



Siaya County Home Visiting Workforce Needs Assessment Tool

EARLY
CHILDHOOD
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INITIATIVE



- Workshop Report - Siaya County, Kenya 18-19 September 2019



Drawing on recent efforts to integrate nurturing care into Community Health Volunteer (CHV) health services, the Government of Siaya County in partnership with the [Early Childhood Workforce Initiative \(ECWI\)](#),ⁱ convened a consultative workshop at the Siaya County Club in Siaya, Kenya on 18-19 September 2019. This workshop served as a targeted discussion on the needs of the home visiting workforce and provided valuable insight on the integration of nurturing care into the County's CHV services. Representatives from the national Ministry of Health, the Siaya County Government, Smart Start Siayaⁱⁱ, and the County's home visiting services, among others,ⁱⁱⁱ engaged in targeted discussions to:

- **Gain insight** into the delivery of nurturing care by CHVs during home visits.
- **Increase understanding and alignment** among those engaged in the policy planning, management, and delivery of these services about the role of CHVs and their needs.
- **Identify the strengths, weaknesses, and country priorities** regarding nurturing care by CHVs which can be used to support the workforce and inform future policy decision.

This report summarizes the workshop by providing a brief overview of the home visiting services for nurturing care in Siaya County, Kenya along with the structure of the workshop, and then highlights the policy recommendations and key takeaways that emerged.

I. Overview of the Home Visiting Workforce Needs Assessment Workshop

Introduction

Kenya has made significant strides in increasing access to early childhood development (ECD) services and improving the health and development outcomes of its youngest children. In 2010, Kenya's Constitution called for the devolution of health and education services, which resulted in local governments taking greater responsibility for supporting young children and their families. Following this decision, the Government of Siaya County began integrating nurturing care into the health system by adding responsive caregiving and child development monitoring to home visits provided by CHVs and workers in health facilities. The Government also formed a multi-sectoral committee, comprised of stakeholders from the health, finance, social protection, education, and agriculture sectors, along with civil society and the private sector, to strengthen ECD services and scale-up nurturing care in the County. Furthermore, the government began to provide in-service training, supportive supervision, and regular stipends to expand CHVs' knowledge and skills, improve

performance and motivation, and reduce turnover among personnel. Currently, 100% of eligible families receive home visits by a trained CHV in the County. As a result of these achievements, Siaya County is considered a model to other Counties looking to strengthen, and integrate nurturing care, into their home visiting services.

Siaya County: Home Visiting Service's Achievements

- Provides 100% of eligible families with home visits by a trained CHV.
- In 2014, integrated nurturing care by adding responsive caregiving and child development monitoring to home visits provided by CHVs
- Considered a model for other Counties looking to strengthen their home visiting services.
- Receives buy-in from the County Government.
- Formed a multi-sectoral committee to strengthen ECD services and scale-up

Structure of the Workshop

This participatory workshop was guided by the needs of the Siaya County Department of Health and Sanitation, particularly Dr. Elizabeth Omondi, Reproductive, Maternal, Newborn, and Child Health (RMNCH) Coordinator and ECD Focal Person, and Mr. Kennedy Oruenjo, Director of Public Health, as well as their partners, and structured to provide outputs for the Community Health Services (CHS) and RMNCH Bills. The workshop was structured around ECWI's Home Visiting Workforce Needs Assessment Tool, which was designed to help relevant government agencies and implementation partners reflect on the ways in which they can support personnel delivering home visiting services across sectors for pregnant mothers and caregivers with children under 3.^{iv}

The seven areas of the tool, each of which includes a series of measures and reflection questions, provided the framework for participants' discussions.

The 7 Areas of the Home Visiting Workforce Need Assessment Tool

1. Workforce Expectations
2. Curricula, Materials, and Resources
3. Training, Supervision, and Career Development
4. Working Conditions
5. Program Design
6. Enabling Environment
7. Monitoring and Quality Assurance

Mr. Kennedy Oruenjo, Director of Public Health in Siaya County, provided opening remarks highlighting the endorsement of the County Government and reinforcing the importance of the workshop as a component of the County's on-going efforts to strengthening the delivery of home visiting services within Siaya County. Mr. Oruenjo noted that workshop outputs would be used to inform components of the CHS and RMNCH Bills currently under development in Siaya County and that the overall outcomes had potential for contributing to the national conversation around scaling up and strengthening home visiting services.

On the first day of the workshop, participants engaged in small group discussions which allowed individuals from the national and sub-national levels to interact with one another. In their groups, participants reflected on the current status of the home visiting service related to one of the seven tool areas (e.g. Workforce Expectations, Enabling Environment) and created a vision statement that highlighted what they hoped to see achieved in that area in the next three years. By the end of the first day, participants had reflected on the current status of implementation for each of the measures within their area and plotted them on a grid that reflected how close they were to being achieved.^v

On the second day of the workshop, participants used the vision statements from the first day to create key action statements that would be incorporated in the CHS and RMNCH Bills.^{vi} *Section II. Guidance for Policy Review* of this report outlines these action statements crafted during the workshop, and *Section III. Workshop Takeaways* highlights the impact of the workshop and suggests areas of focus for continuing to strengthen Siaya County's home visiting services.



II. Guidance for Policy Review

The following are key action statements that participants identified as priorities to inform updates to the CHS and RMNCH Bills, as well as other workforce strengthening efforts. Because of the interdependence of the tool areas, discussion naturally flowed between topics, leading to the

identification of nine policy recommendations for the County Government. These recommendations are first summarized on the following page and discussion informing the recommendations is presented thereafter.

Summary of Policy Recommendations and Guidance

- 1) Review and finalize the Nurturing Care Policy as it relates to the role of the Community Health Volunteer.**
 - Clarify the relative emphasis CHVs should place on nurturing care versus other tasks.
 - Revisit the education requirements for CHVs in the CHS Bill.
- 2) Include training on nurturing care for all community health roles, standardize its duration, and update delivery format.**
 - Review trainings (pre-service, in-service, and refresher) to ensure that they incorporate nurturing care and are offered to all members of the community health system.
 - Include nurturing care as one of the core pre-service modules for CHVs.
 - Review and simplify training for CHVs and add a demonstrated competency requirement.
 - Establish and adhere to the training duration guidelines outlined in the CHS Bill.
- 3) Recognize pre- and in-service trainings offered and work to establish career pathways for CHVs.**
 - Award certificates for pre- or in - service trainings to increase career pathways.
 - Ensure trainings and career development opportunities are widely offered and known.
- 4) Integrate nurturing care into existing monitoring tools, develop new tools and adjust existing policies to improve the quality of CHV supervision.**
 - Expand existing monitoring tools to be inclusive of nurturing care.
 - Develop an observational checklist for supervisors to use in support of CHVs.
 - Outline supervision requirements in the CHS Bill.
- 5) Review caseload determinations for CHVs and CHAs to ensure that they are manageable and reflect the intensity of services required for each family.**
 - Base the number of households assigned to each CHV on the intensity of services required by each family.
 - Review CHA caseloads to ensure they have the capacity to provide on-going support for CHVs they supervise.
 - Engage in community discussions around the intensity of home visits and eligibility criteria.
- 6) Embed safety guidelines (e.g. security and infection prevention) into policy and ensure that CHVs receive appropriate gear to use when conducting home visits.**
 - Design safety protocols that clearly outline the steps CHVs should follow when faced with challenging situations.
 - CHVs with protective gear to use in their work.
- 7) Increase awareness of nurturing care services to ensure community buy-in and support.**
 - Develop public awareness campaigns to increase understanding of nurturing care services.
 - Collect and share qualitative data.
- 8) Ensure that the County Government appropriates a sufficient percentage of the budget to support nurturing care activities.**
 - Appropriate a certain percentage of the budget in each sector (e.g. health and sanitation, education, youth affairs, gender and social services) to support nurturing care activities.
- 9) Build capacity for monitoring and quality assurance and ensure that all personnel understand the role of data and are using it to continuously improve service delivery.**
 - Develop and deliver trainings to ensure that personnel across levels can understand and utilize data collected, including for programmatic decisions.
 - Create feedback mechanisms to ensure the community can engage in monitoring the performance of CHVs and nurturing care services.

1) Review and finalize the Nurturing Care Policy as it relates to the role of the Community Health Volunteer.

Participant and County commitment to nurturing care was evident, however, discussion around Workforce Expectations (Tool Area 1) centered heavily on the need to review nurturing care efforts against the overall role of the CHV. Key points and action items from this discussion included:

- **Clarify the relative emphasis CHVs should place on nurturing care versus other tasks.** Continued efforts to integrate responsive caregiving and child development monitoring should be assessed against the overall health promotion role of the CHV. Is the CHV's primary objective to support families with young children or is it to support all members of the community? While no decisions were taken in this meeting, there was indication that this merits further review and clarification. Such a review and decision would have implications for program design, human resource needs, educational requirements, training, and so forth. Policymakers should also attempt to align the expectations of the role with the stipend CHVs receive (approximately Ksh 3,000). The CHV role was intended to be a volunteer post requiring approximately two hours of work per week, however many CHVs work full-time, leaving little room for other needed income generating activities.



- **Revisit the education requirements in the CHS Bill.** Following a review of nurturing care, the scope and role of the CHV, decisions will need to be taken regarding educational requirements. Proposed legislation includes requirements that CHVs complete Form 4, a significant increase from the current requirement that they only be able read and write. Participants questioned if that level of education is necessary for the tasks performed, whether enough people with that qualification would take on a volunteer post (with limited opportunities for progression), and what would happen to the existing CHVs who do not meet such criteria. Some suggested that Counties have the opportunity to domesticate the policy (adjust the educational requirements to their needs).

2) Include training on nurturing care for all community health roles, standardize its duration, and update delivery format.

Many challenges related to Training, Supervision, and Career Development (Tool Area 3) were surfaced during the workshop, including the need for training aligned across service roles. The following ideas for restructuring training to be more supportive of nurturing care emerged:

- **Review trainings (pre-service, in-service, and refresher) to ensure that they incorporate nurturing care and are offered to all members of the community health system.** While partner agencies (e.g. PATH) regularly offer training on nurturing care for CHVs, there are fewer opportunities for Community Health Assistants (CHAs) or Community Health Committees (CHCs) to learn about the same topics, limiting their ability to support CHVs and ensure the delivery of quality services. Participants recommended that the core components of nurturing care be integrated into pre-service training for all three community health roles. While some adaptations may be needed, joint training for CHVs and CHAs may be a cost-effective option which could also

potentially offer an opportunity to improve the efficacy of supervision and mentorship. The group also highlighted the need to provide rigorous post-training support, such as refresher trainings, coaching, and mentoring, to ensure that CHVs can efficiently translate the concepts they have learned into practice.

- **Include nurturing care as one of the core pre-service modules for CHVs.** Participants suggested embedding nurturing care as the seventh core module for CHVs during their pre-service training in policy. By doing so, the government would reinforce its commitment to integrating nurturing care into CHV health services, as well as hedge against training gaps should the partner agencies change course.
- **Review and simplify training for CHVs and add a demonstrated competency requirement.** The group recognized the complexity of the CHV training and highlighted that a comprehensive review was in order. This presents an opportunity to simplify the material, ensuring it adequately aligns to day-to-day responsibilities and priorities as laid out by the County. Related to format, participants noted that CHV and CHA trainings emphasize theory and would benefit from additional practical elements to better support CHVs in their roles. Many felt CHVs should be assessed following training, suggesting that this would not only bolster the selection and vetting process, but also identify areas to prioritize when supporting CHVs.



- **Establish and adhere to the training duration guidelines outlined in the CHS Bill.**

While the CHV training is intended to last 11 days, it has been consistently reduced, first to 10 days and often to 7 days due to time and resource availability. Participants emphasized that this was not sufficient time to cover the required content, and that, following a review of training needs and curriculum, providers should adhere to the recommended duration outlined in the policy.

3) Recognize pre- and in-service trainings offered and work to establish career pathways for CHVs.

The lack of career development options for CHVs (Tool Area 3) also sparked substantial discussion among participants. Recognizing the need to address this challenge, participants offered the following suggestions:

- **Award certificates for pre- or in - service trainings to increase career pathways.**

Since the County Government considers CHVs as volunteers and not mainstream employees of the national Ministry of Health, they lack clear career pathways and have limited opportunities to transition into advanced roles, such as CHAs. Following review and standardization, CHVs could be awarded certificates for pre- or in-service trainings which might enable CHVs to transition into higher roles or apply their trainings towards a diploma or degree. Recognizing the training offered would also increase portability of credentials across the country should other Counties follow in Siaya's footsteps. Discussion also touched on the idea of incentivizing and recognizing more senior CHVs by formally engaging them to provide mentoring and training support.

- **Ensure trainings and career development opportunities are widely offered and known.** While participants recognized greater opportunities for advancement among CHAs relative to CHVs, inconsistent adherence to the career progression policies outlined in the CHA scheme of service (e.g. promotion procedures, scholarships for training) was surfaced as a challenge.



4) **Integrate nurturing care into existing monitoring tools, develop new tools and adjust existing policies to improve the quality of CHV supervision.**

Participants also identified a gap in the tools and policies guiding CHA supervision and support for CHVs (Tool Areas 2 and 3), and made the following recommendations:

- **Expand existing monitoring tools to be inclusive of nurturing care.** CHAs and other participants noted that while they provide services in support of nurturing care, their monitoring tools, such as the Integrated Community Case Management (iCCM) tool,^{vii} do not include many indicators used to track child development or family well-being, nor

are these present on national reporting tools. To better manage services and use data for program improvements related to nurturing care, CHAs noted the need for expanded monitoring tools.

- **Develop an observational checklist for supervisors to use in support of CHVs.** One key recommendation arising from discussion was to develop a checklist that CHAs could use to both monitor and support CHV practice. Participants noted that since nurturing care services are heavily dependent on trust and engagement with the family, they can be difficult to monitor, particularly as not all CHAs have been trained on nurturing care. They suggested this type of tool could provide the basis for reflective supervision and help CHAs observe and identify quality service delivery, so that they can more effectively support CHVs in improving their practice.
- **Outline supervision requirements in the CHS Bill.** Currently, much of CHV supervision takes place in large group settings on a monthly basis. While useful, workshop participants highlighted the need for more individual supervision akin to coaching to ensure the quality of services and the achievement of longer-term outcomes. For practice to change, the policy would likely need to be updated to include requirements on the frequency and modality of supervision which could also serve as a mechanism to monitor CHA performance.

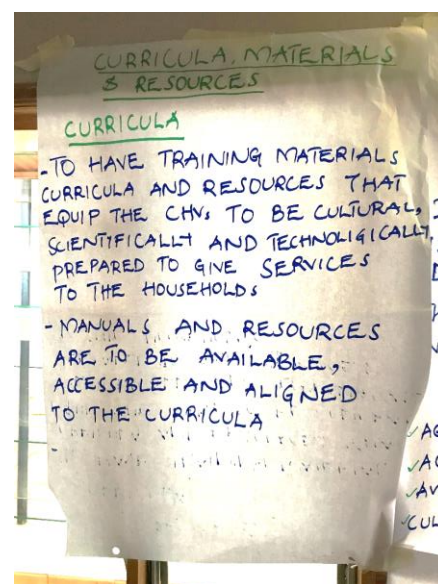
5) **Review caseload determinations for CHVs and CHAs to ensure that they are manageable and reflect the intensity of services required by each family.**

Reflection on Working Conditions (Tool Area 4) and Program Design (Tool Area 5) sparked engaging discussions on caseloads and household needs assessments, as well as how the number of home visits per family is determined and communicated. The following recommendations emerged from the discussions:

- **Base the number of households assigned to each CHV on the intensity of services required by each family.** CHVs generally reported feeling overwhelmed by the number of households to which they were assigned and similarly, CHAs indicated it could be a challenge for CHVs to meet their visit targets, particularly in more rural sub-counties. Opinions varied, but participants suggested that 50 to 60 households per CHV might be more realistic given that the stipend (less than Ksh 3000/month) was originally intended as remuneration for two hours of work per week and not a full-time schedule. Participants also noted the importance of taking into account the specific needs of families when determining CHV caseloads. Each family's needs, including the frequency and duration of visits, could be informed by the annual household assessments Siaya County conducts, which could then feed into determination of a particular CHV's optimal caseload.



- **Review CHA caseloads to ensure they have the capacity to provide on-going support to CHVs.** CHAs also reported feeling overworked and overwhelmed by the number of CHVs they are responsible for overseeing and stated that the level of support they received from their supervisors was insufficient. Both groups noted that reducing the CHV to CHA caseload would allow CHAs to provide more individualized attention to the CHVs they support. Joint trainings and an observational checklist (described in other recommendations) could further enhance the working relationship between these groups.



- **Engage in community discussions around the intensity of home visits and eligibility criteria.** While the program serves all members of the community, there is a need to better define the tiers of services offered (including frequency and duration of home visits) in line with the needs of families. In particular, the need to clarify the factors (e.g. teenage pregnancy, child age, etc.) used to determine whether or not a family is eligible for extra home visits and relaying them back to the community in a manner that does not create perceptions of inequity among households. Participants also advocated for open and transparent communication channels to ensure that the

community is at the center of all decision-making regarding the tiers of service and qualifying factors related to the delivery of nurturing care services.



6) Embed safety guidelines (e.g. security and infection prevention) into policy and ensure that CHVs receive appropriate gear to use when conducting home visits.

Participants also noted the importance of safety protocols and protective gear (Tool Area 4) for CHVs in conducting home visits. Guidance from these discussions included:

- **Design safety protocols that clearly outline the steps CHVs should take when faced with challenging situations.** CHVs noted that they sometimes find themselves in difficult circumstances (e.g. conducting home visits late at night, encountering violent family members, animals) and lack guidance on how to appropriately navigate these situations. Since CHVs conduct diagnostic tests, concerns were also raised about CHVs' exposure to infections in households and the limited measures in place to minimize their spread to others. In both cases, participants advised that clearer guidance should be developed and included in the CHS Bill.
- **Provide CHVs with protective gear.** CHVs noted that they lack appropriate gear (e.g. Muck boots) for adverse weather conditions and are forced to carry out home visits with limited protection. Provision of such gear would help CHVs reach their intended destinations in a timely and safe way.

7) Increase awareness of nurturing care services to ensure community buy-in and support.

Discussion also turned to the environment in which nurturing care services are provided (Tool Area 6) and the need to increase awareness among the general population. The following suggestions emerged from the discussion:

- **Develop public awareness campaigns to increase understanding of the nurturing care services.** While every family in Siaya County is visited by a CHV, work remains to increase familiarity and understanding of the nurturing care services. To address this challenge, participants recommended using different media (e.g. radio, social media platforms, posters) to generate interest and knowledge on the home visiting service among households with young children, as well as to increase the engagement during home visits.
- **Collect and share qualitative data.** Participants suggested collecting and sharing qualitative data such as video and audio recordings to show the impact that CHVs have on families over time and raise awareness for nurturing care services. For example, video clips could be taken over the course of a series of home visits to illustrate changes in caregiver-child interactions and track the child's developmental progress over time. Ensuring that outcomes are shared back with the community can also be an important element for gaining buy-in at multiple levels of the system.

8) Ensure that the County Government appropriates a sufficient percentage of the budget to support nurturing care activities.

Enabling Environment (Tool Area 6) was another area that participants highlighted as being relevant to strengthening home visiting services in the County. According to participants, local NGO partners are better equipped to align the budget with the program's goals than the County Government due to the fact that NGOs play a prominent role in promoting the delivery of nurturing care activities into CHV health services.

In addition, participants identified limited coordination across sectors, a lack of stable funding, and misalignment between program budgets and the needs of the workforce as additional factors that delayed progress. To address these challenges, participants recommended that the County Government:

- **Appropriate a certain percentage of the budget in each sector (e.g. health and sanitation, education, youth affairs, gender and social services) to support nurturing care activities.** Participants indicated that this would further demonstrate the support of the County Government for nurturing care activities, as well as increase alignment among sectors. Participants also emphasized the importance of monitoring program activities once the budgets have been defined, to ensure that each sector is promoting nurturing care in the County.

9) Build capacity for monitoring and quality assurance and ensure that all personnel understand the role of data and are using it to continuously improve service delivery.

Monitoring and Quality Assurance (Tool Area 7) was an active subject during the workshop as participants reflected on the ways in which they collect and use program data, as well as who has the authority to use the data to strengthen service delivery. Recommendations from that discussion include:

- **Develop and deliver trainings to ensure that personnel across levels understand and are able to use data collected, including for programmatic decisions.**

Through discussions, it became clear that many participants, particularly the CHVs and the CHCs, are provided little background on the purpose of data being collected, how it will be used, and why it is important for strengthening the home visiting services. CHVs noted that even basic training could improve the quality and reliability of the data, as well as help them feel invested in the program and its results. Training could help CHVs and CHAs identify trends in the community or address families' needs earlier on, resulting in better service provision, while similar training for CHCs would ensure that they could better monitor and support the CHV and nurturing care services. Finally, participants stressed that training be offered on a regular basis to all new staff at the time of hire.

- **Create feedback mechanisms to ensure the community can engage in monitoring the performance of the CHV and nurturing care services.** In line with earlier discussions about community engagement, participants also highlighted the importance of creating feedback mechanisms with the community to illustrate how the data collected will be used to catalyze change and benefit the community. This would strengthen the involvement of the community and generate buy-in for these services.





III. Key Takeaways and Conclusions

The Home Visiting Workforce Needs Assessment Workshop presented a unique opportunity to bring together a diverse set of practitioners and policymakers to meaningfully reflect on the ways in which Siaya County has been integrating nurturing care into the role of the CHVs. Participants highlighted that the experience helped them look beyond the services that are provided to consider how the workforce is supported, and what they need to meaningfully carry out their roles. They also indicated that the joint format of the workshop afforded them the opportunity to learn something new from colleagues on the front lines of service provision. Following the workshop, participants emphasized that the tool and process allowed them to reflect on current practice, identify “the gaps we need to bridge,” and explore possible solutions. Others confirmed that the process has assisted stakeholders identify ways in which the CHV and CHA standards of operation can be clarified and strengthened in the CHS Bill.

Although workshop discussions highlighted the significant progress Siaya County has made over the years, the workshop underscored many opportunities to continue to strengthen community health and nurturing care services. For one, CHVs struggle with heavy caseloads and receive inadequate compensation for the work they perform. CHVs also receive limited supervision from

CHAs, and lack clear pathways for transitioning into advanced roles. Lastly, there remains an outstanding need to refine monitoring and quality assurance mechanisms in the County to ensure that the data collected is continuously used to improve the home visiting service. Additionally, some key cross-cutting themes emerged that should be considered as the County Government continues to scale-up and embed nurturing care services. These include:

- **Government ownership of services will be essential to ensuring the sustainability of nurturing care.** Despite substantial support from the County Government, community health providers and civil society representatives underscored the threats to sustainability that remain as long as NGOs provide many of inputs for the delivery of nurturing care, including training, key materials and manipulatives, and financial support. As it stands, there is the perception that nurturing care is a “project” as opposed to a government-led initiative, and if commitment exists, steps should be taken to transfer ownership and responsibility over to the government.

“For nurturing care to be sustainable, it must be government-led.”

- Workshop participant

- **Gaps remain between policy and implementation.** Discussions indicated that there are still gaps between what is outlined in the policy and what is implemented in practice. For example, training opportunities for CHAs are not readily provided, training offerings are regularly squeezed to accommodate time and resource constraints, and CHVs perform work outside of their defined responsibilities. Attention should be paid to these gaps and how they are filled, otherwise the same issues might continue to surface, even as the policies are strengthened.

“I have come to understand the challenges faced by home visitors.”

“[The workshop was] Very helpful as it gives insight to many underlying factors that affect nurturing care”

“All [tool] areas are important because they are interrelated. They are a system where one cannot function without the others”

- Workshop participants

- **Community consultation is paramount in the delivery of community services.** Participants affirmed that the community must continue to be engaged in the shaping of community health

policy. This principle came out in discussions around the terms, concepts, and expectations defined in the tool, the continued need to raise awareness of nurturing care and define service tiers, the involvement and capacitation of the CHCs, and the ways in which the CHV workforce is supported to deliver these relationship-based services.

While there is no shortage of work to be done to support CHVs, the Government of Siaya County has proven to being exceptionally dedicated towards identifying priorities and embedding them into policy. By acting on and incorporating the policy recommendations identified during the workshop into the CHS and RMNCH Bills, Siaya County will not only pave the way forward for sustainable change when it comes to supporting CHVs, but also ensures that it will continue living by its motto, **“Siaya: See Higher,”** and serving as a positive model for other Counties in Kenya.



ⁱ The [Early Childhood Workforce Initiative](#), led by [Results for Development \(R4D\)](#) and the [International Step by Step Association \(ISSA\)](#), is a global, multi-sectoral initiative to equip decisionmakers with the tools and resources needed to support the early childhood workforce at scale. Partners from ECWI provided overall guidance and support to the Siaya County Department of Health and Sanitation on the structure and execution of this workshop.

ⁱⁱ An initiative led by the first lady of Siaya County, Mrs. Rosella Rasanga, that focuses on promoting the Nurturing Care Framework within the County.

ⁱⁱⁱ See Annex II of the full report for a full list of participants.

^{iv} The Home Visiting Workforce Needs Assessment Tool was inspired by UNICEF’s Pre-Primary Diagnostic and Planning Tool.

^v See Annex I of the full report for the vision statements and plotted measures from each area.

^{vi} See Annex I of the full report for the workshop reflection grids for each area

^{vii} Integrated Community Case Management (iccm) is an equity-focused strategy from the World Health Organization and UNICEF that seeks to provide timely and effective treatment of malaria, pneumonia and diarrhoea to populations with limited access to facility-based health care providers, and especially to children under 5. Source:

https://www.who.int/maternal_child_adolescent/documents/iccm_service_access/en/

This workshop report was developed by Denise Bonsu, Kavita Hatipoğlu, Vidya Putcha and Zorica Trikić, with support and contributions provided by Dr. Elizabeth Omondi, Mr. Kennedy Oruenjo, Dr. Asito Amolo, and Mr. Alfred Ochieng. Photos were taken by Kavita Hatipoğlu, Zorica Trikić, and Peter Obare.