



AFRICAN CONSTITUENCY BUREAU  
FOR THE GLOBAL FUND



# 20

YEARS OF IMPACT

IN THE FIGHT AGAINST  
AIDS, TB AND MALARIA  
IN **KENYA**



## COMMUNITY SYSTEMS STRENGTHENING

**Kenya's Community Health Strategy recommends the integration of service provision at community level. The strategy defines the role of Community Health Volunteers (CHVs) in basic healthcare with emphasis on integrated model of preventive and promotive health service delivery (MOH, 2020).**

Kenya Red Cross Society (KRCS), ACK Development Services (ADS) Nyanza and the County Government of Homa Bay through Global Fund piloted an integrated Community System Strengthening (CSS) model on the implementation of three diseases (TB, HIV and Malaria) together with Maternal New-born and Child Health in Rangwe Sub-County in Homa bay County. The goal of the project was to improve health outcomes using an integrated community health approach.

### The core CSS interventions were:

- Community- based monitoring for accountability
- Advocacy for social accountability
- Social mobilization, building community linkages, collaboration and coordination
- Institutional capacity building, planning and leadership development in the community sector.

### Activities undertaken include:

- The community strengthening project trained CHVs on among others, protocol on household visiting such as obtaining a list of TB patients and TB defaulters during the facility meetings. These households would be prioritized and visited every month for tracing of their contacts.
- Emphasizing about Elimination of stigma including of HIV

Carolyn a widowed 32-year-old mother of three children, sex worker who received training to establish a network that would look at issues of SGBV, alternative livelihood and good health seeking behaviour. *says that "before ADS, rape and violations*

*were common, diarrheal diseases were rampant because of open defecation, and stigma on HIV was at its highest. These have really improved as people have dug pit latrines, and HIV campaigns reduced stigma and increased access to care."*

- Provision of medical kits as the first point of contact with the community to CHVs
- Training CHVs on how to use critical household health monitoring and reporting tools developed by the Ministry of Health (MOH)

Gladys Achieng Odhiambo (42 years), a mother of four children had been a community Health Volunteer (CHV) serving Kawuor Village, Lower Kamenya in Kochia, Homa. She observes that reporting became an integral part of their work. *"We were provided with treatment and tracking booklets. I was also responsible for people living with HIV (PLHIV) tracking and reporting to ensure adherence. For health education, we had reference books for TB, malaria and HIV for health that we used during household visits"*

- Capacity building of CHVs to collect accurate and reliable data ; linking data collection to health education efforts, and providing feedback to the community
- Integrated approach to service delivery was a practice that enhanced access of services to those affected and infected in the community. CHVs got to be trained and empowered to support malaria, maternal and child health, tuberculosis and HIV services.

Verah Akoth is married as a second wife to her husband who works as a fisherman in one of the shores of Lake Victoria, turned positive. Initially she was in denial but when she met the CHV, she was counselled, and accepted treatment. Her husband was also tested. For Verah, her greatest gratitude to the CHV was when she was due for delivery with her last born. When she went into labour, the CHV had alerted the health facility, however, on her way to the hospital, the delivery process started. The CHV called a medical doctor who quickly came and delivered the baby averting any complications. Her baby was born HIV negative. *"I am grateful that the CHV was within reach and because of that my baby was born without the virus."*







*Verah shares a light moment in her house (left) and the community health volunteer pays Verah a visit in her house (right).*

- Working with CBO in strengthening of health-related activities to expand reach of health services

When Kennedy Agutu and others saw the idleness that had befallen youth, they started Nyang'un Youth Group to tap into talents through sports and theatre, as well as teach young people about health and income generating activities. The CBO works hand in hand with CHVs. *"When CHVs organise community health talks, they invite us to participate and provide edutainment aligned to their intended theme. We also participate in quarterly review meetings to share challenges and find responsive solutions."*

- The complementary work arising from community networks, linkages, partnerships, and coordination formed a critical component for the sustainability of the project. Out of this, a strong linkage is created. A chief observed that unskilled deliveries were a thing of the past in his location.

## RECOMMENDATIONS on the way forward:

- For the government to ensure the continuity of pilot activities and best practices including the provision of stipend to the CHWs, community dialogues and health action as well as the provision of forms to record services provided at household level
- Considering the covid-19 restrictions for

the government to provide commodity support especially considering that some facilities have been closed to public as covid-19 isolation centres. This would make it easier for community to get immediate support while preparing for referral.

- Support to counties to take an active role in Domestic Resource Mobilization process to ensure continuity of projects
- To develop a DRM/RSSH curriculum
- Facilitate mentorship visits to include even best performing CSOs for peer support through exchange learning as well as facilitate lower-level trainings (community cascaded trainings) for the CSOs .



*During Home Visits*





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