

BACKGROUND

- Community case management of Malaria (CCMM) has been adopted as a strategy to overcome barriers to prompt access of Malaria treatment as recommended by World Health Organisation.
- Community health volunteers are trained in:
 - » Diagnosis and Management of uncomplicated malaria at household level
 - » Referral of severe malaria cases or other ailments to nearest health facility
 - » follow up of clients
- The strategy has been implemented by Amref health Africa since 2013 in ten counties of Western Kenya.
- Community members' feedback is essential in evaluating the outcomes of CCMM
- This study therefore sought to evaluate the extent to which clients were satisfied with Community Case Management of Malaria by Community Health Volunteers (CHVs).



Figure1: Clients satisfaction on Community case management of Malaria offered by Community Health Volunteers, Bungoma county, Kenya

DESCRIPTION

- A cross-sectional study was conducted whereby a client satisfaction tool was administered to 381 clients offered CCMM services at household level by CHVs.
- The study was done in October to November 2015 using 147 randomly selected CHVs who were followed up as they conducted their duties in Bungoma County, western region of Kenya.
- All suspected malaria cases that were tested by CHVs were asked to consent to participate in the assessment.
- The inclusion criteria included individual or child must be sick or presenting with a new health problem or does not require urgent referral. Data was analysed using descriptive statistics.
- Parameters used to measure satisfaction are availability of CHVs, convenience of getting CCMM service and promptness to respond to a call by CHVs.

RESULTS

- Average age of the respondents was 40 years, 81% were female and majority of respondents practised farming (61%).
- Majority (93%, 94% and 91%) of the clients were satisfied with availability (obtainability/readiness) of CHVs, convenience (suitability/ease) of the service and promptness (timeliness/punctuality) to respond to a call, when CHVs offer CCMM respectively.
- They further felt that the time taken, explanations given and friendliness during CCMM was good (94%, 90%, and 95% respectively).

Clients satisfaction on CCMM

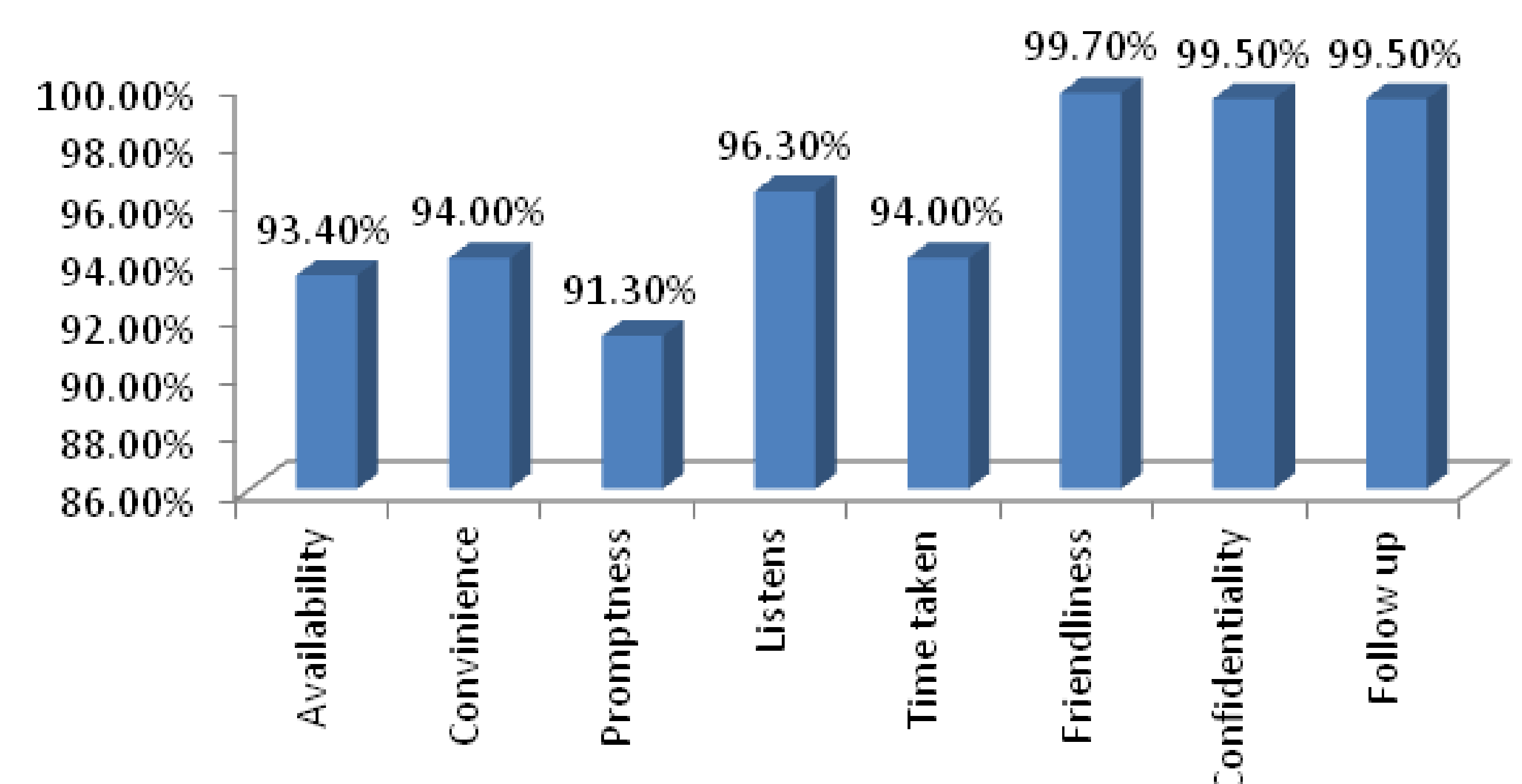


Figure1: Clients satisfaction on Community case management of Malaria offered by Community Health Volunteers, Bungoma county, Kenya

- Most (98%) of the clients considered CHVs a regular source of basic healthcare on Malaria. Health education received was highly perceived to be helpful (93%).

CHVs as regular source of care

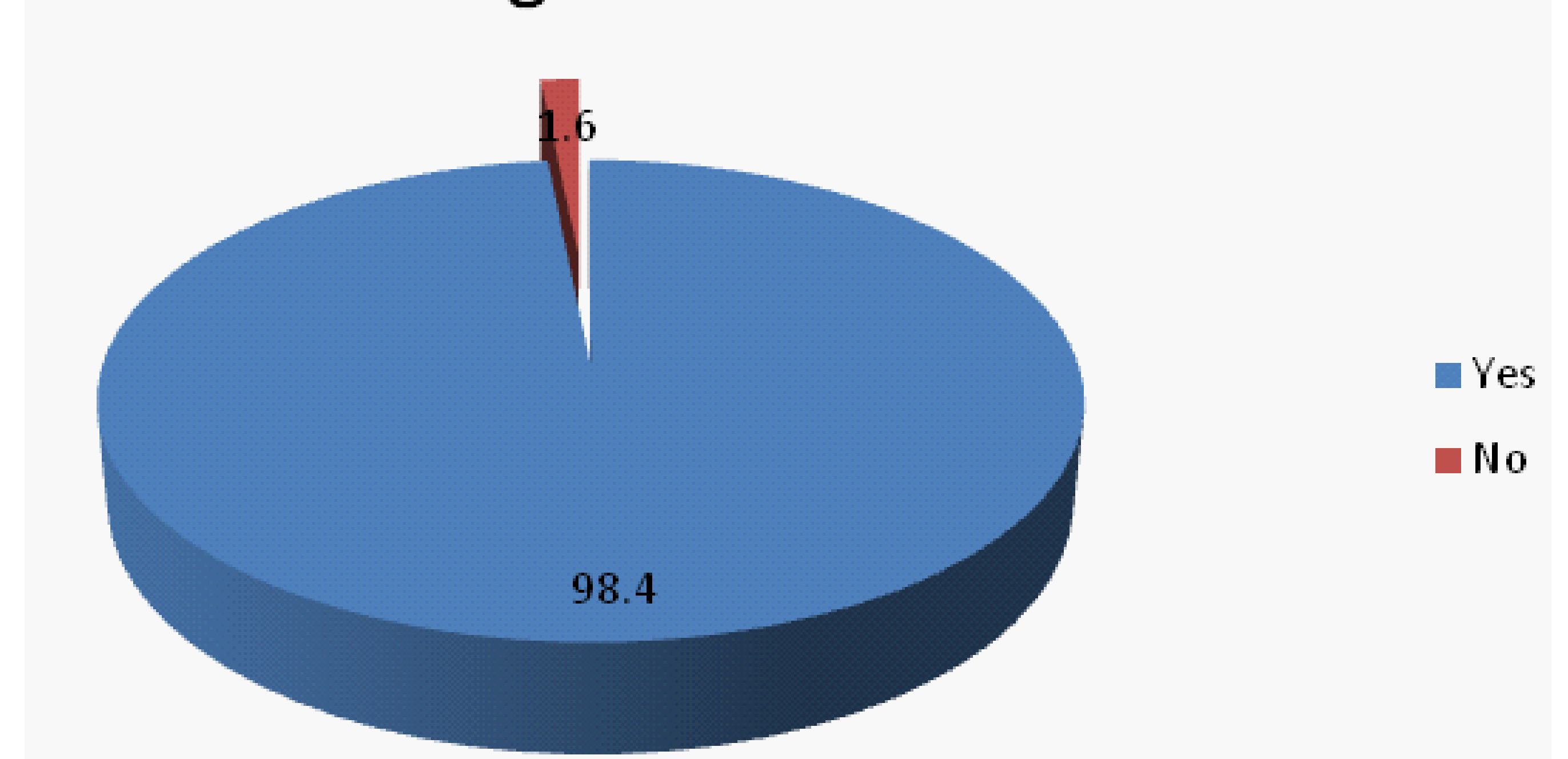


Figure2: Percentage of clients who considered CHVs as regular source of care in Bungoma county, Kenya

CONCLUSION

- The community was satisfied with CCMM as a strategy due to accessibility to diagnosis and treatment of uncomplicated Malaria by CHVs in relation to convenience, promptness and additional health education services received.
- There is need to support CCMM by recognizing CHVs performance..

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