THE ROLE OF COMMUNITY HEALTH SERVICES
IN CREATING EFFECTIVE HEALTH PROGRAMS
TOWARDS UNIVERSAL HEALTH COVERAGE.

BY

PROF MIRIAM K. WERE
Community Health Services Goodwill Ambassador, Kenya.

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THE ROLE OF FAITH BASED HEALTH SERVICES
IN CONTRIBUTING TO
UNIVERSAL HEALTH COVERAGE IN AFRICA

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INTRODUCTION

Effective Community health services have the aim of engaging every household. If every household is engaged, then every individual is likely to be reached and there is universal health coverage. In an effective community health service this would mean that:

⇒ There would be good understanding of health promotion
⇒ There would be good understanding of disease prevention of both communicable and non-communicable diseases;
⇒ There would be excellent health-seeking behaviors;
⇒ There would be proper use of health facilities;
⇒ There would be compliant responses to the use of medicines and other advises from health systems such as guidance on proper housing and living conditions;
⇒ There would be appropriate referral arrangements form the community to the link health facility and up to specialist services;
⇒ There would be proper handling of the determinants of health and disease in the community and in the relationships with appropriate sectors such as education, food production, water management and sanitation and sewerage services;
⇒ There would be appropriate financing in place to pay for these services.

In such an effective community health service all over county, the community health service would, indeed, be the FOUNDATION of the national health system that delivers universal health coverage to the nation.

The establishment of such an effective community health service would require that the community health service be established in a structured manner that includes the following:-

1. ESTABLISHED COMMUNITY HEALTH SERVICES ON CLEAR PREMISES OF :-

1.1. The Goal
To bring basic health services to every household within every community. Thus Services are brought physically and socio-culturally close to people in communities, especially to mothers, children and the very elderly who are most vulnerable and who need the services most;
1.2. Vision
People living healthy and good quality lives at the household level in robust and vibrant communities that make up a healthy and vibrant nation.

1.3. Mission
Community Health approach is to be used as the modality for social transformation for wholistic development from the community level by establishing equitable, effective and efficient Community Health Services.

IF IT HAPPENS IN THE COMMUNITY, IT HAPPENS IN THE NATIONA. BUT IF IT DOESN’T HAPPEN IN THE COMMUNITY, IT DOESN’T HAPPEN.

2. ORGANIZATIONAL CLARITY AND ARRANGEMENTS
Effective community health services would have to have clarity on a number of issues. Among these would be the following:-

2.1. What shall constitute a community?

In Kenya there was extensive discussion on what was to be known as “the community”. It was finally decided that this shall be the sub-loocation. The sub-location is the smallest formal administrative unit with a population of about 5,000 and about 1,000 households. However, there are great variations because of the population density differences. This was a good decision because what the sub-location refers to is known everywhere so there is no ambiguity. Within the Community, there may be several villages. When Community Health Services are established in a Sub-location, the sub-location also becomes known in the health sector as the Community Health Unit. Every Community Health Unit is assigned to a LINK HEALTH FACILITY which is either the dispensary or health centre nearest to the community. This link health facility is important to the Community Unit because that is to where the Community level health workers refer patients they cannot handle. It is also the health facility that acts as the supervisor to the Community Unit.
2.2. **Community Health Committees and Their Training**

The Community Health Committee is the structure responsible for providing leadership and governance oversight for Community Health Services in the Community Health Unit and is one of the first groups to be formed when establishing the Community Health Unit due to its critical role. The lead health worker in the Community Health Unit is a member of the Community Health Committee and their Secretary as well as being their technical adviser. The national organ at the Ministry of Health Headquarters provides guidance on the composition, the criteria for selection as well as the training curriculum of Community Health Committees. It also provides guidance on the relationship between the Community Health Committee and the Community level health workers.

2.3. **Community Level Health Workers**

In every country, there is need for clarity on who is to provide health services at the community level. In Kenya the Ministry of Health published a **Scheme of Service for Community Level Health Personnel**. This was done after taking into account the experiences in Kenya for a number of years as well as the experiences of other countries. The most senior health worker at the community level is the **Community Health Assistant**. This is the cadre that used to be known as Community Health Extension Worker (CHEW). This is a staff member of the Ministry of Health and on the payroll of the ministry who guides the work at the community level. Depending on the size of the population in the sub-location/Community Health Unit, there may be 2 – 5 CHAs working in every Community Unit/Sub-location.

Each Community Health Assistant (CHA) has hs as many **Community Health Volunteers** (CHVs) as there are villages in the Community. They were initially known as Community Health Workers (CHWs). These CHV are the ones who are in direct touch with every household. They are trained by CHAs and given basic
skills on health promotion and disease prevention as well as on how to communicate effectively and in a supportive manner to the households.

There is also consideration to include a **Community Midwife (CMW)** in every Community Health Unit especially if Maternal Mortality continues to be high in the nation. There is supposed to be at least one CMW in each Community Unit/sub-location. The responsibility of the CMW is to work with the CHVs to identify all expectant mothers and ensure that they go for antenatal care at the health facility. In cases where the health facility is very far, the CMWs can provide antenatal care in the community and consult their supervisor regarding the birth plan as to where each expectant mother is to deliver with pre-planning on how the expectant mother is to get there for delivery.

### 2.4 Curriculum for Training Community Level Health Workers

#### i. Training of Community Health Volunteers (CHVs)

Currently in Kenya, there are two types of Modules for Community Health Volunteers (CHVs). The first group consists of BASIC MODULES that introduce CHVs to the health sector while the second group of modules deal more with disease issues.

**a). Basic (introductory) modules**

1. HEALTH AND DEVELOPMENT IN THE COMMUNITY
2. COMMUNITY GOVERNANCE AND LEADERSHIP
3. COMMUNICATION, ADVOCACY AND SOCIAL MOBILIZATION
4. BEST PRACTICES FOR HEALTH PROMOTION AND DISEASE PREVENTION
5. BASIC HEALTH CARE AND LIFE SAVING SKILLS
6. MANAGEMENT AND USE OF COMMUNITY HEALTH INFORMATION AND COMMUNITY DISEASE SURVEILLANCE

**b). Technical modules**

1. INTEGRATED COMMUNITY CASE MANAGEMENT (Communicable diseases)
2. NON-COMMUNICABLE DISEASES
3. WATER, SANITATION AND HYGIENE
4. COMMUNITY NUTRITION
5. MATERNAL AND NEW-BORN HEALTH
6. TB/HIV AIDS
ii. Training Curriculum For CHEWS/ CHAS

Those who become CHEWs/CHAs have had high school education and many of them have been trained and are already working in the health sector but reassigned to the Community level. However, in some cases those who have completed Secondary School may be taken into training without any former training in the health sector. It is expected that due their higher level of education, they can handle the kind of curriculum that is set before them. They also train for longer stretches of time unlike the CHVs who are trained in short periods at a time.

CONTENT OF THE CHEW CHAs CURRICULUM

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**PHASE TWO**

| Six     | Community Health promotion, Control and Prevention of disease |
| Seven   | Environmental Health |
| Eight   | Community Nutrition |
| Nine    | Reproductive Health and Family Health |
2.4. Supervision guidelines to ensure what is supposed to happen happens
These are examples of what I call organizational arrangements that help to give order to the provision of effective community health services. There are other topics of importance not included in this presentation due to time

2.5. Monitoring and evaluation of performance through community health information tools.
These include supervision of community health services such as community health information tools as well as the whole area of monitoring and evaluation.

1. ESTABLISHMENT OF STANDARDS FOR QUALITY ASSURANCE COMMUNITY HEALTH SERVICES

The key rationale for having standards is to establish Professionalism in Community Health Service. The greatest danger to the practice of community health is the fact that many tend to see community health services as “informal things that people do at the community level sitting under a tree.” With this kind of outlook, health professionals see no need to have Community Health Personnel and the professional development of these community health personnel. So one of the values of having standards for community health services is to strengthen the professional context in which it is practiced. This is
what will ultimately give community health service a professional look that it has hitherto lacked.

**Standards establish a Framework** for a common understanding on every service offered among various levels of community health services personnel.

**Standards provide a common reference point for those working in health services.** All Community Health Services Personnel while working in different parts of the country will have a common framework through which to communicate with the public and with fellow health professionals. This will greatly increase the specificity of what Community Health Services refer to.

**Standards facilitate comparison of performance between Community Health Units and groups:** Since the standards are the same across board, it is possible to compare performance of various CHUs as well as CHU performance in different parts of the country. A CHU’s performance can also be compared over a period of time. This will make it possible to assign different levels of functionality to the CHUs. Furthermore, through use of these standards as applied to various components, it will be possible to identify areas of weakness to be addressed so that all CHUs are brought to optimum functionality in

4. **CLIENT SATISFACTION**

This is to ensure that the operational context remains flexible and and focused on the well-being on the people it is meant to serve so that health is, indeed, a state of physical, mental and social well-being and not merely the absence of disease disability.

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