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Better Health for Africa

African Medical & Research Foundation

Civil Society Organisations as an untapped resource in the implementation of the community strategy: The experience of AMREF-Maanisha programme

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Outline of presentation

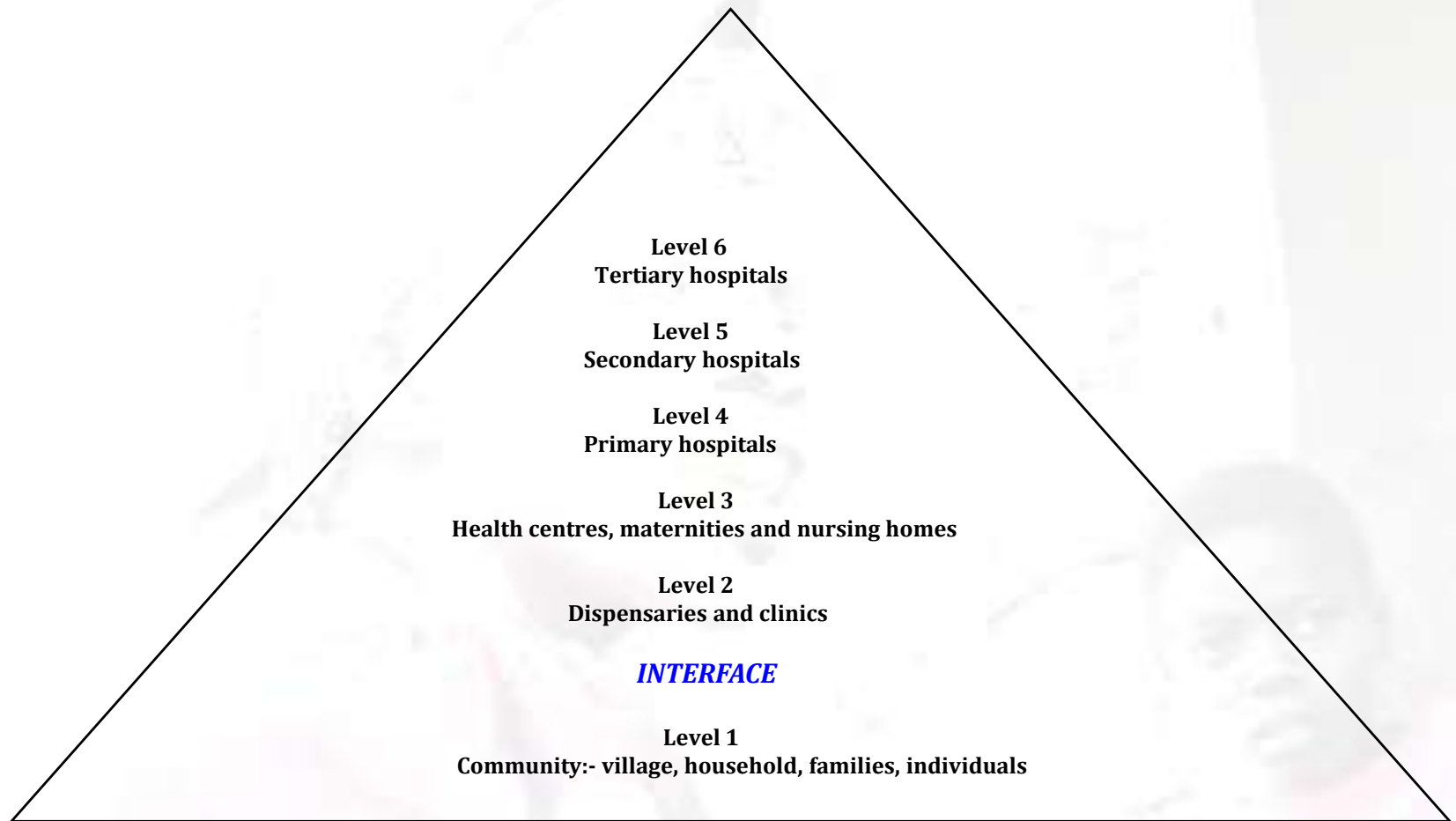
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Introduction

- Civil Society Organisations (CSOs), a panacea or menace to health related issues at the community level?
- Organised groups of individuals which exist in communities worldwide
- Seek to answer their own community problems that governments seem unable to handle
- World Health Report (2008) called for a move back towards primary health care
- Requires empowered communities
- Kenya's community strategy seeks to lessen the gap between the formal health system and the community



Levels of care in the Kenyan health system



Problem Statement

- CSOs risk being excluded in the roll out and implementation of the community strategy (which focuses on individuals and households)
- CSOs rich in skills, abilities and resources (trained volunteer community health workers and finances)
- Resources are being spent by the government and other partners training new or the same volunteer community health workers and implementing the same activities as CSOs
- Implementation of the community strategy is proceeding at a slow pace – major challenge being inadequate funds
- CSO inputs can be harnessed to facilitate implementation of the community strategy



Objective

To demonstrate that civil society organizations can be robust and vibrant actors in the implementation of the community strategy.

Methodology

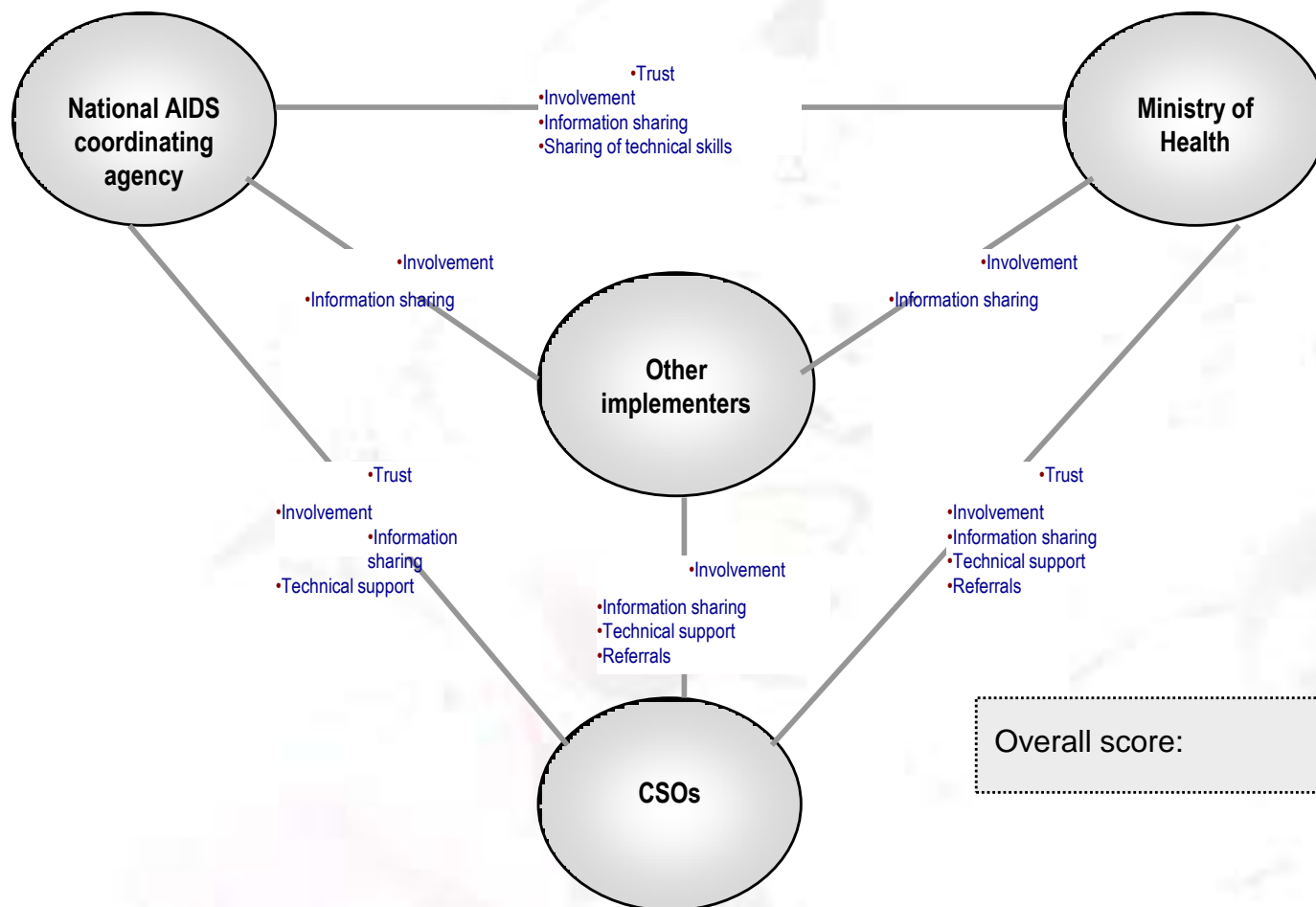
Based on AMREF-Maanisha's health systems strengthening framework, which has four major components:

1. **Trust:** between CSOs and decentralized government structures
2. **Involvement:** by CSOs of decentralized government health structures in their activities and vice versa
3. **Technical support:** from decentralized government health structures to CSOs
4. **Information sharing:** between the various decentralized government health structures and CSOs, including the community

AMREF-Maanisha initiated CSO-health facility committees with the aim of identifying and addressing bottlenecks in the four components mentioned above



AMREF- Maanisha HSS framework



Methodology (cont'd.)

Following consultative meetings with stakeholders the following were identified as gaps between the community and the health system:-

- **Trust:** Lack of recognition of CSOs by health workers; non-cordial relationships between the staff of the national AIDS coordinating agency and the ministry of health decentralized structures
- **Involvement:** Inadequate involvement of Kenyan government staff in implementation of activities by CSOs; lack of regular meetings

Methodology (cont'd.)

- **Information sharing:** CSOs not submitting reports to the relevant government departments; poor information flow between the community, health facilities and decentralized government structures
- **Technical support:** Weak linkages between CSOs and health facilities; poor support supervision of CSO activities by technical staff from the decentralized government structures
- **Referrals:** poor referral and feedback system



Methodology (cont'd.)

Way forward agreed upon:-

- Regular review meetings at decentralized administrative levels
 - Capacity issues
 - Coordination issues
 - Technical support issues
 - Referral and feedback mechanisms

Results

- 79 CSOs involved– not all are AMREF funded
- 27 CSO-health facility linkage committees in Nyanza province, Kenya established.
- 18 health facilities linked directly to these committees
- Monthly and quarterly meetings held, bringing together the committees and all stakeholders.
- Zero to minimum resources utilised (less than 6 euros) per meeting – provided at discretion of host CSOs
- Community and government decentralised structures driven

Results (cont'd.)

Trust:

- The monthly and quarterly review meetings have enhanced feedback on referrals between CSOs and health facilities;
- Further enhanced by the involvement of government personnel in providing technical support to the CSO activities

Technical support:

- Capacity gaps identified by committees and acted upon, e.g. a training to strengthen weak defaulter tracing for patients on anti-retroviral drugs and/ or anti-TB medication (40 CSOs and 11 health workers trained in one district)
- Regular utilisation of technical skills of government staff by CSOs during their trainings
- Supportive supervision to CSOs carried out by government staff to ensure quality assurance in implementation of activities

Results (cont'd.)

Involvement:

- More cordial relations with greater sharing of responsibility between these decentralized government structures.

Information sharing:

- Enhanced quality assurance through the monthly and quarterly meetings.

Sustainability:

- Community owned and driven, with all relevant actors involved with minimum resources required.
- Approach ensures CSOs and government decentralized structures have relevant skills and abilities to address these priority health issues

Conclusion

- Civil Society Organisations are important stakeholders in bridging the gap between the community and the formal health system.
- Being demonstrated via pooling of resources, which are helping to strengthen:
 - 1) Referrals and linkages between the community and the formal health system,
 - 2) The monitoring and evaluation system,
 - 3) Coordination and collaboration for priority health needs, and
 - 4) Advocacy at higher levels, for example at the district health stakeholder fora.

Acknowledgements

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Thank you

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