

Final Draft

Reversing the Trends

**The Second
National Health Sector Strategic Plan of Kenya
NHSSP II: 2005 - 2010**

**Community Strategy for Implementation of the
Kenya Essential Package for Health
Popular Version**

August 2007



Health NGOs Network (HENNET)

P .O BOX 30125-00100

Nairobi, Kenya

Tel: (+254 20 6994901/4000)

Fax: (+254 20 606340)

Email: hennet@amrefke.org

<http://www.hennet.or.ke>

HENNET Vision; "A healthy Kenyan society"

HENNET Mission; "To stimulate linkages and strategic partnerships among health NGOs, government and private sector in order to enhance their responses towards health needs of Kenyans"

HENNET Objectives

- Articulate health needs and promote efficient and effective allocation of health resources.
- Articulate and address challenges and constraints affecting health NGOs, government and private providers.
- Share knowledge, skills, research findings, information, best practices and lessons learnt among NGOs, government and private health care providers.
- Support health NGOs in their advocacy role in critical issues affecting the health of Kenyans.
- Coordinate the health activities of NGOs so that they are in line with relevant national health policies and procedures.
- Participate actively in development and implementation of national health plans and policies.
- Build alliances with other health networks at both national and international levels.
- Build capacity of the Network's members in areas of need.
- Mobilise resources for HENNET secretariat.

Foreword

The Health NGOs Network (HENNET) is pleased to present this popular version of the complete National Health Sector Strategic Plan (NHSSP II) 2005-2010, a Government of Kenya, Ministry of Health publication. The popular version highlights key information that is necessary for health oriented Civil Society Organizations and other stakeholders to meaningfully participate in the Kenya Health Sector Wide Approach. HENNET has taken this initiative to ensure that implementing partners are fully conversant with key national health operational documents. These include the NHSSP II, Joint Program of Work and Funding (JPWF), Norms and Standards, and the Community Strategy.

Among other basic guiding principles, the Kenya Health Sector Wide Approach (SWAp) recognizes the implementing partner entities that are signatories to the Code of Conduct (COC) as full and equal partners. Through the COC, all cooperating partners (including implementing partners) have agreed to support, review and update the NHSSP II and its Joint Program Work and funding periodically. As per the COC, obligations of Implementing Partners will include:

- Implementing partners' programs and plans, irrespective of source of funding, are fully consistent with the JPWF and are reflected in the Annual Operational Plans (AOPs)
- Implementing partners health programs are aligned and included in the District Health Plans.

We hope that the documents will be useful to HENNET members and other stakeholders; and that the documents will convey the information intended with clarity and precision for a better collaboration and partnerships.

We acknowledge the MOH who have allowed HENNET to summarize the complete document into this popular version.

Mette Kjaer
Country Director
AMREF KENYA
Chairperson, HENNET

The summarizing, printing and dissemination of this popular version was made possible with the financial support of Cordaid and GTZ.



'Supported by the German Development Cooperation through GTZ Health Sector Program'



1. Introduction

The NHSSP II will serve several purposes besides guiding the actions and priorities of the Ministry of Health to improve overall sector performance. Key among the stated purposes of NHSSP II is to strengthen health services through the implementation of the Kenya Essential Package for Health¹ (KEPH) through a number of strategies, one of them being the community strategy.

2. The community strategy

The NHSSP II emphasizes the promotion of individual and community health and defines **six service delivery levels** starting from the community to tertiary hospitals. The plan acknowledges that communities form the foundation in the provision of affordable, equitable and effective health care. Effective implementation of the community strategy will contribute towards early realization of the NHSSP II goals and objectives as outlined in figure 1.

Figure 1: Goals and Objectives of NHSSP II

Goals

- Reducing inequalities in health care
- Reversing the downward trends in health outcomes.

Objectives

- Increase equitable access to health services.
- Improve the quality and responsiveness of services in the sector.
- Improve the efficiency and effectiveness of service delivery.
- Enhance the regulatory capacity of the Ministry of Health.
- Foster partnerships in improving health and delivering services.
- Improve the financing of the health sector.

3. How will this document help the reader?

This document “Community Strategy for Implementation of the Kenya Essential Package for Health” will assist the reader to appreciate the community’s involvement in planning and organizing for health care improvement. In addition, this document will enable the reader to identify ways of involving communities in the allocation of resources for health care provision.

The community-based approach, as set out in this strategy, *is the mechanism through which households and communities take an active role in health and health-related development issues.* Initiatives outlined in the approach target the major priority health and related problems affecting all cohorts of life at the community and household levels – level 1 of the KEPH-defined service delivery. The goal of the community strategy is to enhance community access to health care in order to improve productivity and reduce poverty, hunger, child and maternal deaths, as well as improve socio-economic performance across all the stages of the life cycle.

¹ NHSSP II defines a combination of integrated health interventions that will be provided to various age groups (cohorts) of the population at each of the six levels of the healthcare system and is referred to as the Kenya Essential Package for Health.

4. Strategic objectives

The community strategy intends to improve the health status of Kenyan communities through the initiation and implementation of life-cycle focused health actions at household and community level. The objectives of the community strategy are to:

- Provide health care services for all cohorts and socio-economic groups at household and community levels
- Build the capacity of community health extension workers (CHEWs) and community-owned resource persons (CORPs) to provide community level services
- Strengthen health facility–community linkages through effective decentralization and partnership
- Raise the community’s awareness on their rights to health services.

The community strategy draws on past experiences and lessons learnt from the CBHC approaches not only in Kenya but from other countries

Role of households and communities

Households and communities have important responsibilities in addressing the following health needs at all stages in the life cycle of individuals:

- Health promotion
- Disease prevention
- Care seeking and compliance with treatment and advice
- Governance and management of health service
- Advocacy for claiming rights of communities in health.

5. Service provision at community level

According to the KEPH, Norms and Standards, services at the community level are designed to benefit a local population of 5,000 people with the assistance of volunteer CORPs who are identified by the community and trained within the community. It is proposed that:

- One CORP will serve twenty (20) households;
- One health extension worker shall supervise and support twenty five (25) CORPs;
- One level 1 unit will serve 5,000 people and shall require fifty (50) CORPs and two community health extension workers (CHEWs).

Community level activities ought to be linked to health facilities for effective sustainability. The activities focus on effective communication aimed at behaviour change, disease prevention, access to safe water, and provision of basic care, and include:

- 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.

In order to sustain health promotion activities, the community package will be incorporated into district health plans to facilitate effective utilization of available

resources. Regular performance appraisals based on checklists will be carried out to assess performance, promote good communication and discussions, and determine appropriate rewards to CORPs. District level supervisory teams will be strengthened to extend coverage to community-based activities.

6. Implementation framework and process²

Organization structures and coordination framework

Table 1 outlines how institutions at different levels will support activities at household and community levels.

Table 1: Summary of activities at various levels of the health system

Level	Summary of activities
Household, village, school, congregation	<ul style="list-style-type: none"> Plan, implement, monitor, evaluate and provide feedback on activities Mobilize and manage resources. The Village Health Committee will provide oversight on level one services.
Sub-location, parish, dispensary	<ul style="list-style-type: none"> Provide health status information (systems) Plan, implement, monitor, evaluate and provide feedback on activities Mobilize and manage resources Support, provide and protect water sources at village level Manage community-based information system Provide technical support, supportive supervision and coaching Provide referral services CHEWs will train CORPs and village leaders on level one services Establish and maintain working links, including monitoring) of NGOs and CBOs Train and conduct social mobilization on right to health for all. Dispensary Committee will link the health system and the community
Division, health center	<ul style="list-style-type: none"> Plan, implement, monitor, evaluate and provide feedback on activities for continuous improvement Provide training and supportive supervision Provide referral services Coordinate, collaborate, network, exchange ideas and pool resources. CHEWs will provide technical support, report to the health centre committee.
District, diocese, hospital	<ul style="list-style-type: none"> Carry out comprehensive district planning, implementation, monitoring, evaluation and feedback, budgeting, and supervision Identify and increase the utilization of existing community organizations and structures and sensitize them on rights for health Strengthened DHMBs and DHMTs to provide governance and technical support to health centre committees Provide primary referral services Build capacity of villages on safe water supply, sanitation facilities Train extension staff and leaders on level one services Facilitate M & E of NGO and CBO activities in the district Facilitate community capacity for providing technical and material support Coordinate input of development partners/NGOs/CBOs.
Province	<ul style="list-style-type: none"> Build capacity of districts for implementation of level one services and assure quality, including rights Provide secondary referral services Provide technical and material support on planning, implementation, monitoring, evaluation and feedback.

² Details on implementation of the community strategy are contained in the MOH publication entitled "Community Strategy Implementation Guidelines, 2007."

Level	Summary of activities
National	<ul style="list-style-type: none"> • Formulate and review level one services guidelines in relation to national health policy • Build capacity of districts for the assessment, reflection, planning and action process • Ensure multi-sector and donor coordination in health and resource allocation • Provide tertiary level referral services • Ensure that the community-based information system is part of the health management information service (HMIS) • Ensure equity of health services, quality assurance, and technical support³

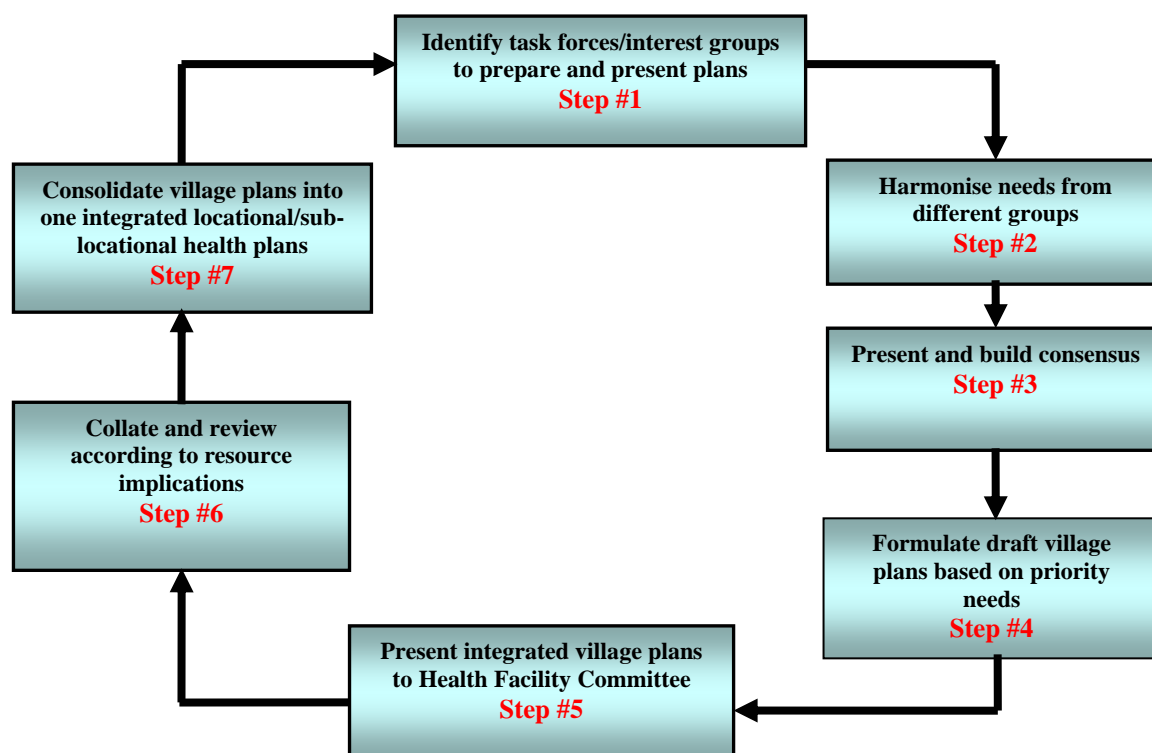
Community entry steps

The community entry process will involve the following steps:

- Defining a clear implementation guideline
- Creating awareness among district leaders
- Forming and equipping district level multi-sectoral working groups
- Follow up, monitoring and evaluation
- Launching the programme in the communities
- Introducing community and household level KEPH interventions.

Feedback and participatory planning

For effective implementation of project activities, the community should be involved in project planning, implementation and monitoring. In the community strategy, results of needs assessments are used to identify major gaps and themes for community action. The CHEWs, CORPs, and local NGOs and CBOs within the village provide technical assistance throughout this process of participatory assessment and planning. The community participants will be expected to reflect on their future vision and activities and agree on the main action points as shown in Figure 1.



³ Norms and Standards are available

Figure 1: Feedback and participatory planning of Level 1 service activities

7. Rights to health⁴

Human rights for health are tools that empower those who are not in a position to assert and defend their claim to equitable and quality health care. The objective of rights to health in the context of community level services is to enable communities to understand their health rights and the reasons why some individuals are deprived of their rights. Community members should be able to:

- Identify and discuss the main challenges and find solutions thereto
- Analyze the roles and responsibilities of individuals, families, the community, the Government, NGOs/CBOs, religious bodies, and the international community in ensuring equitable access to care
- Address issues regarding resource utilization, decision making, and identify mechanisms for handling complaints arising from the right to good health care services.

8. Recruitment and training of providers for community level services⁵

As per the current estimate (2007), Kenya needs a total of 255,000 CORPs (50 per sub-location for 5,100 sub-locations), to be trained, supervised and supported by 5,100 CHEWs. Participatory approaches ought to be used in selecting trainees and trainers and development of the content. Trainers will be sourced from health and related sectors such as water, education, agriculture and the community. District level trainers will train divisional level trainers in KEPH principles and services. The divisional level trainers will in turn train actual service providers at sub-location level.

The communities will set recruitment guidelines for each village. The village, sub-location and district teams will collaborate in recruitment of the CORPs and their coaches (CHEWs). The coaches, depending on their area of expertise, will be hired by the Location Development Committee or the Health Facility Management Committee. Detailed of the content for training different cadres is outlined in the community strategy. The training shall take place in their communities and shall be spread in phases whereby each phase would be linked to specific implementation activities at community level.

9. Monitoring and evaluation process

The Monitoring and evaluation process ensures that household and community-based KEPH activities are implemented according to the set plan, that lessons are derived from the way the activities are implemented, and that health extension programmes are effectively implemented. To support monitoring and evaluation, the CORPs and CHEWs as well as members of the managing committees will be trained on data collection, maintenance of records, presentation and use of the data. The training will cover the essence of community health information systems with emphasis on acquiring positive attitudes towards data that includes timeliness, correctness, completeness and

⁴ Community members should be able to articulate their rights and responsibilities as stated in the health service charter. The Ministry of Health publication "Service Charter for Health Service Delivery" can be found on HENNET website - www.hennet.or.ke

⁵ Ministry of Health Manual for Training Community Health Extension Workers, 2007.

confidentiality. The evaluation of the community strategy will, however be in the context of the Joint Monitoring and Review of the MHSSP II to be done annually as part of Annual Operational Plan evaluation, Mid-term evaluation and end of program evaluation. The Community strategy envisages data collection on selected demographic indicators such as deaths and births, health status, environment and sanitation, reproductive healthcare and outcome, nutritional status, immunization activities and coverage, incidence of priority conditions such as malaria, socio-economic performance, and health related school variables. The Ministry will make available relevant tools for routine data collections, household visits and various household and community surveys. Quality assurance will be through active and effective involvement of the DHMT in the training and supervision of CHESw and CORPs as wells as follow up to ensure proper maintenance and use of community information systems.

In the management process, the Village Health Committees at the grassroots level will be supervised by at the Health Facility Committee at dispensary or health centre. The Facility Health Committee will be linked to the DHSF.

10. Introducing community-based KEPH activities

The process of introducing community-based KEPH activities will require:

- Assembling key implementation partners
- Recruiting and training service providers including CORPS and CHEWs
- Building sustainability mechanisms such as community entry and participatory planning, community ownership and empowerment, and government political will
- Strengthening linkage between health system and communities
- Carrying out monitoring and evaluation activities
- Sourcing and allocating annual budgets for planned activities.⁶

11. Timeframe and budget

The community strategy will be scaled up in a phased manner. Full nationwide implementation will be achieved by the year 2009 at an estimated cost of US\$ 179 million. The annual budget for household and community level services for the same period will be US\$ 144.5 million.

Note: The complete version of the document from which this popular version has been adapted is posted on the HENNET website: www.hennet.or.ke.

It is recommended that this document be read together with other complete publications, namely: (i) National Health Sector Strategic Plan II: 2005-2010; (ii) Joint Programme of Work and Funding for the Kenya Health Sector; and (iii) Norms and Standards for Health Service Delivery; that are posted on the HENNET website.

⁶ The tasks, outputs and annual budgets are contained in the document "Taking the Kenya Essential Package for Health to the Community."