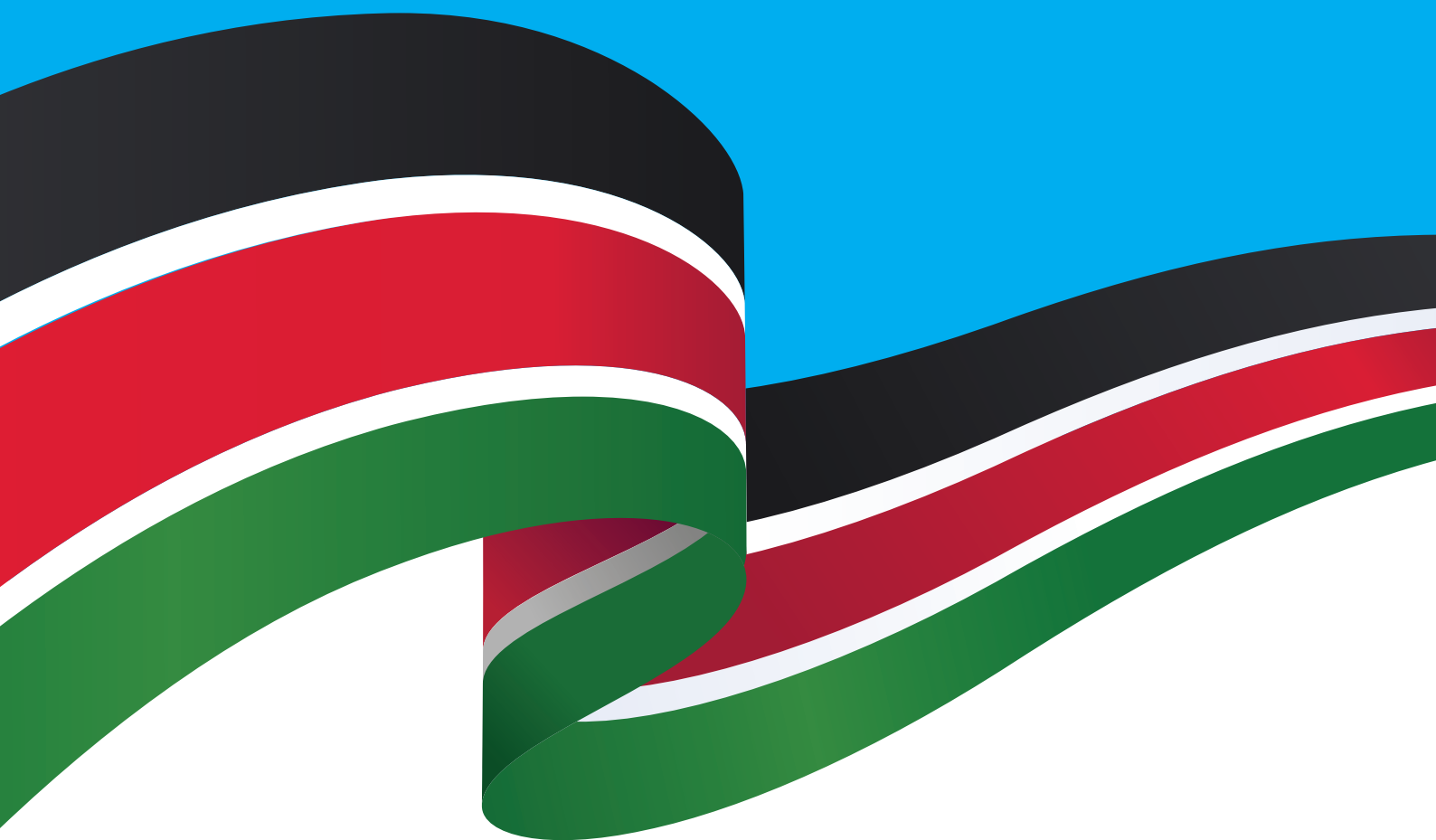




MINISTRY OF HEALTH



COMMUNITY HEALTH COMMITTEE

CURRICULUM

DECEMBER 2021



Division of Community
Health Services

"Afya Yetu, Jukumu Letu"



MINISTRY OF HEALTH

COMMUNITY HEALTH COMMITTEE

CURRICULUM



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Health Services

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TABLE OF CONTENTS

FOREWORD	v
PREFACE	vi
ACKNOWLEDGEMENT	vii
ACRONYMS	viii
DEFINITION OF KEY TERMS	ix
INTRODUCTION	1
Module 1: HEALTH AND DEVELOPMENT	4
Module 2: LEADERSHIP AND GOVERNANCE	5
Module 3: RESOURCE MOBILIZATION AND FINANCIAL MANAGEMENT	6
Module 4: ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION	7
Module 5: SOCIAL ACCOUNTABILITY	8
Module 6: MONITORING, EVALUATION AND COMMUNITY BASED SURVEILLANCE	9
REFERENCES	11
Annex 1: LIST OF PARTICIPANTS	13

FOREWORD

The community health approach is based on the Primary Health Care (PHC) concept that focuses on the principles of equity, community participation, intersectoral action, appropriate technology and a decentralized role played by the health system. Kenya has embraced the Community Health Strategy (CHS) to enable communities to fully participate in their own health towards the realization of Vision 2030 and provide a platform for attainment of Universal Health Coverage (UHC).

The Kenya Community Health Policy 2020-2030 defines the importance of the Community Health Committee (CHC) as a governance structure for Community Health Units (CHUs). The Community Health Strategy evaluation conducted in the year 2018 revealed gaps in low motivation, high attrition of the CHCs and poor contextualization of the strategy which limited the execution of the functions by the CHCs. To address these gaps, it was important that the CHC curriculum and the training manual be reviewed and revised.

This document will enhance the capacity of the CHC members to provide oversight to the Community Health Units. This will enable effective leadership, resource mobilization and advocacy for sustainable health care delivery system at the community level.

This document will assist the Ministry of Health at both the national and county levels in achieving its strategic objectives as outlined in the Kenya Community Health Strategy 2020-2025, which contributes towards the attainment of Sustainable Development Goals (SDGs) and ultimately UHC. It will also facilitate the successful training of the CHC members to carry out their leadership, governance, oversight and coordination roles at the community level.



A handwritten signature in black ink, appearing to read 'Patrick O. Amoth'. The signature is stylized with a large, looping 'P' and a cursive 'Amoth'.

Dr. Patrick O. Amoth, EBS | **Ag. Director General for Health, Ministry of Health**

PREFACE

The overriding intent of community health services is to increase access so that all citizens demand, receive and utilize high-quality basic health services. To achieve this, we need to promote increased community ownership and participation including investing in community-led approaches.

To strengthen the coordination pathway for service delivery, Community Health Committees (CHCs) are key for providing an appropriate and supportive social environment for the work of Community Health Volunteers (CHVs) and Community Health Assistants (CHAs). Community Health Committees do this by taking responsibility for leadership, governance, oversight and coordination at the community level. They also have the responsibility of mobilizing communities for involvement in health-promotive and disease-prevention activities. To enable Community Health Committees (CHCs) to be effective and efficient, the need for appropriate training is necessary.



The development process of this document started with consultative meetings in which stakeholders deliberated on the gaps realized from the 2018 assessment of community health services. The reviewed and revised curriculum was shared with the counties for their inputs. Thereafter, an online feedback meeting with the counties informed piloting of the document. Piloting was done in Migori, Meru, Kajiado and Nakuru counties for one week, spearheaded by the national team. The pilot feedback was presented at a joint stakeholders' meeting where the document was harmonized and finalized.

The revised curriculum will address the identified gaps thereby bringing forth a revamped CHC which will strengthen existing structures and create new ones where these structures do not exist.

Community Health Committee members will be trained in their respective roles and responsibilities in accordance to the Kenya Community Health Policy 2020-2030. The focus of the training modules is to bring forth competent, confident and motivated CHC members who will effectively deliver their mandate.

It is my expectation that all stakeholders engaged in community health activities will utilize this Community Health Committee Curriculum as the standardized approach in training the members. Therefore, it is imperative that good governance is institutionalized at the community level.

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke.

Dr. Mulwa A. M. | **Ag. Director Medical Services/Preventive & Promotive Health Services**

ACKNOWLEDGEMENT

The Community Health Committee Curriculum is a product of commitment and tireless efforts of all who participated in the development process. The selfless contributions from this team have provided a good foundation for strengthening community health services in Kenya.

I wish to acknowledge the overall leadership of **Dr. Maureen Kimani**, Head of the Division of Community Health and the technical officers **John Wanyungu, Charity Tauta, Beth Gikonyo, Jane Koech, Hillary Chebon, Samwel Kiogora, Daniel Kavoo** and **Tabitha Waweru** at the national level. We also recognize those who may have not participated directly in the drafting of this manual but rendered administrative support toward its realization.



This curriculum has been informed by contributions from all the County Community Health Services Coordinators and greatly enriched by the valuable experiences and inputs from **Machakos, Migori, Garissa, Kiambu, Kajiado, Nairobi, Meru** and **Nakuru Counties**. I sincerely feel indebted by their commitment.

The Department wishes to convey our sincere gratitude to the partner organizations who participated and offered technical expertise to this document; **UNICEF, Lwala Community Alliance, Amref Health Africa, LVCT Health and Living Goods**.

Special thanks to **UNICEF, Amref Health Africa** and **Lwala Community Alliance** for both financial and technical support towards the revision and finalization of the Community Health Committee Curriculum.

A handwritten signature in blue ink, appearing to read 'Salim Hussein'.

Dr. Salim Hussein | **Head, Department of Primary Health Care**

ACRONYMS

CHA	Community Health Assistant
CHO	Community Health Officer
CHS	Community Health Strategy
CHV	Community Health Volunteer
CHU	Community Health Unit
KEPH	Kenya Essential Package for Health
MoH	Ministry of Health
NHSSP II	National Health Sector Strategic Plan II
PHC	Primary Health Care
SDG	Sustainable Development Goals
UNICEF	United Nations Children's Education Fund
WHO	World Health Organization

DEFINITION OF KEY TERMS

Community Health is the first level of healthcare provision in Kenya that is constituted of: (i) Interventions focusing on building demand for existing health and related services, by improving community awareness and health seeking behavior, and (ii) Taking defined interventions and services (*as defined in the Kenya Health Sector Strategic and Investment Plan; KHSSP*) closer to the community and households

Community Health Unit (CHU) is a health service delivery structure within a defined geographical area covering a population of approximately 5,000 people. Each unit is assigned one Community Health Assistant/Officer and 10 community health volunteers who offer promotive preventive and basic curative services

Community Health Committee (CHC) refers to a committee that is charged with the coordination and management of a community health unit and whose membership, representation and tasks is as prescribed in the Kenya Community Health Policy (2020 – 2030)

Community Health Volunteer (CHV) is a member of the community selected to serve in a community health unit. The Volunteer's recruitment, training and roles is as prescribed in the Kenya Community Health Policy (2020 – 2030)

Community Health Assistant/ Officer (CHA / CHO) is a formal employee of the County Government forming the link between the community and the local health facility who is expected to perform tasks as prescribed in the Kenya Community Health Policy (2020 – 2030)

Community Dialogue is a forum that draws participants from as many segments of the community as possible to exchange information, share personal stories and experiences, honestly express perspectives, clarify viewpoints, and jointly develop solutions to community concerns.

Community Action Day are open events held to raise awareness about health and other community development related issues and to implement the issues raised during the community dialogue and are geared towards building community resilience.

Primary Health Care (PHC): This is essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

Universal Health Coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

INTRODUCTION

Background

This Community Health Committee Curriculum is one of three documents for the CHCs. The other two documents are the Community Health Committee Facilitators' Training Manual and the take-home Handbook for Community Health Committees. The review of these documents was informed by the gaps highlighted in the 2018 Assessment of The Community Health Services in Kenya which revealed several functionality gaps in the CHCs.

The revision of this Curriculum was guided by the role and responsibilities, and core competencies expected of the trained CHC members. The roles and responsibilities of the CHCs hinge on the core function of providing leadership, governance and oversight in the health matters of the community. The functionality of a Community Health Unit (CHU) includes the presence of the trained Community Health Committee. To institutionalize and have functional community health governance structures at all levels, it is important to make the CHC more active and responsive. This will enable the members to build strong advocacy frameworks for stakeholder engagement to guarantee prioritization of Community Health at all levels.

Community Health Committees need to ensure smooth working relationships with Community Health Workforce at level one and also with the link health facility. To bolster the evidence base, Community Health Committee members need to have the required knowledge and skills in record keeping, and report writing. Moreover, they need to be familiar with the information gathering tools used by CHVs under the supervision of CHAs as well as being socially accountable to the community. They are also expected to explore external and innovative financing mechanisms for community health unit activities to promote sustainable financing for community health. This will provide a resource leveraging approach to community health in the country. In order for CHCs to carry out these functions, an appropriate curriculum should guide the training of the members.

The Ministry of Health is confident that the training of CHCs will add value to the implementation of community health strategy which provides a robust foundation for health care delivery in Kenya.

Vision and Mission of Community Health Services

Vision: A healthy people living high quality lives within productive and vibrant communities in Kenya

Mission: To empower people to live healthy through transformative, responsive and sustainable community health services in Kenya, using the primary health care approach

Goal: To improve service delivery to all Kenyans through integrated, participatory and sustainable community health services, towards attainment of Universal Health Coverage (UHC)

Title of the curriculum

This document is entitled “**Community Health Committee Curriculum.**” The content of this document include:

- The purpose of the curriculum and competencies of the Community Health Committee members
- The roles and responsibilities of Community Health Committee
- The content of the knowledge and skills to equip Community Health Committees to carry out their roles and responsibility at community (*level 1 or tier 1*).

Purpose of the curriculum

The purpose of the Community Health Committee curriculum is to equip the CHCs with knowledge and skills to coordinate and support the provision of health services at level 1.

Justification for the curriculum review

The community health workforce is made up of the Community Health Volunteers (CHVs) who provide community health services at level 1 under the supervision of the Community Health Assistants (CHAs). The Community Health Committee shoulders the responsibility for oversight and governance at level 1.

The 2018 Assessment on community health services and the enhancement of the roles and responsibilities of the CHCs as articulated in the Kenya Community Health Policy 2020-2030 and Kenya Community Health Strategy 2020-2025 prompted the revision of the previous CHC curriculum developed in 2011.

Roles and responsibilities of CHCs

The CHC shall be the first organ to be constituted in the establishment of a CHU. The roles and responsibilities of the CHC shall include:

- » Provision of leadership and oversight in the implementation of health and other related community services
- » In collaboration with the local administration they mobilize and organize baraza for selection of CHVs
- » Preparation and presentation of the CHU annual work-plans and operational plans to the link facility health committee
- » Planning, coordinating and conducting community dialogue and health action days
- » Working with the link facility to promote facility accountability to the community
- » Holding quarterly consultative meetings with the link facility
- » Creating an enabling environment for implementation of community health services
- » Resource mobilization for sustainability

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Composition of the Community Health Committee

The committee shall include:

- A prescribed number of which not more than two thirds shall be from same gender
- Representation from religious and Cultural groups within the context

The members must reside in the community they are selected to serve. They will serve a three-year term that is renewable once, unless agreed by the community. The CHC shall choose its chairperson, and shall have at least one, and at most two CHVs. If a member of the CHC is selected to be a CHV, they cease to be in the CHC unless representing CHVs. The CHA shall be the technical advisor and secretary to the CHC.

The treasurer shall be a CHV. The chairperson shall become a co-opted member of the link health facility committee.

Criteria /eligibility for membership in the Community Health Committee

There should be 5-7 members in the Community Health Committee selected on the following bases, ensuring an odd number of members in each CH committee:

- Adult of sound mind and good standing in the community
- He/she should be a resident in the area
- Representative of an interest group in the community, e.g. women, faith communities, youth, people with disability. The CHC shall ensure equality of representatives among the villages without going beyond 7 members.
- Demonstrated commitment to community service.

It must be ensured that at any one time at least one third of the CHC members are continuing members unless the CU decides otherwise

Competencies required for Community Health Committee

1. Leadership and management skills
2. Conflict management and resolution skills
3. Mobilization and management of resources
4. Proposal writing
5. Communication and advocacy skills
6. Networking
7. Social accountability
8. Basic planning, monitoring and evaluation skills
9. Record/ bookkeeping and Report writing.

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Module 1: HEALTH AND DEVELOPMENT

1.0 Module Competence

This module is designed to enable the participant acquire knowledge and skills in health and development to improve the quality of life in the community.

1.1 Module Outcomes

By the end of this module, the participant will be able to:

1. Demonstrate understanding of concepts of health and development
2. Identify factors that influence health and development in the community
3. Appreciate the relationship between health and development

1.2 Module Units

	Units	Time
1	Concept of health and development	2 hours
2	Factors influencing health and development	1 hour
3	Relationship between health and development	1 hour

1.3 Module Content

Concept of Health and Development: definition of health, development, community, community development and healthy community, characteristics of a healthy community, development approaches; **Factors influencing health and development:** factors promoting health and development, factors hindering health and development, social determinants of health; **The relationship between health and development.**

1.4 Teaching Strategies

Group discussions, Brainstorming, Interactive Lecture,

1.5 Teaching Materials

Flipcharts, Marker Pens, Masking Tape

1.6 Assessment Strategies

Pre and Post test

Module 2: LEADERSHIP AND GOVERNANCE

2.0 Module Competence

This module is designed to enable the participant acquire knowledge and skills in leadership and governance to provide oversight and create an enabling environment for community health services.

2.1 Module Outcomes

By the end of this module, the participant will be able to:

1. Demonstrate understanding of Community Health Strategy
2. Demonstrate understanding of Kenya Essential Package for Health
3. Perform leadership and governance in community health services
4. Identify sources, types of conflicts and means of resolution

2.2 Module Units

	Units	Time
1	Overview of Community Health Strategy	1 hour 30 minutes
2	Overview of Kenya Essential Package for Health	30 minutes
3	Leadership and governance	2 hours 30 minutes
4	Conflict management and resolution	1 hour 30 minutes

2.3 Module Content

Overview Community Health Strategy: introduction to community health strategy, the process of establishing CHCs; **Overview of Kenya Essential Package for Health:** introduction to KEPH, Key elements of KEPH, organization of service delivery; **Leadership and Governance:** definition of leadership and governance, functions of a leader, leadership styles, qualities of a good leader, importance and characteristics of good governance, governance structure in community health; roles and responsibilities of members of the community level health workforce-CHCs, CHVs, CHAs; **Conflict Management and Resolution:** definition, types of conflicts, causes of conflicts, conflict resolution and management.

2.4 Teaching Strategies

Interactive lecture, Group work, Brainstorming, Role-play, Discussions

2.5 Teaching Materials

Flip Charts, Marker pens, Masking tape, Idea cards

2.6 Assessment Strategies

Pre and Post test

Module 3: **RESOURCE MOBILIZATION AND FINANCIAL MANAGEMENT**

3.0 Module Competence

This module is designed to enable the participant to acquire knowledge and skills in resource mobilization, financial management and social entrepreneurship for sustainability of community health units.

3.1 Module Outcome

By the end of this module, the participant will be able to:

1. Conduct resource mobilization in the community
2. Manage financial resources for the community health unit.
3. Apply social entrepreneurship skills
4. Develop funding proposals

3.2 Module Units

	Units	Time
1	Resource Mobilization	1 hour
2	Financial Resource Management	2 hours
3	Social Entrepreneurship	1 hour
4	Proposal Writing	2 hours

3.3 Module Content

Resource mobilization; definition of resource mobilization, types of resources in the community, steps in resource mobilization, importance of resource mobilization, ways of resource mobilization in the community, resource mapping in the community; **Financial Resource Management;** definition of financial management, steps in financial management, income generating activities in the community, **Social Entrepreneurship;** definition, types of social entrepreneurship, social entrepreneurship skills, importance of entrepreneurship; **Proposal writing;** definition of a proposal, questions to address in a proposal, structure of a proposal, develop funding proposals.

3.4 Teaching Strategies

Brainstorming, Interactive lectures, Practical exercises, Demonstration, Group work

3.5 Teaching Materials

Flip Charts, Marker pens, Masking tape, Idea cards

3.6 Assessment Strategies

Pre and Post test

Module 4: **ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION**

4.0 Module Competence

This module is designed to enable the participants acquire skills in advocacy, communication, social mobilization and community participation for demand creation of community health services

4.1 Module Outcomes

By the end of this module, the participant will be able to:

1. Apply advocacy skills to achieve the desired health and health related outcomes
2. Demonstrate effective Communication skills in the community
3. Implement social mobilization skills for effective demand creation in the community
4. Utilize the concepts of networking and partnerships in the community
5. Facilitate community participation in community health services

4.2 Module Units

	Units	Time
1	Advocacy	1 hour 30 minutes
2	Communication	2 hours
3	Social Mobilization	1 hour
4	Networking and Partnerships	1 hour
5	Community participation	2 hours

4.3 Module Content

Advocacy Skills: definition of advocacy, benefits of advocacy, steps in advocacy, strategies for advocacy; **Communication:** definition of communication, communication cycle, types of communication, channels of communication, qualities of a good communicator, importance of communication, barriers to effective communication and ways of overcoming them; **Social Mobilization:** definition of social mobilization, principles of social mobilization, steps in social mobilization, approaches used in social mobilization, strategies used in social mobilization; **Networking and partnerships:** definition of networking and partnership, skills in networking and partnership, strategies of networking, principles of partnership, benefits of networking and partnership; **Community Participation:** definition of community participation, community entry process, community dialogue

4.4 Teaching Strategies

Interactive lectures, Group discussion, Brainstorming, Role play

4.5 Teaching Materials

Flipcharts, Marker pens, Masking tapes

4.6 Assessment Strategies

Pre and Post test

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Module 5: SOCIAL ACCOUNTABILITY

5.0 Module Competence

This module is designed to enable the participant acquire knowledge and skills in social accountability in the Community health unit and primary health care facilities.

5.1 Module Outcomes

By the end of this module, the participant will be able to:

1. Facilitate social accountability process in the community
2. Foster social responsibility among community members
3. Conduct community scorecard assessment

5.2 Module Units

	Units	Time
1	Social Accountability	2 hours
2	Social Responsibility	1 hour
3	Community Scorecard	3 hours

5.3 Module Content

Social Accountability; definition of social accountability, components of social accountability; **Social Responsibility**; definition of social responsibility, Importance of social responsibility; **Community Scorecard**; definition of community scorecard, importance of community scorecard, conditions for the community scorecard process, steps in implementing community scorecard, indicators of community scorecard, roles of CHC in the community scorecard; **Community scorecard practicum**

5.4 Teaching and Learning Strategies

Role plays, Group discussions, Interactive lectures, Brainstorming

5.5 Teaching and Learning Materials

Flip-Charts, Marker pens, Community scorecard tool, Masking tapes

5.6 Assessment Strategies

Pre and Post test

Module 6: MONITORING, EVALUATION AND COMMUNITY BASED SURVEILLANCE

6.0 Module competence

This module is designed to enable the participants acquire knowledge and skills in community health information system and surveillance for decision making.

6.1 Module Outcomes

By the end of this module, the participant will be able to:

1. Demonstrate understanding of monitoring and evaluation
2. Demonstrate understanding of the community health information system
3. Conduct basic record-keeping in the community
4. Write a report
5. Develop an annual work plan for community health unit
6. Demonstrate understanding of Community Based Surveillance
7. Demonstrate understanding of the role of community health committee in CHIS

6.2 Module Units

	Units	Time
1	Monitoring and Evaluation	1 hour
2	Introduction to Community Health Information System	1 hour
3	Basic record-keeping in the community	30 minutes
4	Report writing	2 hours
5	Annual Work Plan	1 hour
6	Community Based Surveillance	2 hours
7	Role of CHC in community health Information	30 minutes

6.3 Module Content

Monitoring and Evaluation: definition of monitoring, monitoring process, players involved in monitoring, importance of monitoring, definition of evaluation, purpose of evaluation, types of evaluation; **Introduction to Community Health Information System:** definition of community health information system, importance of community reports, electronic Community Health Information System (eCHIS); **Basic Record keeping:** record keeping, types of community health reporting tools and their use; **Report writing:** definition of a report, types of reports, importance of report writing, minutes writing; **Annual Work Plan:** introduction to Annual Work Plan, AWP development process; **Community Based surveillance:** definition of public health surveillance, overview of community based disease surveillance, overview of community event based surveillance, signals used in community event based surveillance, Role of CHC in Community Health Information System and Surveillance.

6.4 Teaching and Learning Strategies

Group discussions, interactive lectures, brainstorming, practicum

6.5 Teaching and Learning Materials

Flip-charts, marker pens, masking tapes, CHIS reporting tools

6.6 Assessment Strategies

Pre and Post test

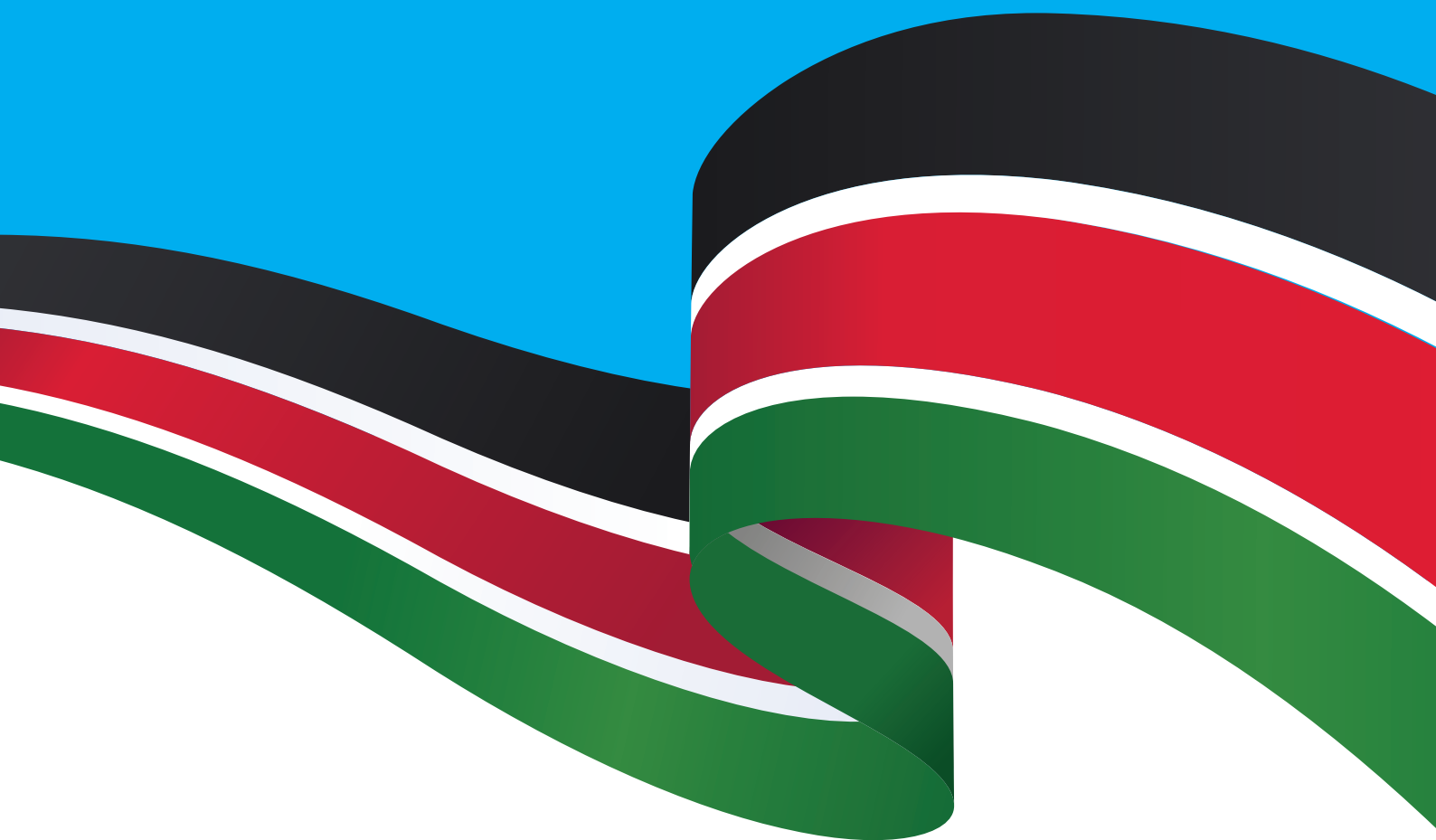
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