

COMMUNITY AND HEALTH

- COMMUNITY ARE AT THE FOUNDATION OF AFFORDABLE, EQUITABLE AND EFFECTIVE HEALTH CARE AND ARE THE CORE OF THE KENYA ESSENTIAL PACKAGE FOR HEALTH WHICH IDENTIFY SPECIFIC LIFE COHORTS FOR CARE WHICH INCLUDE : PREGNANCY TO 2 WEEKS, 2 WEEKS TO 6 YEARS, 6 TO 12 YEARS, 12 TO 24 YEARS, 24 TO 59 AND 65 AND ABOVE.

ROLE OF COMMUNITY HEALTH WORKER

- Role and functions

The role and functions of the CHC include:

- Identification of community health priorities through regular dialogue.
- Planning for community health actions.
- Participating in community health actions.
- Monitoring and reporting on planned health actions.

ROLE OF COMMUNITY HEALTH WORKER 2

- Mobilizing resources for health actions.
- Coordinating CHWs activities.
- Organization and implementation of Community Health Days.
- Reporting to Level 2 on priority diseases and other health conditions.
- Leading community outreach and campaign initiatives.
- Advocating for health in the community.

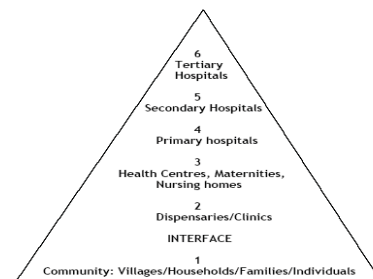
COMMUNITY STRATEGY

- The lowest health governance structure is the CHC, elected in such a way that all villages in the Community Unit (app. 1000 villages) are represented. The CHC is elected at an Assistant Chief's baraza (Public Meeting) under chairmanship of the Assistant Chief. The committee is chaired by a respectable member of the community.

COMMUNITY STRATEGY

- It is recommended that a CHW should be the Treasurer while the Community Health Extension Worker (CHEW) should be the Secretary. The CHC should have 9 members who may include representatives of: Youth, Faith groups, Gender, Women's group, NGOs, People Living With Aids (PLWA), People With Disability (PWD) and any others.

LEVELS OF HEALTH CARE



FOUR TIER HEALTH SYSTEM IN KENYA

- The *Community services* will comprise of all community based demand creation activities, organized around the Comprehensive Community Strategy defined by the Health Sector.
- The *Primary care services* will be comprised of all dispensaries, health centers and maternity homes for public and non public providers. Their capacity will be upgraded, to ensure they can all provide appropriate demanded services
- The *County referral services* will include primary referral facilities (all level 4 / district hospitals) operating in, and managed by a given County. Together, all these facilities in a given County form its County Referral System, with specific services shared amongst the existing County Referral facilities to form a virtual network of comprehensive services.
- The *National Referral Services* will include the facilities providing tertiary referral services (all Provincial and national level facilities) that provide specialized health care services, across a number of counties, including hospitals, laboratories, blood banks and research

COMMUNITY STRATEGY OBJECTIVES 1

- The community strategy intends to improve the health status of Kenyan communities through the initiation and implementation of life-cycle focused health actions at level 1 by:
 - Providing level 1 services for all cohorts and socioeconomic groups, including the “differently-abled”, taking into account their needs and priorities.

COMMUNITY STRATEGY OBJECTIVES 2

- Building the capacity of the community health extension workers (CHEWs) and community-owned resource persons (CORPs) to provide services at level 1.
- Strengthening health facility-community linkages through effective decentralization and partnership for the implementation of LEVEL ONE SERVICES.

COMMUNITY STRATEGY OBJECTIVES 3

- Strengthening the community to progressively realize their rights for accessible and quality care and to seek accountability from facility based health services.

BASES OF COMMUNITY STRATEGY

- First, it is possible to *build capacity at village level to manage community-based activities* effectively.
- Second, the CORPs as volunteers can provide services at the household level that
- *include a community-based information system, dialogue based on information,*
- *health promotion, disease prevention, simple curative care* using drugs supplied
- through a revolving fund generated from users, and a referral system established by
- local health committees.
- Third, because incentives are lacking, *it is difficult to sustain the morale and motivation of CORPs for long.*
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BASIS FOR COMMUNITY STRATEGY

- Fourth, *community health extension workers (CHEWs) tend to be recruited by the health system and assigned to the local structures.*
- Fifth, *effective community health services require well thought out*
- *theoretical and practical training modules and programmes.*
- funds.
- *Taking KEPH to the Community 7*
- Finally, critical to the success of the community approach are *coordinating*
- *structures that bring together key players at national and provincial levels to*
- *organize and guide the implementation of policy guidelines and key activities.*

CONCLUSIONS

- ◉ THE PRIMARY HEALTH CARE SYSTEM WILL GO ALONG WAY IN REDUCING THE DISEASE BURDEN AT THE HOUSEHOLD LEVEL
- ◉ THERE IS MAJOR CHALLENGES IN SUSTAINING THE PROGRAMME AS BOTH COMMUNITY HEALTH WORKERS AND THE COMMUNITY HEALTH COMMITTEES OPERATE ON VOLUNTARY BASIS.

ACKNOWLEDGEMENT

THANK YOU FOR
LISTENING