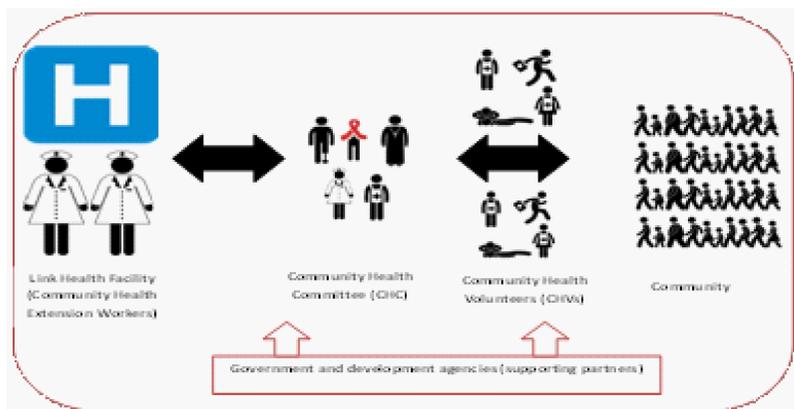


## BACKGROUND

- Community health services in Kenya is a top priority of the ministry of health according to the Health Policy Framework 2014-2030.
- Community Health Units (CUs) have contributed to significant changes in health indicators in Kenya (CHS Evaluation report 2010) through community health education and promotion, case referrals, household visits, defaulter tracing, awareness creation, and environmental health
- This study describes an advocacy strategy employed by Amref Health Africa's Mama na Mtoto wa Afrika project on financial sustainability of Community health Service.

### Structure of Community Health Service in Kenya



## ISSUES

- Community Health Units (CUs) have contributed to significant changes in health indicators.
- Mid-term evaluation by Amref Health Africa's mama na mtoto wa Afrika MNCH project in Makueni county; deliveries by skilled birth attendants within CU coverage areas improved from 37.5% at baseline to 74.2%. Study on factors influencing CU functionality and sustainability (2014) revealed a number of weaknesses in implementation of Community Health Strategy (CHS) and lack of community financing mechanisms.
- Key gap identified:** weak existing strategies by developing agencies
- Project Study on factors influencing CU functionality and sustainability (2014);
  - » Lack of community financing mechanisms, thus demotivated CU workforce

**Recommendation:** strengthen mechanisms for resource mobilization and management for sustainable implementation of community health services.

## METHODS

24 CUs were supported by project to implement Income Generating Activities (IGAs).

- Policy brief on group IGAs as an Incentive for Community Health strategy work force was developed by the project team.
- Lobbying at County and Sub-County levels towards financing and sustainability of community health strategy was initiated by the project.

**Advocacy issue:** Need for Makueni County and Sub-Counties' resource allocation to CHS:

- Inclusion of CHS in county Annual Work Plan (AWP)
- Strengthening CHC governance
- Financial sustainability: income generating activities
- Support supervision to workforce

**Target:** County Health Director of Planning – CHS docket and the Sub-County Health Management Teams (SCHMTs)

**Advocacy Duration:** One year 2014 – 2015

**Advocacy Strategies:**

- Dissemination of project study findings and policy brief with county government and Sub-County teams and stakeholders
- Lobbying at County and Sub-County levels towards financing and sustainability of community health strategy.
- Taking part in County Annual Work planning and budgeting
- Project Implementation Team (PIT) meetings, Stakeholder fora
- Participation in technical working groups to address CU sustainability.

Advocacy Issue	Before advocacy	After advocacy
Budgeting for CHS implementation	County relied on development partners to finance CHS . Zero budget allocated to CHS activities	2015/2016 financial year Ksh. 5 million allocated to CHS activities: • Motorbikes (IGAs) • Support supervision • Reporting tools
CHC capacity	CHCs not providing an oversight role to the CUs. • Lack of CU work planning. • Ineffective resource Mobilization	SCHMTs took up the roles of strengthening CHCs, HFMCs through mentorship and OJTs, ODSS
Financial sustainability	High CHV attrition	CUs supported to initiate income generating activities
Support supervision	Focus mainly on tier 2 and above activities	CHS embedded in the routine support supervision plans by the SCHMTs – 75%
Printing of reporting tools	printing of tools and non- availability	Provision of reporting tools by the county and sub-county.

## LESSONS LEARNT

- Focused advocacy is an effective strategy in addressing barriers to accessing healthcare.
- Evidence based research enhances stakeholder participation in health matters at various levels of the system.
- Capacity building of human resources for health is a key element in health systems strengthening.

## CONCLUSION AND RECOMMENDATION

The CU sustainability model is a worth investment in strengthening health systems in Africa. Evidence generated from this model will be used in lobbying for counties to harmonize CHS implementation by all stakeholders. Scaling it up to the national level will help motivate the CU workforce to sustain their work, and contribute to the achievement of the Sustainable Development Goals (SDGs).

## ACKNOWLEDGEMENTS

Amref Health Africa in Kenya, Amref UK, Comic Relief, County government of Makueni, Ministry of Health, Makueni community.