

Kenya's Community Health Workers

▶ Access to a health worker is something that we all take for granted. But if you live in Kenya, where there are just **2 doctors for every 10,000** people, the chances are that you may not get to see one in your lifetime.

Community health workers are changing that.

A community health worker (CHW) is trained to provide the most essential life saving interventions—such as emergency front line care—and can **save children's lives** from many if not most of the major preventable child mortality causes like diarrhoea, pneumonia and malaria. CHWs also equip families with the knowledge and skills to prevent disease. They promote good nutrition, sanitation, and hygiene, and link families to essential services.



WHY COMMUNITY HEALTH WORKERS?

How a child is cared for in their own home has a profound impact on their ability to survive and thrive during their first few days, months and years of life. Mothers need practical and social support so they can look after their child appropriately as they grow and develop. Families need knowledge and skills to best care for their children. Communities need people who know their needs and are trained to provide essential health advice and support. In difficult to reach areas including rural isolated location, and also inner city urban slums, CHWs are a critical source of health care for the poorest most underserved populations. CHWs are able to reach people in their homes, enabling them to target those individuals and families typically unable to access health services.

World Vision in Kenya

World Vision reaches almost **three million lives** (2,907,885) in Kenya. Within World Vision's coverage areas, there are an estimated **436,183** children under the age of five, **104,684** pregnant women, and **697,892** women of childbearing age.

▶ WHY KENYA?

Living in a rural area of Kenya can be deadly, especially for a pregnant mother or very young child, and much of Kenya is rural. Three-fourths of Kenya's population live in rural areas (75%), and Kenya is a **global health workforce crisis country**: For every 10,000 people, there are only 1.9 doctors and 8.6 nurses and midwives (WHO, 2014). Additionally, a staggering 1,400,000 Kenyans are living with HIV/AIDS and 160,000 are children (UNAIDS, 2014). When a health worker is desperately needed in Kenya—such as during a difficult labor, infection, or high fever—there may not be one.

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Only 66% of all births in Kenya are attended by a skilled health worker of any kind (KDHS, 2014), a reality that contributes to Kenya's high under 5 mortality rate: for every 1,000 live births in Kenya, 52 children will die before they reach their fifth birthday (KDHS, 2014). In addition to the shortage of health workers at all levels, access to healthcare in Kenya is further challenged by a scarcity of health facilities—some regions of the country have a coverage of just one facility per 50-200km.

Community health workers carry critical health knowledge, skills, and tools into communities and homes and are essential to World Vision's work of saving lives, preventing disease, and helping children, mothers, fathers and communities to reach their full potential and flourish.

Who is a Community Health Worker?

A community health worker is a man or woman who is respected and trusted by his or her community. They are the first point of contact for many with the health system and are elected by the community. They live within the community and so they know and understand people and cultures.

A PORTRAIT: KENYA'S COMMUNITY HEALTH WORKERS

Today, World Vision supports an estimated 4,725 community health workers in Kenya. (October 2015) CHWs are engaged in a variety of essential health activities, such as maternal and newborn care, parent support groups, Timed and Targeted Counseling (TTC), nutrition support, and immunizations. CHWs form groups of about 50 volunteers who report to health center-based Community Health Extension Workers (CHEWs). On the national level, WV Kenya provides community management of acute malnutrition and more support through participating in technical working groups, development of training curriculum, and pilot testing. WV Kenya also supports recruitment, community mobilization, training facilitation, and implementation of CHW programmes. World Vision introduced Timed and Targeted Counselling for Health and Nutrition in Kenya in 2011.

CHW Activities supported by World Vision Kenya

Adolescent health, Care groups or Parent support groups, Community disease surveillance, Community IMCI, Community management of acute malnutrition (CMAM) support, Community PMCTC support, Deworming, Early Child Development, Family planning and Healthy Timing and Spacing of Pregnancy (HTSP), Growth monitoring of children, Health promotion / Behavior change counselling (BCC), HIV prevention, HIV treatment support, Immunization (vaccines not just mobilisation), Infant young child feeding (IYCF) and Breast Feeding Support, Integrated Community Case Management, Maternal and Newborn care (MNC), Newborn care, PD Hearth, Postnatal and Newborn Care (PNC), TB treatment support, TTC, Vitamin A supplementation, WASH

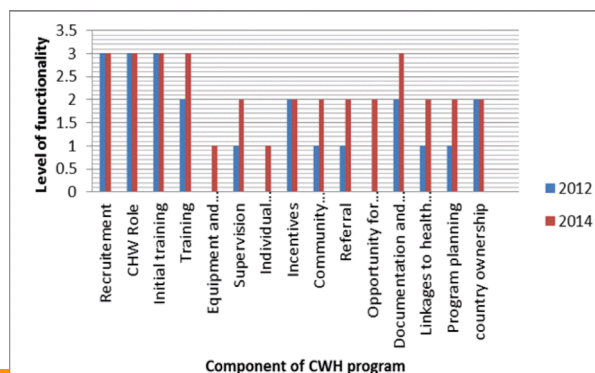


CHW PROGRAMMING TECHNICAL OVERVIEW

- ☑ CHW programmes harmonized at national level under a single CHW policy – fully operational
- ☑ National policy of 1 CHW per 250 people
- ☑ World Vision predominantly supports CHW programmes through technical assistance and capacity building in rural areas and urban slums
- ☑ mHealth capacity
- ☑ TTC: in Kenya known as Community Maternal and Newborn Care; 3 country trainers: 1 WV staff, 2 MOH staff
- ☑ Mental Health and Psychosocial support

EVIDENCE FOR IMPACT

In 2011, the East Africa Maternal Newborn and Child Health (EAMNeCH) Project was initiated to improve maternal, newborn, and child health (MNCH) outcomes in Bamba Division of Kilifi County, Kenya by strengthening health systems at the community and facility levels. The project trained and facilitated CHWs to deliver MNCH information during home visits. An evaluation of the project (2011-2013) found that mothers visited by CHWs were 5.1 times more likely to access postnatal care services within the first week of delivery compared to those never visited by CHWs; mothers visited were 2.7 times more likely to sleep under treated mosquito nets consistently than those never visited; and mothers not visited by CHWs were found to be 2.3 times more at risk of a newborn dying at home compared to those visited by CHWs. Current research initiatives are focused on measuring impact of World Vision health programming in Kenya, including CHWs, through the Child Health and Nutrition Impact Study (CHNIS), the results of which are due in 2016. (www.wvi.org/health/chTIS) The following table shows the before and after results of CHW AIM between 2012-2014:



▶ WHAT'S NEXT?

WV Kenya will continue to build the capacity of CHWs through Kenya's community health strategy in partnership with the Ministry of Health (MoH). Primarily, WV Kenya will support the MoH to conduct support supervision for the CHWs, ensuring maintenance of high quality standards during household visits, and that they have the tools they need. WV Kenya has recently supported a national review of the CHW curriculum, in which the MOH will include WV's TTC 2nd edition approaches to supportive care for the most vulnerable, psychological first aid and early child development.

CURRENT FUNDING AND MAJOR GRANTS (Integrated Grants)

East Africa Maternal Neonatal and Child Health Project – Australian AID (2011-2016)
Maternal Child Health, Nutrition and Family Planning Project — European Union (2013-2016)
MOMENT (Mobilizing for Maternal and Neonatal Health through Birth Spacing and Advocacy) – Bill and Melinda Gates Foundation & World Vision US (2013-2016)
AIM Health , Access to Infant and Maternal Health – Irish AID (2010-2015)
Starting Strong Maternal Child project – World Vision Canada (2013-2017)
Mental Health and Psychosocial Support – Grand Challenges Canada (2014-2015)
Healthy Timing and Spacing of Pregnancy – USAID (2014-2016)
High Impact Nutrition Interventions Project — World Vision USA through Every Child private sponsors (2013-2015)
West Pokot LLIN project West Pokot – World Vision USA (2013-2015)
Channels of Hope Healthy Timing and Spacing of Pregnancy - John Templeton Foundation (2015-2017)

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Updated December 28, 2015