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Pathfinder INTERNATIONAL
A GLOBAL LEADER IN SEXUAL AND REPRODUCTIVE HEALTH

FROM POLICY TO ACTION: IMPLEMENTING THE KENYAN COMMUNITY STRATEGY

TECHNICAL HIGHLIGHT

May 2014

Through the USAID-funded APHIA*plus* Nairobi-Coast project (2011–2014), Pathfinder International implements a Kenyan health policy known as the "community strategy." Rooted in the principles of universal health access and improved service delivery at the community level, this strategy seeks to engage households and communities as active participants in health decision making and priority setting. Framed within the broader context of the ongoing devolution of the Kenyan health sector, the strategy serves two key purposes: 1) it provides a framework for building viable, community-level infrastructure for health service delivery, and 2) it establishes mechanisms for transferring health governance authority to lower administrative levels.

This technical highlight provides a concise summary of Pathfinder's implementation experience thus far, and discusses how the Kenyan community strategy—when executed well—enables communities to identify and prioritize population-specific health needs, tailor service delivery, meaningfully engage with the health system, and play an active role in health governance.

CONTEXT

In a landmark 2010 vote, two-thirds of Kenyans approved a new, rights-based constitution that incorporates mechanisms for greater public participation, representation, and civic engagement. Devolution of government represents one such mechanism. By transferring authority to lower administrative levels, devolution aims to bring government closer to citizens, increase transparency, and enable Kenyans to hold their government accountable. Likewise, the constitution envisages a devolved health sector wherein health services are more accessible to citizens, are more responsive to specific populations' needs, and are more equitably distributed. Strong, empowered communities represent the foundation of the newly devolved health sector, and the community strategy provides a pathway for communities to assume their expanded responsibilities. Following promulgation of the new constitution, the Kenyan government and like-minded partners accelerated implementation of the community strategy.

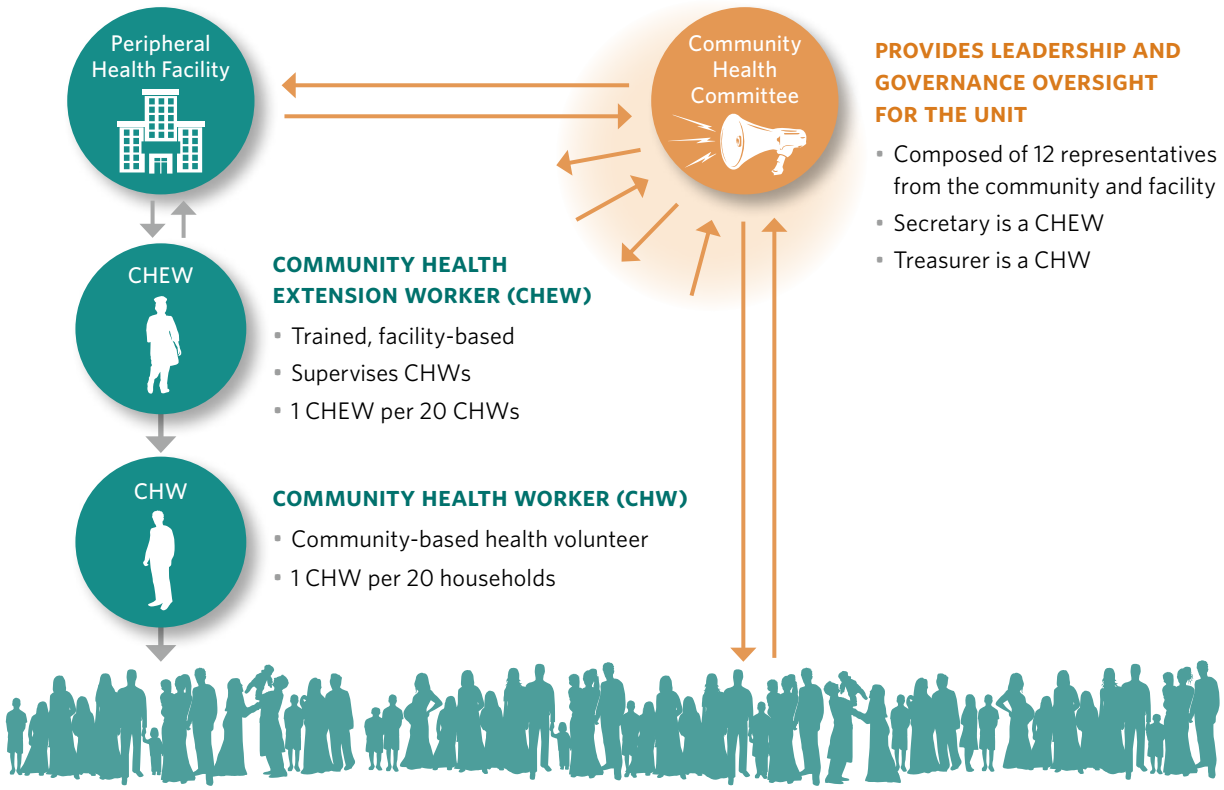
KENYA'S COMMUNITY STRATEGY

Multifaceted and complex, the community strategy divides Kenya's 47 counties into smaller, sub-locations called "community units," which represent the lowest administrative level of the health system and function with a large degree of autonomy. Each unit comprises 1,000 households (roughly 5,000 people). As illustrated in Figure 1, a network of frontline community health workers (CHWs) directly deliver comprehensive primary care services to households within the community unit, and refer clients to the peripheral health facility for advanced care. CHWs are supervised and mentored by facility-based community health extension workers. A representative Community Health Committee provides governance oversight and leadership for each unit. Committee members engage constituents in the process of understanding, recognizing, and demanding quality health services, and facilitate identification of health needs and priority setting through forums like monthly dialogue days and community health action days.[1]

Creation of these community units also allows for tailored health services that address population-specific disease patterns. For example, depending on environmental or socioeconomic risk factors, certain communities face greater risk for cholera, malaria, and typhoid outbreaks than others. HIV prevalence rates also vary wildly by county. Additionally, vast rural–urban differences in population density exist among counties, with 40 percent of the population occupying just 10 percent of Kenya's land area.[2] Community units in sparsely populated rural areas face different challenges than their urban counterparts. The community strategy seeks to enable county-level health authorities to tailor services that target specific health needs and account for the unique context of each community unit.

Although the community strategy is evidence based, the Kenyan government initially faced formidable challenges introducing it. Insufficient resources, competing priorities, and limited community ownership contributed to patchy rollout and inconsistent functionality.[3] By 2011, a number of community units had fallen into disrepair, and

FIGURE 1: COMMUNITY UNITS PROVIDE A STRUCTURE FOR COMMUNITY-LEVEL HEALTH SERVICE PROVISION AND HEALTH GOVERNANCE



the government requested that Pathfinder and other partners fill this implementation gap by sustainably establishing and rehabilitating community units in various counties throughout the country. The Kenyan government assigned Pathfinder responsibility for implementing the strategy in six counties—Nairobi, Kwale, Kilifi, Mombasa, Taita Taveta, and Lamu, as illustrated in Figure 2.

IMPLEMENTING THE STRATEGY

Through the APHIA*plus* project, Pathfinder establishes and rehabilitates community units, and strengthens existing community and health systems to foster sustainability in its six target counties. Pathfinder supports village leaders to facilitate participatory, community-led selection and training of CHWs. Following Kenyan guidelines, Pathfinder works to build strong leadership structures by supporting the formation of Community Health Committees capable of providing leadership and oversight for the units. Selection of these committee members is community-led, and each member must exhibit positive health behaviors and represent a specific constituency within the community. Optimally, committees are inclusive of people living with HIV, representatives of nongovernmental and faith-based organizations, women, and all villages within the community unit.

Looking to the future, community units hold potential to evolve into vehicles for broader community mobilization. Cognizant of this, Pathfinder strategically chose to register units as community-based organizations rather than as health sector entities, thereby broadening their scope and enabling them to generate income. To further foster communities' sustained capacity to act in this role beyond the life of the project, Pathfinder trains key members of community units on proposal development and other income-generating activities, enabling units to pursue independent funding.

FIGURE 2: PROJECT COVERAGE

THE STRATEGY IN ACTION: IMPROVED HIV CARE AND TREATMENT

Once project-supported community units are functional, Pathfinder works to optimize their effectiveness. Although the strategy addresses myriad health issues, some of the best examples illustrating the strategy in action relate to HIV care and treatment. The following highlights how Pathfinder works within the context of the strategy to augment the continuum of HIV care and treatment by bolstering the health system's responsiveness, equipping CHWs and peer educators to function as agents of change, and strengthening synergies between community and health systems.

Improved defaulter tracing

In 2011, Pathfinder facilitated a collaborative exchange between CHWs and health facility staff to improve defaulter tracing—the process by which patients taking ARVs who are lost to follow-up are located and motivated to reinitiate treatment. During this exchange, participating CHWs and providers collectively created an innovative defaulter tracing tool. This tool—a simple, user-friendly flowchart—formalizes five discrete steps for tracing defaulters, as illustrated in the text box below. To ensure patient confidentiality, information is shared only with the CHW responsible for tracing each individual defaulter. Throughout this process, CHWs probe defaulters on barriers to adherence, and feed this information back to the health

Steps for defaulter tracing:

- Facility staff use data to routinely generate a list of defaulters.
- Staff disseminate information to respective CHWs on a case-by-case basis.
- CHWs trace defaulters at the community level, sensitize them on the importance of treatment adherence, and motivate them to return to the facility.
- CHWs and facility staff routinely share information and document clients who have reinitiated treatment.
- Facility staff link defaulters to appropriate facility-based and community-based support.

facility, allowing community units to better tailor HIV care and treatment services and strengthen community-facility linkages. Notably, Pathfinder has recently provided CHWs with a mobile health application to improve the referral process and more easily transfer information to the facility.

Prevention of mother-to-child-transmission (PMTCT)

In April 2013, Pathfinder introduced a peer education approach based on the concept of positive deviance to support PMTCT. In this "mentor mothers" model, facility staff identify new mothers who have successfully completed the PMTCT continuum of care and offer them the opportunity to become peer educators. If they express interest, they are trained and certified according to Kenyan national guidelines. These mentor mothers then sensitize and educate other pregnant women living with HIV on prevention of vertical transmission, disclosure and partner involvement, and safe infant care. Mentoring initially occurs at the facility, with continued dialogue occurring in the community throughout the client's pregnancy.

The community unit's structure enables these mentor mothers to actively engage with the health system, deliver messages at the community level, foster health-seeking behaviors, and participate in improving the health and wellbeing of their peers. Programmatic data from 14 high-volume facilities show a 60 percent increase in the number of pregnant women reached with antiretroviral prophylaxis (from 146 to 233), and more than a two-fold increase in the number of exposed infants reached with preventive antiretrovirals (from 110 to 232) in the quarter following introduction of the mentor mothers model.

Community prevention with positives (PwP)

Community PwP addresses both the biomedical and psychosocial needs of people living with HIV. The approach includes a comprehensive range of services, such as screening for tuberculosis and sexually transmitted infections, providing PMTCT services to pregnant women, counseling on treatment adherence and risk-reduction, income-generating activities, and psychosocial support. In project-supported community units, health workers provide clinical PwP services at the facility, while project-trained peer educators organize support groups and voluntary savings and loan groups at the community level. By placing special emphasis on economic strengthening, the project seeks to address underlying vulnerabilities and equip people living with HIV with the skills and knowledge to become empowered. Project data indicate that since 2011, APHIA*plus* has established 179 voluntary savings and loan groups for people living with HIV.

LOOKING FORWARD

Under the APHIA*plus* project, Pathfinder has established and rehabilitated 168 community units and trained more than 8,500 CHWs since 2011. Continued devolution of the health sector magnifies the importance of functional, sustainable community units. By weaving elements for sustainability and community ownership into its approach from the outset, Pathfinder has made a significant contribution towards realizing the government's vision of engaged communities playing an active role in health governance and provision of services. As Kenya moves forward, Pathfinder will build on its experiences, lessons learned, and best practices to continue to support the government in scaling up the community strategy as an integral element of health sector devolution.

ENDNOTES

(1) Kenya Ministry of Public Health and Sanitation, *Taking the Kenya Essential Package for Health to the Community: A Strategy for the Delivery of Level One Services* (Nairobi: 2006). **(2)** World Bank, *Devolution without Disruption: Pathways to a Successful New Kenya* (Nairobi: 2012). **(3)** UNICEF/Kenya Ministry of Public Health and Sanitation, *Evaluation Report of the Community Health Strategy Implementation in Kenya* (Nairobi: 2010).

ABOUT THE PROGRAM: Funded by USAID, the AIDS, Population, and Health Integrated Assistance plus (APHIA*plus*) Nairobi-Coast Health Service Delivery Project began in January 2011. One of five USAID-funded APHIA*plus* projects, Nairobi-Coast is led by Pathfinder International, in partnership with ChildFund International, Cooperative League of the USA (CLUSA), Population Services International (PSI), and the Network of AIDS Researchers of Eastern and Southern Africa (NARESA). Operating with a budget of US$ 55 million from 2011 to 2014 and currently on a costed extension, the project works in close collaboration with the Kenyan government across both Nairobi and Coast provinces to increase access to and uptake of quality services, and to address the social determinants of health of target communities.

COVER
APHIA*plus*-supported community meeting
PHOTO: Sala Lewis

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