

Child Health & Nutrition Impact Study

CHNIS Kenya

COMM/CHC Experience

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Evidence
& **Learning**



COMM/CHC in Kenya

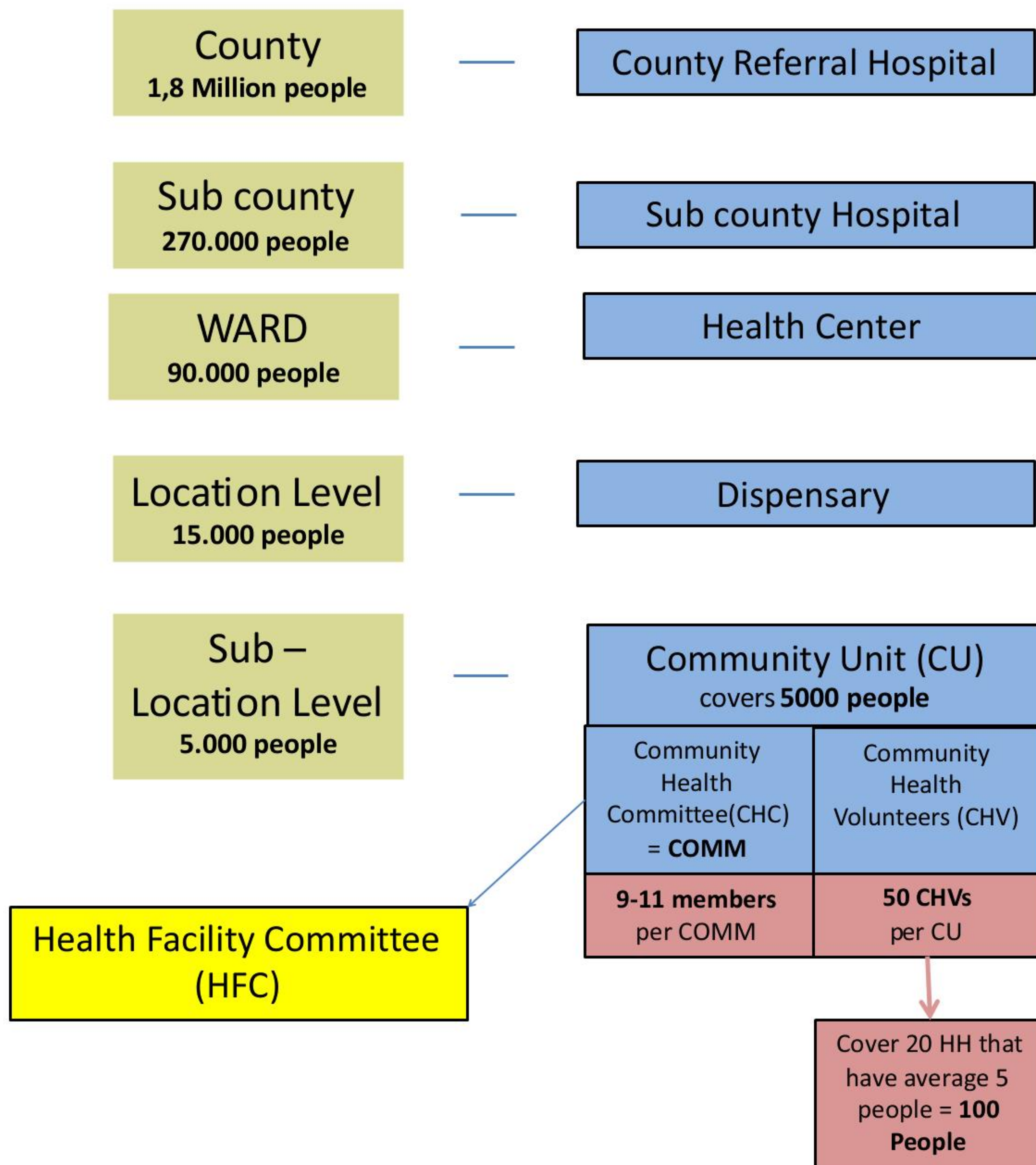
- Community Health strategy was launched in Kenya in 2006 with the operational level being the Community Unit which comprises of Community Health Volunteers (CHVs) and Community Health Committees (CHCs).
- The CHC MoH curriculum was launched in Kenya in 2011.
- Community Health Committees (CHCs) are key for providing a supportive social environment for the work of Community Health Workers (CHWs) and Community Health Extension Workers (CHEWs).

Structure COMM Kenya

Kenya has 47 counties

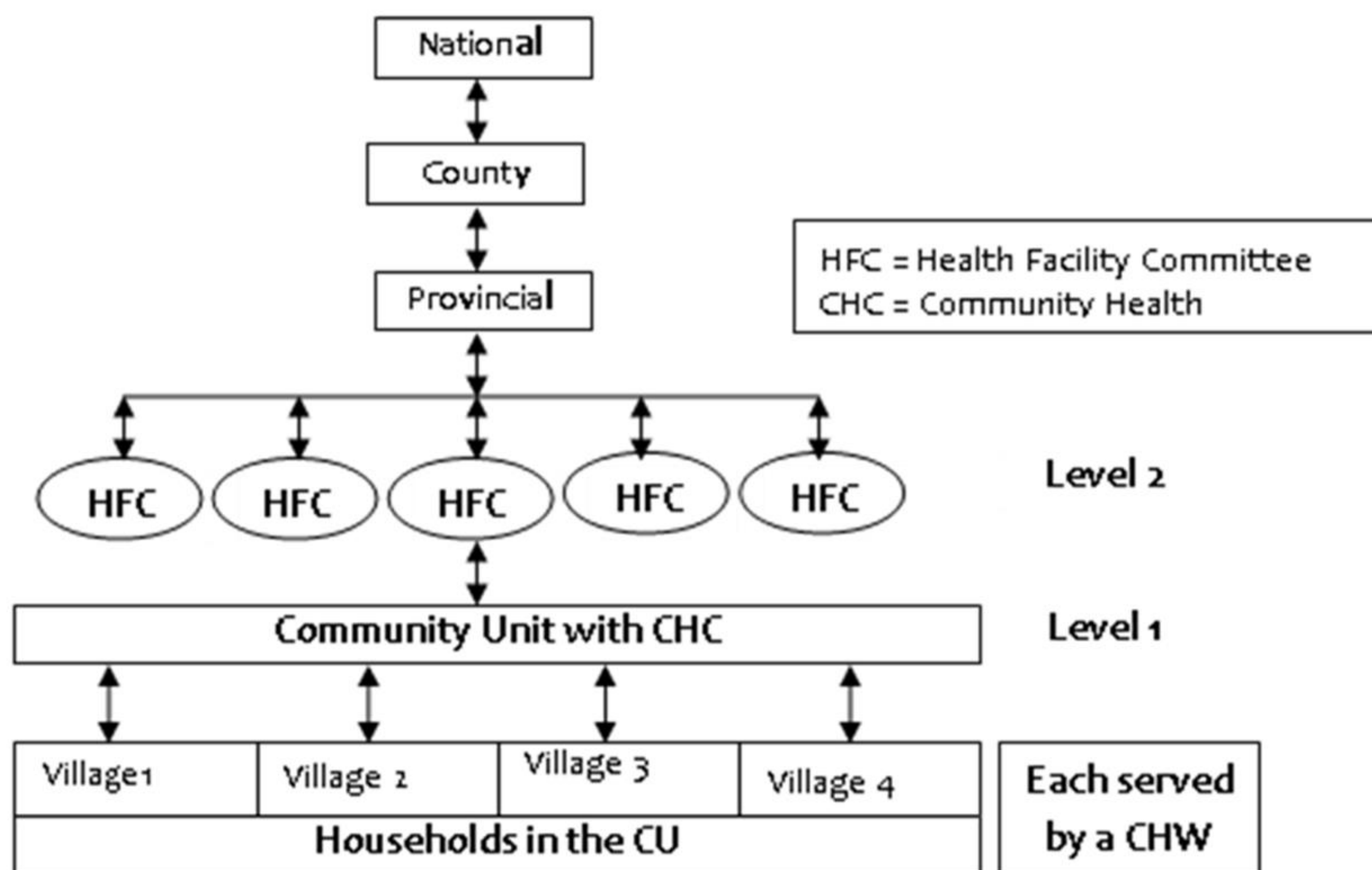
Criteria for CHC members in a CU

- 1/3 women
- Members are Gatekeeper in the community
 - Youth
 - People with disability
 - Local administration
 - Medical staff



COMM/CHC's Position in Health service delivery

The Community Linkages to the National level



Introduction to CHNIS

- The Child Health and Nutrition Impact Study (CHNIS) is a two-arm, quasi-experimental evaluation, with two intervention sites per country receiving the integrated health programming package of three approaches (ttC, CVA and COMM) versus two matched comparison sites in each country receiving Community Health Committees (COMM).

Implementation Experience from CHNIS Kenya

- CHNIS Kenya implementation of the CHC/COMM model began in 2014 in all the study sites.
- The study sites have 100% coverage by CHCs in all the sub locations covered by the study.
- The CHCs have been trained and equipped on their roles and are being followed up and supported to deliver on their mandates.

Lessons Learned and Celebrations

- The community barriers for example myths and beliefs to health are better addressed at community level for better outcomes as compared to at individual level y the CHV at the household level.
- Quarterly dialogue days have brought community members together to chat a direction of their health by interacting with the indicators derived from CHVs data at the household.

Achievements to Date

- Quarterly dialogue days followed by health Action Days.
- Increased uptake of health services by community members, as per MTR findings.
- Enhanced understanding by CHCs on their roles and strengthened support for CHWs/CHVs in their respective units.
- Good working relationship amongst CHVs, CHCs and CHEWs through joint review meetings.

Achievements to Date in photos



Achievements to Date in photos



Challenges in Implementing COMM/CHC

- Funding – quarterly dialogue days and Health action days, routine supportive supervision.
- Human resources from the MoH to supervise the CHCs the ration is huge 1 MoH staff:5CHCs. Following up on action points is delayed thus gaps in action plans.
- Community dynamics – Volunteerism, drop out of members due to lack of motivation.

Thank you

Q&A