt health promoting practices.
- Organizing, mobilizing and leading village health activities

- Maintaining village registers and keeping records of community health related events.
- Reporting to the CHEW on the activities they have been involved in and any specific health problems they have encountered that need to be brought to the attention of higher levels.

Roles of CHC

- Provide leadership and governance at the community in health and related matters in community.
- Prepare and present to the Link Health Facility Committee and to others as may be needed the community units Annual Work Plan (AWP) on health related issues

- Network with other players towards improving the health status of people in the Community Unit, e.g. Ministries of Water, Agriculture, Education, etc.
- Look for ways of raising resources including money, for implementing the community work plan and ensure accountability and transparency

- Manage workers and finances at the community level.
- Mobilize the community to participate, in community dialogue and health action days.
- Work closely with the Link Health Facility Committee to improve the access to the health services by the CU

- Help in the solving of problems among stakeholders in the community.
- Follow-up and evaluate the community work plan including the work of the CHVs through monthly review meetings.
- Prepare quarterly reports on events in the CU.
- Hold quarterly follow-up meetings with Link Health Facility Committee.

Steps in launching community strategy

- **Define a clear implementation guideline:** This includes the development of comprehensive message materials, the consolidation of the commodity kit, and the training needs, curriculum and manual for both CORPs and CHEWS.

- Create awareness among county leaders, including the County Commissioner (CC), the County Development Committee (CDC) and relevant line ministries**:** The facilitating team should ensure adequate knowledge of the district situation as part of this early step. Among the tools to be used might be an orientation workshop (1–3 days) for the leaders to introduce the LEVEL ONE SERVICES strategy

- Form and equip county-level multi-sector working groups and training team:
  - The teams will be trained as trainers for the LEVEL ONE SERVICES strategy. In each county this may involve a ten-day course (to be determined in conjunction with the development of the training manual) in two phases of five days each, in order to launch the programme:

- The first phase will cover the introduction of LEVEL ONE SERVICES concepts, entry process, participatory assessment and household registration, feedback and planning (two days), and service delivery by cohort (two days) reinforced by field practice (one day). The participatory assessment and household registration provide information for planning as well as an evidence base for documenting change in key family practices.

- The second phase would cover competency-based training, to prepare the working groups/teams as trainers. The idea is that the actual LEVEL ONE SERVICES strategy with households should be undertaken by CORPs, who share the same context. Thus the action linked training and implementation are repeated at all the levels in a continuous spiral of action focusing on successful sites.

– The training can be carried out in a cascade, so that the first phase of training is taken all the way to the village level, and then the second phase, in the same way until each set of actors is fully trained and equipped for their role.

- **Follow up, monitor and evaluate:** Once training is completed the CHEWs – as coaches – follow up to monitor activities, provide supportive supervision, assess progress and solve problems. The training with follow up forms the main part of the introduction and establishment of the programme in a county

- Scaling up of this intervention is assured through the multi-sector working group, building on existing programmes. This is strengthened by iterative rapid assessment, planning and action reinforced by regular health days.

- **Launch the programme in the communities:** Effective community entry will be based on a process of engagement that recognizes the need for the health system to negotiate its way into the community agendas as an alternative for addressing their livelihood, health and development issues. The steps will involve:

- **Exploration:** This step entails a relatively low-key fact finding mission to enable the service providers coming into the community to gain as much knowledge and understanding of the community's situation as possible. The findings should be written up and shared with the community.

- **Protocol:** This step entails identifying the gatekeepers (formal and informal leaders) in order to enter through them to formalize the process and gain authority to work with the community. The facilitators introduce the LEVEL ONE SERVICES idea to the leaders in order to involve them in the rest of the community process.

Together the group clarifies the objectives and identifies the target groups to ensure that they are included. This process should lead to identification of task groups to spearhead detailed assessment and planning.

- **Participatory assessment:** This process starts with discussions with the key individuals at every level and control point down to the household level. This ensures that the introduction of the new idea takes full cognizance of what is going on in the community. The new idea has to be negotiated through the gatekeepers at every level, down to the level of individuals concerned.

Services offered at level one

- Disease prevention and control to reduce morbidity, disability and mortality
- Family health services to expand family planning, maternal, child and youth Services

- Hygiene and environmental sanitation
- Health promotion through educating the communities
- Referrals to the health facilities for better management

Actors at level one

- Households
- Community –structured committee
- Community Own Resource Persons including CHWs, opinion leaders and other structures (women groups, youth groups etc)
- Community Health Extension workers
- Health facility i/c
- They are linked to catchments of health facility

Households Responsibilities For Addressing Health Needs

- **Health promotion:**
  - Ensuring a healthy diet for people at all stages in life in order to meet nutritional needs.
  - Building healthy social capital to ensure mutual support in meeting daily needs as well as coping with shocks in life.

- Demanding health and social entitlements as citizens.
- Monitoring health status to promote early detection of problems for timely action
- Taking regular exercise.
- Ensuring gender equity.
- Using available services to monitor nutrition, chronic conditions and other causes of disability

- **Disease prevention:**
  - Practicing good personal hygiene in terms of washing hands, using latrines, etc.
  - Using safe drinking water.
  - Ensuring adequate shelter, and protection against vectors of disease.
  - Preventing accidents and abuse, and taking appropriate action when they occur.
  - Ensuring appropriate sexual behaviour to prevent transmission of sexually transmitted diseases

- **Care seeking and compliance with treatment and advice**
  - . Giving sick household members appropriate home care for illness.
  - Taking children as scheduled to complete a full course of immunizations.
  - Recognizing and acting on the need for referral or seeking care outside the home

- Following recommendations given by health workers in relation to treatment, follow up and referral.
- Ensuring that every pregnant woman receives antenatal and maternity care services.

- **Governance and management of health services**
  - Attending and taking an active part in meetings to discuss trends in coverage, morbidity, resources and client satisfaction, and giving feedback to the service system either directly or through representation

- **Claiming rights**
  - Knowing what rights communities have in health.
  - Building capacity to claim these rights progressively.
  - Ensuring that health providers in the community are accountable for effective health service delivery and resource use, and above all are functioning in line with the Citizen's Health Charter.

Role of CHEWs

- Oversee CHWs and the Level one service implementation according to guidelines
- Training of CHWs in family planning
- Support CHWs in distribution of contraceptives and educating the communities
- Compiling reports

- Receiving and communicating feedback from L2 and L3
- Follow-up on action plans
- Facilitating establishment of CBHI system and indicators

Roles of CHWs

- CHWs to be identified by the communities as outlined in the community strategy
- Each CHW to be attached to a health facility within the catchment area
- CHWs to be trained by Tupange in all the six modules and FP as the technical area

- CHWs to be able to promote, refer clients for LAPM ,offer pills, LAM,SDM and condoms to community members
- Complete the registers for contraceptive distribution
- Attend the monthly feedback meetings where their supplies are replenished

Important to note

- Each CHW must be linked to the constituent health facility
- Effective referral is dependent on effective linkage
- Effective referral is necessary for continuum of care and uptake of LAPM
- Community health work needs the facility to be effective
- The primary actors are the households
- Community participation is key to sustainable FP promotion and health improvement

Referral Mechanisms

- The term “referral” means the act of sending a person to a link health facility for further management

REFERRAL PROCESS

- **Contact with the patient**: Screening is completed and decision for referral is made.

- Filling referral form:
  - **Data of Patient /client :** Date, time of referral, name of the patient, age, sex & name of community unit.
  - **Reasons for referral:** Main problem, treatment given, comments
  - **Data of CHVs referring patient :** Name, mobile number, Village/Estate, sublocation, location, name of community unit.

- **Action taken by the officer and CHV**
  - **Data of the officer who received the patient:** Date, time, name of the officer, profession, name of the health facility, action taken.

– **Feedback to the community:** Name of the officer, name of the CHV, mobile no., name of the community unit, call made by referring officer: yes, no . Kindly do the following to the patient: **Official rubber stamp and signature**

COMMUNITY REFERRAL FORM

Patient /client data	
Date:	Time of referral
Name of the patient:	
Sex:	Age
Name of community Health Unit:	
Reason for referral	
Main problem:	
Treatment given:	
Comments:	

CHVs referring the patient	
Name:	Mobile No
Village/Estate:	Sub location
Location:	
Name of community unit:	
Receiving officer	
Date:	Time
Name of the officer:	
Profession:	
Name of the Health facility:	
Action taken	

SECTION B

Referral back to community	
Name of the officer:	
Name of CHV	
Name of the community unit:	Mobile No:
Call made by referring officer: Yes: No:	
Kindly do the following to the patient:	
Official rubber stamp and signature	

- The referral form is used to refer the patient to the health facility. This form is very important in communicating necessary information of the patient to health professional who is going to see the patient. The health professionals also will notify CORP that they have seen the patient and the necessary follow up which is expected to be done by CHVs

COMMUNITY BASED HEALTH INFORMATION SYSTEM (CBHIS)

- A community-based health information system (CBHIS) is a dynamic system that includes information on how data are collected, how they flow, how to assess and improve their quality, and how they are used

- This system involves collection, management, and analysis of data on health and related services provided to communities outside of facilities.

Process of setting up a CBHIS

- **Steps to CBHIS**
  - Develop a CBHIS framework
    - puts forth the goal and objectives for the CBHIS, defines who the stakeholders and end users of the CBHIS are, and identifies the key performance indicators for success

–Conduct a landscape analysis

- one of the first steps is to conduct a landscape analysis of all of the systems—paper and digital—currently being used in a country that would need to link to or interoperate with the CBHIS

- Conduct a CBHIS assessment
- Assess stakeholder and user information needs
- Choose the solution (this could include paper)
- Develop a plan for scale and sustainability

- Map the work and data flows
- Storyboard the system including system requirements
- Refine storyboard and system requirements based on feedback
- Build in security and privacy protocols

- Develop a prototype to test
- Test the prototype with users
- Refine the prototype
- Deploy the system

Importance of community health information (CHI)

- Helps in detecting problems, monitoring progress towards health goals and decision making
- Empowering individuals and communities with timely and understandable health- related information
- Provides proof for making rules and regulations referred to as policies

- Shows success of activities that provides evidence for implementing similar activities elsewhere (scale-up efforts)
- Provides information that can be used for research
- Provides information for improving governance, mobilizing new resources, and ensuring accountability in the way they are used.

Source of Data

- Household members
- Rumors
- Phone communication
- Social gatherings e.g. weddings, funerals
- Chief's barazas
- Schools
- Health records e.g. ANC cards, immunization cards
- Environment, etc.

Data Collection Tools for Community Health Strategy

- Referral form (MOH 100)
- Household Register (MOH513)
- Community Health Volunteers Log Book (MoH514)
- Community Health Extension Worker Summary (MoH515)
- Chalkboard (MoH516)

CBIS STAKEHOLDERS

- National Govt
- County Govt
- Facility
- Civil Society
- Community worker
- Household/Individual

THE END