



MINISTRY OF HEALTH

UTILIZING THE COMMUNITY HEALTH STRATEGY TO RESPOND TO COVID 2019

UTILIZING THE COMMUNITY HEALTH STRATEGY TO RESPOND TO COVID 2019

1. INTRODUCTION

The Ministry of Health through the Division of Community Health Services provides guidance to counties and stakeholders in the implementation of the community health strategy. Community health focusses on taking services closer to individuals, families and communities and increasing their participation in health. Strong community health structures are the foundation for disease prevention and health promotion and hence reduction in the burden of disease. As the country combats the COVID-19, community health structures will become critical in ensuring that all households are reached with correct information on COVID-19 as well as with prevention measures.

Currently there are 6,335 community health units with 63,350 CHVs which is 67% coverage while there are just 1750 (18%) CHAs or CHOs supporting these units. These units in addition to engaging with other community groups including youth, men and women groups, faith sector, juakali sector will ensure that all community avenues are exhausted in reaching Kenyans with correct COVID 19 information and prevention measures and hence enable effective community participation in prevention of the local spread and transmission.

The Community Health structures can play a critical role in behavior change and adoption of healthy habits at the households and community level by ensuring that correct information reaches the households, demystify myths and misconception, demonstrate good hygiene practices including hand washing/hand rubbing, cough etiquette and reinforce messages passed through mass media.

In the event that there is surge of cases, the community health volunteers can be trained and equipped with personal protective equipment and thermoguns so as to support active case finding in their community health units and linkages with county surveillance teams as well as monitoring and reporting on progress of cases on self - isolation in households.

2. PROGRESS SO FAR

2.1 Activation of the Community Engagement subcommittee

The Division has so far held 3 meeting with various partners working in the community health space and has come up with partner mapping and areas of support. In addition to providing coordination of the community engagement subcommittee. The following progress has been made;

- Developed terms of reference, workplan and budget for the community engagement sub-committee
- Incorporated community engagement actions and plans in the national communication and community engagement strategy
- Developed messages for the community health volunteers to be sent through m-health technologies
- Conducted partner and resource mapping at the community

Goal

To ensure all households are reached and adopt the COVID 19 prevention measures through utilizing community health structures.

Terms of Reference

1. To develop community engagement strategy & implementation plan
2. Coordinate implementation of community response activities
3. Resource mobilization for community response activities
4. Develop and implement community based surveillance
5. Active case finding and contact tracing using community health structures

Key deliverables

1. To develop community engagement strategy
2. Development and activation of community level COVID-19 related messages
3. Development of COVID-19 self -assessment checklist
4. Coordinate implementation of community response activities
5. Resource mobilization and mapping for community response activities
6. Develop and implement community surveillance
7. Active case finding and contact tracing using community health structures
8. Monitoring, community feedback and reporting COVID 19 community response (geopol/Africa voices)

Structure of the Community Engagement Subcommittee

Coordination	Core-team	Roles
Co-chairs:	<ol style="list-style-type: none">1. Dr Maureen Kimani, Head Division of Community Health Services2. Dr Meshack Ndiragu, Country Director AMREF Kenya	<ul style="list-style-type: none">• Overall coordination of the COVID 19 community engagement subcommittee• Communication with other sub-committees & partners• Represent/share progress updates from CE subcommittee at the National COVID-19 Taskforce
Secretariat:	<ol style="list-style-type: none">1. John Wanyungu- Deputy Head Division of Community Health Services- TL2. Dr Bernard Langat-AMREF,3. Dr David Oluoch-Living Goods	<ul style="list-style-type: none">• Touch base with the leads of all sub-teams on a daily basis on progress• Receive & collate Community Engagement progress reports from Counties & Partners• Receive and collate sub-team reports

	<p>4. Dr Timothy Abuya- Population Council</p> <p>5. Rita Maingi – UN OCHA</p> <p>6. Consolata Musita – CBCC</p> <p>7. Georgina – Living Goods</p>	<ul style="list-style-type: none"> • Document weekly Community engagement activities at county level with photos; • Support the co-chairs to address all action points coming from high level taskforce
Technical Sub-teams	Team leads	Roles
1. Volunteers: CHVs, KRCS volunteers, VSO, St Johns, Peer educators, Residents associations	George Oele-AMREF Samuel Kiogora-DCHS, Howard-LG, Linet- LVCT	<ul style="list-style-type: none"> • Convene meetings on daily basis • Bring on board the all partners who are already members of subcommittee to join as per their areas of work • Agree on a target for the specific segment of population • Meet on daily basis to identify action areas, gaps & institute immediate actions • Collate an info pack of the messages to be shared • Submit a weekly report on coverage of specific population segment by all partners which should include photos/videos • Develop specific guidance on CE intervention per area for counties with confirmed COVID-19 cases
2. People Living with Disability	Wanja Maina Beth Gikonyo	
3. PLHIV	Nelson Otwoma-NEPHAK Linet - LVCT	
4. Prisons	Miriam Mbembe-KRCS Reach out to Healthstrat	
5. ASALs/Pastoralist:	Dickson Mwakangalu-AMREF Dr Abduba Bolu- LG	
6. Migrant Populations	Marsela - IOM Alice-WV	
7. Faith Communities	Christine Njogu-NACC Linus Nthigai Dr Maureen Kimani,	
8. Youth & Children	John Wanyungu-DCHS Evalin Kirjo-AMREF Ken Ogendo-LG	
9. Informal Settlements	Kennedy -SHOFKO UN Habitat Slum Dwellers International	
10. M & E, Surveillance & research	Timothy Abuya- Pop Council Titus – AMREF LG	

2.2 Partner & Resource Mapping

Partner	Counties	Current Role in Community Health	Expected roles in COVID-19 Response
LG	Busia, Kakamega, Kisii, Isiolo, Kiambu, Kisumu, Nakuru	ICCM, MNCH, FP, Immunization, Digitization of data	<ul style="list-style-type: none"> • Training CHVs and HCWs on COVID-19 • Procurement of PPEs and IEC materials • Send messages to HHs and CHVs • Procure thermo-guns
LVCT	24 counties, Migori, Nairobi	MNCH, HIV prevention in & Informal settlements	<ul style="list-style-type: none"> • Send out messages using 1190 platform to KPs (30,000) • 50,000 DREAM girls • Vernacular radio station discussions
Kenya Red Cross	All 47 counties	Capacity building, Messaging, resource mobilization, WASH, Technical support	<ul style="list-style-type: none"> • Sensitization on COVID-19 • Training GF sub-recipients • Training counsellors an expand to association of counsellors in the country • Train and counsel health providers in the isolation centers • Tele-counsellors (IOC center, 1199) • Sensitize TOTs for prisons • Technical support and resource mobilization (advocacy) riding on the support by global Red Cross team • Referrals and ambulatory services (currently 15 positioned within Nairobi county) • Support messaging through volunteers and trained regional response teams • Provide technical staff from line ministry to enhance public awareness • Provide WASH support leveraging success factors

			<p>from the presence in 13 counties</p> <ul style="list-style-type: none"> • Support 24 media platforms, e.g., radio sport, TV sport, talk shows
AMREF	22 counties	MNCH, HIV, TB, Malaria, NCDs, Training and capacity building, WASH among others	<ul style="list-style-type: none"> • Deploy mobile learning through CHVs (43,013) translating to population reach of 2,150,650 • Capacity building of CHEWS and CHVs in the counties within scope • Resource mobilization from donors and private sector • Ensure household surveillance and effective referrals using CHV network • Ensure reporting and monitoring on the progress and performance • <WASH facilities / hardware>
Population Council			<ul style="list-style-type: none"> • Technical assistance – developing messaging communication and coordination

2.3 CHV Messages on COVID-19

English order	Content (English)	Character Count
Startsms	Hello this message is brought to you by the Ministry of Health in conjunction with its partners. You will receive key messages on Coronavirus, also known as COVID-19.	167
STE155-1S4A1M1	1/9 The messages will take you through what coronavirus is, how it is spread, its signs & symptoms & preventive measures.	121
STE155-1S4A1M2	2/9 COVID-19 is a respiratory infection that is spreading across the world. It can be transmitted between animals and humans; and humans to humans.	148
STE155-1S4A1M3	3/9 COVID-19 is spread through close contact with infected person; approx. 2-3 steps away. This can be through hugging, kissing, hand shaking or standing close	159
STE155-1S4A1M4	4/9 COVID-19 could spread though respiratory droplets that may land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs	153
STE155-1S4A1M5	5/9 COVID-19 could spread by touching objects and surfaces contaminated by COVID-19 infected respiratory droplets and then touching the mouth, nose, or eyes	156
STE155-1S4A1M6	6/9 It takes 2-14 days for an infected person to show symptoms of COVID-19 including fever, cough, headache, sore throat, shortness of breath and muscle pain.	158
STE155-1S4A1M7	7/9 COVID-19 can only be diagnosed and confirmed through a laboratory test.	75
STE155-1S4A1M8	8/9 There is no specific medicine nor vaccine for COVID-19. However, patients are treated based on the presenting symptoms.	124
STE155-1S4A1M9	9/9	6
Startsms	Dear learner, you will now receive key messages on your role in Covid-19 disease prevention and management.	107
STE155-1S4A2M1	1/9 You should advise community members to: i) Avoid direct contact with anyone that has flu like symptoms; coughing, sneezing	129
STE155-1S4A2M2	2/9 (ii) Wash your hands regularly with running water and soap for at least 20 seconds. (iii) Avoid touching eyes, nose or mouth.	131

STE155-1S4A2M3	3/9 (iv) When coughing or sneezing, cover mouth & nose with flexed elbow and immediately wash your hands.	105
STE155-1S4A2M4	4/9 Avoid crowded places by observing a distance of 2-3 steps from people	73
STE155-1S4A2M5	5/9 Only wear a mask if you are coughing or sneezing. Wash your hands before and after wearing a mask. Avoid touching the mask once it's on.	140
STE155-1S4A2M6	6/9 Remember to immediately dispose single-use mask or when it becomes wet.	76
STE155-1S4A2M7	7/9 A Suspected case is a person with fever + cough or difficulty in breathing and a history of travel to areas with reported COVID-19 cases OR a person with a fever + cough or difficulty in breathing and contact with someone with a suspected or confirmed COVID-19 case	
STE155-1S4A2M8	8/9 In case of suspected cases advice on restricting contact with other people and notify your supervisor immediately.	118
STE155-1S4A2M9	9/9 Advice members of the community to stay at home and avoid crowds.	70
Endsms	Ensure you take the necessary precautions. For more information on Covid-19 contact your supervisor.	100

2.4 Workplan

Key Actions	Expected outcomes	Resource/tools required	timeliness	Responsibility	Remarks	Status
To develop community engagement strategy	Community Engagement Strategy developed	RCCE tool kit	March 2020	DCH	Content incorporated in National Communication and community engagement strategy	Completed
Development and activation of community level COVID-19 related messages	Number of people reached by CHVs	Airtime Travel logistics/allowance	March to April 2020	DCH, Partners, Counties	Messages finalized not yet deployed IPs to quantify cost of sms per CHV & CORP	Ongoing

CHUs based COVID-19 sensitization for CHVs	Number of CHVs and CORPs	Sensitization materials Travel logistics/allowance Mobile apps	March to April 2020	DCH, Partners, Counties	Community health unit level sensitization by CHO/CHA/County focal persons/IP 15,000 per CHU sensitized	ongoing
Development and implement framework for community surveillance and case finding, contact tracing	Coordinated community surveillance for COVID 19	Online tool Print & distribute tool Mobile App	March to April 2020	DCH, Partners, Counties	Coordinate all existing technology at central level	ongoing
county level coordination and monitoring adoption of prevention measures at households	Minutes and Situational Reports	Travel Logistics/allowances Meeting venues	March/April 2020	DCH, Counties		ongoing
National level Coordination and monitoring of county adoption of prevention measures at households/comunities	Minutes and Situational Reports	Travel Logistics/allowances Meeting venues	March/April 2020	DCH, Counties		Ongoing