EARLY CHILDHOOD WORKFORCE INITIATIVE

March 2019 | Country Brief

Kenya

Empowering Community Health Volunteers to Integrate Nurturing Care: Offering Ongoing Support and Better Recognition

Country Brief Snapshot

Kenya has made significant progress in expanding access to some key ECD services, namely pre-primary education. However, access to services for children ages 0-3 is lacking and has been further complicated by a recent shift to decentralized service delivery. As county governments have taken on a larger role in delivery of many ECD services, they have experimented with different approaches for operationalizing policy frameworks laid out by the national government despite often lacking the requisite financial and human resources to do so.

One such example is the government of Siaya County, which integrated elements of nurturing care – responsive caregiving and child development monitoring – into the health system by offering counselling in home visits provided by Community Health Volunteers (CHVs) in 2014. However, CHVs face challenges such as inadequate or non-existent pay, balancing other employment outside their roles as health volunteers, high rates of turnover, and poor training and resources.

This brief highlights Siaya County's approach to strengthening the integration of nurturing care into the work of CHVs. It particularly focuses on how the County has been able to provide ongoing support and better recognition for the tasks that these personnel carry out in supporting young children within a decentralized system. It also analyses the enabling conditions and barriers to implementation for this approach and offers policy lessons for other countries seeking to support members of the early childhood workforce to enhance ECD service delivery.

Introduction: Recent Developments to Integrate Nurturing Care in Siaya County[1]

Kenya has made significant progress in expanding access to early childhood development and education (ECDE). In 2001, Kenya's pre-primary gross enrollment ratio (GER) was 40 percent, higher than the median of sub-Saharan African countries (5.8 percent) and developing countries worldwide (35 percent).[2] The GER has subsequently increased from 47 percent in 2008 to 77 percent in 2016.[3] While progress in pre-primary education has been notable, increasing access to services for children ages 0-3 has been less steady despite demonstrated needs.[4] Although comprehensive national data are unavailable, sub-national data does suggest that young children are generally failing to meet cognitive and developmental milestones. For example, an assessment of children ages 3-4 across the domains of learning, literacy-numeracy, physical, and social-emotional development found that only 50 percent of children were on track in three of four categories in Turkana County.[5]

Policy Challenges

While ECD has been increasingly prioritized at the national level, as exemplified by the 2006 passage of the *National Early Childhood Development Policy Framework* which attempted to define the role of different stakeholders in delivering ECD services and coordinate services among different ministries and agencies across sectors,[6] recent policy shifts to decentralized service delivery have complicated the financing, delivery, and coordination of services.

Kenya's 2010 Constitution called for the devolution of services, including some in the health and education sectors, to the county level. As a result, local governments have had to take greater responsibility for supporting young children through ECD services while the national government has maintained authority for development of policy guidelines and standards. Although devolution has allowed counties to tailor services to the needs of their populations, local governments do not always have the technical and financial resources to operationalize policy frameworks laid out by the national government and there remains lack of clarity on the roles of different levels of government.[7]

Policy Responses

In response to the challenges which accompanied devolution, Siaya County, one of the five most rural of 47 counties in Kenya, has recently taken efforts to coordinate and expand ECD services.[8] The Governor created an intersectoral committee comprised of stakeholders representing the health, finance, social protection, education, and agriculture sectors, along with civil society and the private sector, to develop a *County Strategic Plan* focused on the early years.[9] In 2014, the government began integrating nurturing care[10] into the health system by adding responsive caregiving[11] and child development monitoring to home visits provided by Community Health Volunteers (CHVs) and through workers in health facilities. While CHVs have played an important role in filling the gap in access to services for children ages 0-3, they have faced challenges in their work including lack of substantive supervision and compensation for the activities they carry out. The following sections provide an overview of this workforce, its challenges, and how they have supported the scale up of nurturing care.

The CHV Workforce in Siaya County

In Kenya, CHVs are individuals chosen by the community who are trained to address health issues working in close collaboration with health facilities.[12] While in the field, CHVs provide a range of services to support young children and families in communities, including growth monitoring of children, immunization, infant and young child feeding (IYCF) and breastfeeding support, maternal and newborn care (MNC), and postnatal and newborn Care (PNC).[13] Along with workers in health facilities, in most low-resource settings in Kenya, CHVs may be the first and only service-providers to have regular contact with children and their caregivers during the early years. Policies at the national level provide some guidelines for CHV programs; however, since devolution, counties have taken responsibility for supporting and deploying this workforce.

There are few specified qualification requirements for CHVs. Recruited individuals are either community members who are able to read and write, influential community members known as "community gatekeepers", or former traditional birth attendants.[14] In Siaya County, CHVs come from diverse educational and work backgrounds, though they typically have completed some primary or secondary education. Since the role is not full-time and has historically been unsalaried, CHVs may also work as teachers, farmers, or have other types of employment.[15]

In Siaya County, CHVs undergo a 10-day basic community health training course prior to entry in their roles. This course, based on a nationally developed curriculum, is delivered through a cascade training model,[16] and consists of six modules: (1) Health and Development in the Community, (2) Community Governance and Leadership, (3) Communication, Advocacy and Social Mobilization, (4) Best Practices for Health Promotion and Disease Prevention, (5) Basic Health Care and Life Saving Skills, and (6) Management and Use of Community Health Information and Community Disease Surveillance.[17] With respect to in-service training, CHVs participate in continuing

education sessions in Siaya County on an annual basis. It is in these continuing education sessions, which typically last 3-5 days, where there is opportunity to focus on specific topics such as early childhood development.[18]

Community Health Assistants (CHAs), who work at the sub-county level, supervise CHVs. These CHAs are paid health officers with certification in nursing or public health who cascade training messages down to CHVs, and provide supportive supervision,[19] while also providing a link between CHVs and health facilities.

There are no established career pathways for CHVs, however, if they acquire the necessary education, they can become CHAs or hold other health posts in the government though this does not often happen in practice.[20]

Challenges faced by CHVs

Despite the many successes of CHVs in expanding health service utilization, several challenges prevent volunteers from adequately fulfilling their roles. These challenges reflect the experience of CHVs in Siaya County and throughout the country and include the following:

- *Minimal recognition despite significant responsibilities.* CHVs are unsalaried and face difficulties juggling their CHV responsibilities with other work, including part-time employment in other vocations. These factors contribute to a feeling among CHVs that they are being taken advantage of and not adequately recognized and compensated for the work that they do.

- *Lack of training opportunities and resources.* There are limited resources at the county level to support training and materials/equipment to assist CHVs in carrying out their responsibilities.[21]

- *Limited incentives.* Due to migration and limited incentives to stay in their roles, CHVs leave their posts at high rates. This makes it challenging to build a cadre of skilled CHVs, sustain high-quality services, and track the impact of their work.

A Promising Approach: Training and Elevating the Status of Community Health Volunteers to Deliver Nurturing Care in Siaya County

In-service Training and Supportive Supervision

Beginning in 2012, Siaya County, in partnership with the international NGO PATH, adapted the Care for Child Development package[22] and identified and trained personnel to integrate ECD messages into health system "touch-points." This approach has included support for CHVs to deliver relevant messages on responsive caregiving and child development monitoring in home visits.

To expand the knowledge and skills of CHVs, training on the Care for Child Development package was integrated into the County's existing in-service offerings which has been more cost-effective and enabled greater reach than would be possible through standalone trainings.[23,24] Expansion of supportive supervision was also introduced to complement in-service training and existing supervision mechanisms. Four staff, known as Mentor Coordinators, were hired by the Ministry of Health to provide supervision specific to the integration of nurturing care for all CHVs in the County.[25] Mentor Coordinators work alongside CHAs[26] and are responsible for identifying training needs, collecting data and monitoring the quality of service provision, observing counseling skills of CHVs, and offering coaching on areas needing improvement.[27]

To date, 25 percent of the County's 2,148 CHVs have been trained on the Care for Child Development package.[28] Although no evaluation has been undertaken yet, the County government and implementing partners have been working to better understand the impact of these efforts.

Remuneration

In 2015, the County Governor decided to introduce regular stipends for CHVs. This decision was informed by the experience of NGOs which had provided CHVs with stipends in Siaya County on an ad hoc basis, as well as survey data indicating improved performance of CHVs once provided with compensation. In addition, a Governor's site visit introduced him to the work of CHVs and enhanced his understanding of the role CHVs play in their communities.[29] The County government set aside Ksh 5 million (approximately US$50,000), to provide stipends for all 2,148 CHVs.[30] Each CHV receives a small stipend of Ksh 3,000 (approximately US$29.30) per month, which is linked to completion of visits and referrals, along with National Health Hospital Insurance Fund coverage for CHVs and five dependents.[31,32]

County officials are now working to institutionalize compensation for CHVs under a *Community Health Services Bill which* would allocate budgetary resources for CHV stipends and health insurance at the county level. The passage of this bill would safeguard incentives provided to CHVs from changes in political leadership.[33]

Initial results from this experience have indicated that providing CHVs with compensation has improved performance, as reflected in the number of visits and referrals that CHVs have successfully made.[34] Initial feedback also reveals reduced turnover and higher rates of CHV motivation. Learning of the successes in Siaya County, leaders from other counties, including Turkana County, have visited in order to learn about this approach and explore similar efforts in their jurisdictions.[35]

Reflections on Implementation: Enablers and Barriers

The following section reflects on the enabling environment in Siaya County for supporting CHVs and the experience of applying a new approach to support these volunteers. It highlights factors which have facilitated the introduction of new training and better recognition for CHVs, as well as those that have created barriers to implementation.

Enabling Conditions

- **Existing health system platform.** Scale up of nurturing care has been possible in Siaya County through efforts to leverage existing CHV workforce and training opportunities. While it has been necessary to strengthen the ECD components of training and supervision, the presence of an existing infrastructure has minimized costs.
- **Intersectoral coordination.** Thoughtfully facilitating dialogue among representatives from different sectors has helped to clarify responsibilities for ECD service delivery at the county level and enabled a focus on nurturing care.
- **Partnerships with NGOs.** Previous experimentation from NGOs helped make the case for introducing CHV stipends. In addition, NGO partnership in Siaya County brought technical expertise for ECD specific training offered to CHVs.

Barriers to Implementation

- **Payment delays.** As stipends were introduced by the County, a number of CHVs experienced challenges in receiving payment due to technical difficulties and disbursement delays.
- **Lack of supportive supervision.** CHAs provide supervision to CHVs in a range of areas not limited to ECD. As a result, CHAs lack in-depth expertise in ECD that could enhance this dimension of CHVs' work. While the introduction of the Mentor Coordinator role is meant to adddress this lack of supervision, the current number of coordinators is insuffficient to support all CHVs.
- **Limited incentives.** Though the introduction of stipends has been well-received, they are small. Additional financial and non-financial incentives are needed to sustain the motivation of this workforce in the long-term as they face high rates of attrition and a heavy workload.

Policy Lessons

As policymakers look to support the early childhood workforce in integrating nurturing care, the following are lessons to consider from Siaya County's experience.

Orienting government officials to the working conditions of early childhood personnel can help in generating buy-in for policies that improve their status. In Siaya County, the Governor accompanied health officials on site visits where he was able to learn about the range of duties CHVs perform without compensation. Visits like these, along with data on the composition of the workforce, and stories of their impact, can help to reinforce the importance of prioritizing funding and programs which support these personnel.

Workforce innovation at the sub-national level can help in diffusing ideas to other local governments. Siaya County's experience with compensation for CHVs has generated interest from other counties who are grappling with similar issues, leading them to experiment as well. Disseminating information on innovations at the sub-national level and providing fora for lesson sharing can help spread promising workforce approaches across jurisdictions.

Institutionalizing support for the workforce through legislation is important for ensuring sustainability of efforts. Government officials in Siaya County are currently working to pass a bill at the county level which would include provisions for regular stipends for CHVs. Introducing policies to ground new approaches is important for ensuring that efforts do not cease once new leaders are elected.

Integrating nurturing care into existing workers' responsibilities is possible with the right support. Siaya County was able to incorporate responsive caregiving and child development monitoring in the role of CHVs by adding content to regular in-service training and offering supervision from those with knowledge on early childhood development. Integrating nurturing care does not require the introduction of a new cadre of workers and may be possible through the addition of supports for the existing health workforce.

Endnotes

1 We extend our gratitude to the following individuals who offered invaluable insight as key informants: Oscar Kadenge (PATH), and Kennedy Oruenjo (Department of Health, Siaya County).

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