

# Integrating Community Health Volunteers into Health Facilities: A Critical Factor to Combating the COVID-19 Pandemic in Kiambu County, Kenya

## The Catalytic COVID-19 Action (CCA) Project

With the increase in the number of COVID-19 cases continuing to increase in Kiambu county, there was a dire need to swiftly and effectively screen the vulnerable population in Kiambu county, Kenya. In the fiscal year 2021, The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) was awarded the Catalytic COVID-19 Action (CCA) project, a FIND and Unitaid-funded initiative to strengthen public health responses to the COVID-19 pandemic. The goal of the CCA project is to accelerate end-to-end access to novel solutions in the COVID-19 pandemic response by adapting testing, isolation, care, and treatment approaches to meet the needs of three countries: Cameroon, Kenya, and Zimbabwe. The CCA project aims to propel innovation and access to these tailored solutions through five work areas: evidence generation (three research studies), catalytic implementation, advocacy, demand generation, and transition to national programs for a sustainable impact. In Kenya, the CCA team developed an innovative approach to ensure patients seen within the HIV, maternal and child health (MCH), and TB wards are screened for COVID-19 by community health volunteers.

## Overview of Community Health Volunteers

In Kenya, community health volunteers (CHVs) are a critical link between the community and the health care system. CHVs are selected by the communities they serve and vary in age and level of education. CHVs across the country are often known for bringing health services directly to people in their communities. They have earned the community's trust by establishing a strong rapport with the community and effectively delivering defined essential primary health services (i.e., maternal and child health services) and provision of critical messages on health interventions to prevent the spread of infectious diseases. CHVs are also vital in referring cases to the nearest health facilities for further management.

Since the start of the COVID-19 pandemic, health staff has experienced challenges screening patients for COVID-19 due to the additional workload and documentation demands. Thus, the CCA project developed an innovative

approach to address this problem by taking CHVs that solely worked in a community setting pre-COVID-19 and integrated CHVs into the health facility setting to support COVID-19 screening efforts for all patients. They also integrated COVID-19 health messages into CHV existing community outreach efforts and delivered COVID-19 health messages to local communities.

## Strategic Approach Integrating CHVs into Health Facilities

Integrating CHVs into a clinical setting required a radical shift in the existing Ministry of Health (MOH) task-shifting policy. Vital stakeholders would need to approve changes in this policy that reflected CHVs integration into a health facility setting as a task-shifting mechanism. The CCA project lead, Calvine Lwaka, took a strategic approach by working with administrative structures to communicate the need, offer a solution provided by the task-shifting policy, and obtain approval to utilize CHVs in health facility settings. The CCA team met with the community strategy team which included the director of public health, community health focal persons at the county and sub-county level, and the community health assistants (CHAs) attached to the facilities supported by the project who oversee the activities carried out by CHVs at the community level. At first, the CHAs opposed using CHVs in health facilities due to conflicting interests; however, with



Photo: Koffi Goga, EGPAF, 2022

***“We had to keep working and working with community health assistants (CHAs) just to assure the CHAs that the integration of community health volunteers in the health facilities would enhance the services provided to patients in the clinics and would run without challenges.”***

**—Calvine Lwaka, CCA Project Lead**

continual engagement by the CCA program lead, the CHAs eventually agreed to integrate 190 CHVs into 30 health facilities in Kiambu county by July 2022.

The innovation led to a steady improvement in the coverage of COVID-19 screening services at health facilities. The number of individuals undergoing health facility screening increased from less than 2,000 attendees in February 2022 to more than 30,000 attendees in October 2022. The overall performance in COVID-19 screening is primarily attributed to CHVs’ contribution to the health facilities’ COVID-19 integration model. Additionally, as CHVs screened people for COVID-19, they recorded screening data using tablets that fed into Kenya’s 30 electronic medical record systems, which helped the health facilities generate real-time data for decision-making.

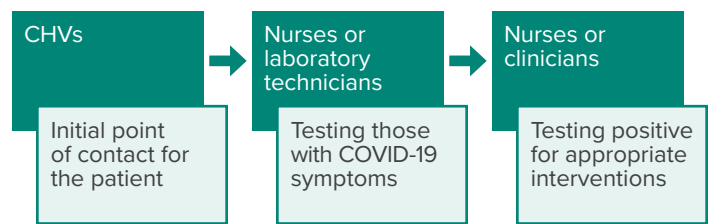
***“This is a huge success in demonstrating the effectiveness of integrating community health volunteers into clinical care teams. The CHV had a clear understanding of the roles and responsibilities of each team member involved in the COVID-19 cascade of care, which was key to the success of CHVs integration in the health facility setting.”***

**—Calvine Lwaka, CCA Project Lead**

The CCA project demonstrated that CHVs could also provide essential COVID-19 services in a health facility setting as part of a well-orchestrated team. The CHVs’ ability to quickly screen patients for COVID-19, refer patients to care, and improve the coordination of services led to a massive cut down on waiting times in the clinic, which was seen as very helpful to the healthcare team. This innovative approach required a multidisciplinary model seen in Figure 1 below comprised of community health volunteers serving as

the first point of contact for the patient, followed by nurses or laboratory technicians for testing those with COVID-19 symptoms, and nurses or clinicians to classify those testing positive for appropriate interventions.

**Figure 1: Multi-disciplinary Model**



## Conclusion

The integration of CHVs into health facility settings is an important factor in addressing staff shortages in health facilities as it reduces the additional workload on healthcare staff, improving the quality of service to patients. The CHVs’ ability to build rapport with clients, quickly screen clients for COVID-19, and smoothly integrate into a multidisciplinary team were critical factors to the success of CHVs in a health facility setting. The success of CHVs in a health facility setting has led the county to begin discussions on how to integrate CHVs into the clinical care teams across Kiambu county to ensure the continuum of care. Moreover, this innovative approach ensures the sustainability of COVID-19 services beyond the CCA project because CHVs are part of the MOH workforce. To this end, in October 2022, the president declared that CHVs would be absorbed into the Kenya healthcare system.

***“The community health workers play a critical role in ensuring people come to health facilities to access services. Specifically, community health volunteers’ role in the integration model into health facilities was seamless. People in the community are more receptive to receiving services from community health volunteers because the community recognizes them, appreciates them, works with them, and trust them.”***

**—Calvine Lwaka, CCA Project Lead**

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