



# Uptake and contribution of Community Strategy in the renewal of Comprehensive Primary Health Care (CPHC) in different Socio-demographic contexts in Kenya

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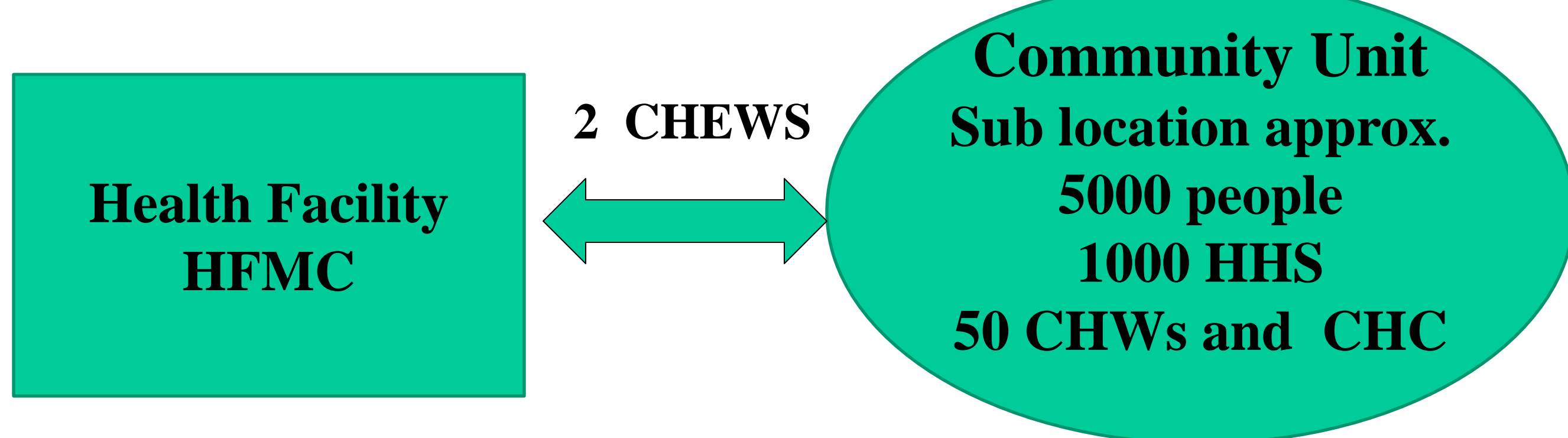
Ministry of Health (MOH)-Kenya

## Introduction

Ministry of Health in Partnership with GLUK piloted a PHC-based model intervention known as *Community Health Strategy (CHS)* in six out of the then twelve districts in Nyanza province, Kenya in 2005. This approach was evaluated, reviewed and was found to be effective in strengthening the link between the community and the health facilities and therefore was adapted by the MoH in 2006., throughout the country with other development partners.

## Problem Statement

Little is known about how well the roll-out process has been facilitated by the MoH and other development partners and what the results have been. It is also not clear whether and how effectively the *Community Strategy Approach* can be applied in contexts different from Nyanza province where the piloting was done.



## Project Description

### Community Health Strategy Key intervention elements

- Governing Linkage Structures CHC, HFMC, DHMT, (Representative, Inclusive, Participation). Evidence Based Dialogue
- Human Resource-Trainings CHWs, CHEWs, CHC members
- CU linked information system (Facility( HIS), Community CBHIS)
- Demand for health entitlement (client satisfaction)

**Goal** To evaluate the uptake of the key elements of the Community Strategy Approach, listed above, as well as to assess its sustainability in terms of implementation and contributions to the outcomes in Comprehensive Primary Health Care (CPHC). (Period 2008-2009)

**Methodology** Cross sectional descriptive design using both quantitative and qualitative approaches. Data collected: Household survey (3694 HHs) 7 KII, 14 FGDs, 21 health facilities and 422 client exit interviews

### Specific objectives

1. To identify and assess the components of the *Community Strategy Approach* that have been implemented and sustained by the MoH and other partners in varied contexts across 7 districts in Kenya.
2. Compare the uptake of the Community Strategy Approach components in TICH and non-TICH sites, intra districts, inter districts and across 3 provinces in Kenya.
3. To assess the effect of the implementation of the *Community Strategy Approach* on maternal and child health outcomes in the pilot districts.

## Outcomes

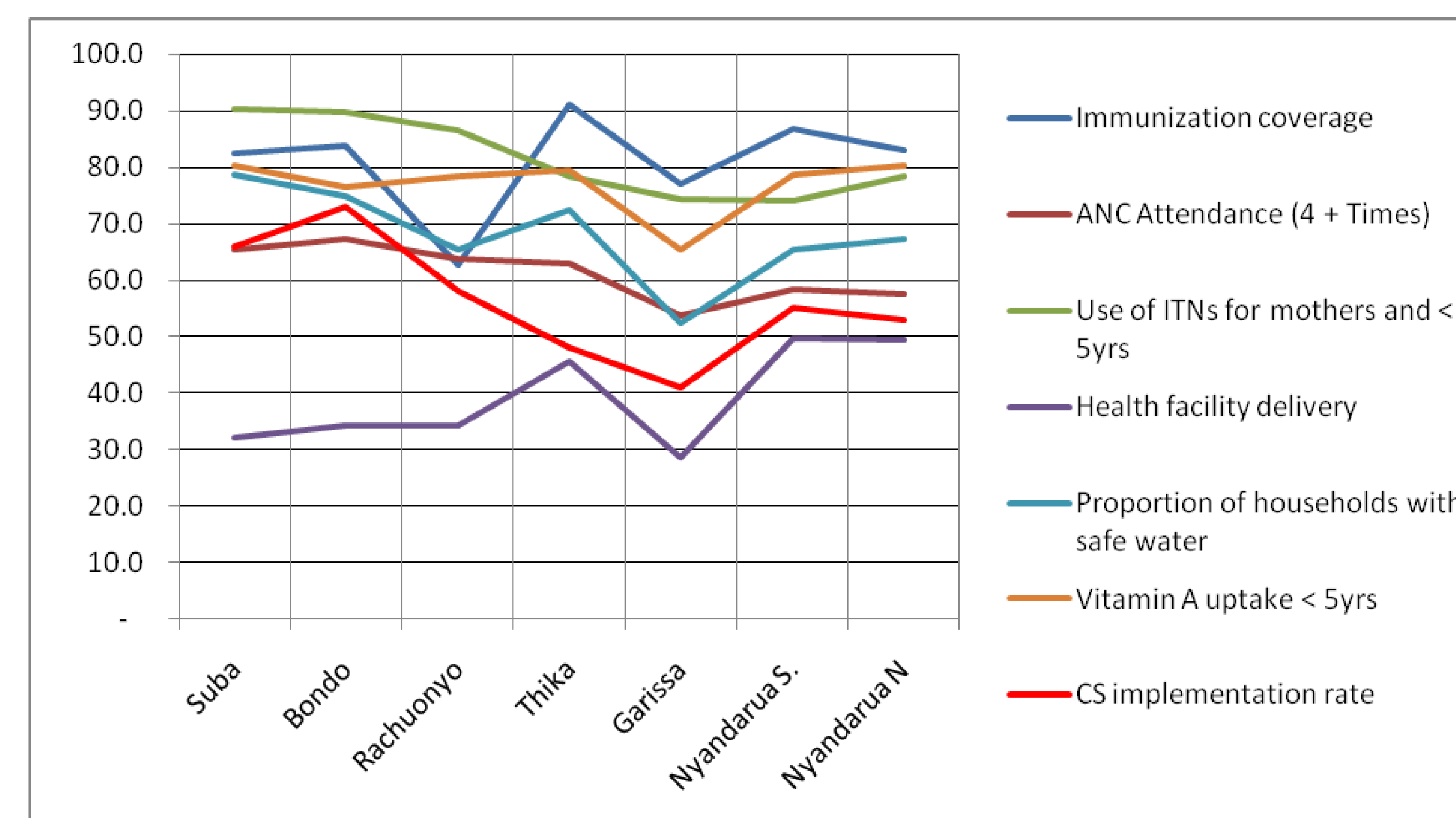
### 1:CHS implementation by regions & implementers

Community strategy Component	TICH supported districts			MOH supported districts		OTHER PARTNERS supported districts	
	Suba (%)	Bondo (%)	Rachuonyo (%)	Thika (%)	Garissa (%)	Nyandarua S. (%)	Nyandarua N. (%)
Governance & Mgt structures	82	83	76	54	55	57	54
Establishment of Community Units	67	73	60	47	33	53	56
Human Resource for community units	43	51	44	32	18	48	50
Community Based Information system	73	86	50	58	58	60	52
Community Strategy average implementation rate	66	73	58	48	41	55	53

### 2: Child health outcomes by regions & districts

Indicators for maternal child health	TICH supported districts			MOH supported districts		OTHER PARTNERS supported districts	
	Suba	Bondo	Rachuonyo	Thika	Garissa	Nyandarua South	Nyandarua North
Immunization coverage	82.4	83.7	62.8	91.0	77.0	86.7	82.9
ANC Attendance (4 + Times)	65.6	67.4	63.8	63.0	53.7	58.4	57.4
Use of ITNs for mothers and < 5yrs	90.2	89.8	86.4	78.6	74.6	74.2	78.4
Health facility delivery	32.2	34.2	34.4	45.6	28.7	49.6	49.2
Proportion of households with safe water	78.7	74.8	65.4	72.4	52.4	65.4	67.2
Vitamin A uptake < 5yrs	80.2	76.4	78.2	79.5	65.4	78.6	80.2

### 3:Correlation between CHS & Child Health Indicators



## Lessons learned

- Community strategy implementation rate Nyanza Province-highest (31.8%), Central Province (19.2%) and North Eastern (10.8%) (MOH, 2010).
- CHW's relate strongly to the output on the use of ITNs for mothers and children under 5 years ( $r=0.615$ ), households with safe water ( $r=0.600$ ) and vitamin A uptake for children under 5 years ( $r=0.734$ ).
- CBHIS has strongly influenced immunization coverage ( $r=0.607$ )
- Participatory planning- Evidence in the Annual Operational Plans (AOPs)
- Training of CHWs and CHEWs has ensured the technical sustainability
- Completeness of data-complementing HFMS with CBIS
- Use of data to trigger Dialogue in the community units has inculcated the culture of dialogue for continuous improvement.

The proportion of mothers attending ANC 4 times and more was high in intervention sites 59.1% compared to 57.4% in non intervention sites.

- The service delivery outputs (e.g ANC 4+ times, Measles, Health facility delivery) showed an upward trend with regard to the district targets.

### Conclusion and Recommendations

- Continuous supervision and close linkage between District Health management Teams (DHMTs), the health workers at the facility level, CHEWs, Community Health Committees (CHC) and CHWs ensures the sustainability of the community strategy activities.
- Creating community demand for health services should be matched with the availability of improved services within health facilities.

The community strategy plays a key role in the renewal of comprehensive Primary Health care in Kenya therefore need for scale up.

## Acknowledgement

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