Integrated Community Outreach Model Boosts Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) at Tsangatsini Dispensary, Kilifi County

County:	**Kilifi**		
Sector/s:	**Health**	**Sub-sector/Theme:**	**Reproductive, Maternal, Newborn, Child, and Adolescent Health**
Keywords: (for search in the online platform)	**Integrated outreaches, DANIDA PHC Support, Antenatal care (ANC), Immunization coverage, Community Health Promoters (CHPs), defaulter tracing; skilled deliveries, Maarifa Centre**		
Target Audience:	**County health officials, health facility managers, development partners, NGOs, policymakers**		
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Context and Pre-Intervention Reality:

Tsangatsini Dispensary is a primary health care facility located in Kaloleni Sub-County, Kilifi County, serving an estimated catchment population of approximately 15,000 people. The facility offers outpatient services, Maternal and Child Health (MCH) services, immunization, laboratory services, and preventive and promotive health services. On average, the facility conducts about 50 deliveries per month based on the health facility reports, although service utilization had historically fluctuated.

Figure 1Service Charters of Tsangatsini Dispensary in Kaloleni Sub-County, Kilifi County

The facility is supported by two Community Health Units (CHUs); Tsangatsini A and Nyenzeni, comprising a total of 36 Community Health Promoters (CHPs). Governance and community oversight are provided through the Health Facility Management Committee (HFMC) and Community Health Committees (CHCs).

Despite the presence of these structures, Kaloleni Sub-County faced persistent RMNCAH challenges, including:

- Low antenatal care attendance, particularly completion of the fourth ANC visit
- Incomplete immunization coverage
- High reliance on home deliveries
- Weak follow-up of pregnant women and children
- Limited reach to hard-to-access communities due to distance and transport constraints

Outreach activities were irregular and largely dependent on ad hoc arrangements, limiting continuity of care and weakening community-facility linkages. These constraints undermined RMNCAH outcomes despite the commitment of health workers and community health actors.

Implementation of the Practice

To address low ANC attendance, incomplete immunization coverage, and high reliance on home deliveries, Tsangatsini Dispensary implemented a structured, integrated approach to community health service delivery. Supported by DANIDA PHC operational funding, this approach combined strategic planning, strengthened community-facility linkages, monthly integrated outreaches, and data-driven monitoring. By engaging Community Health Promoters (CHPs), facility staff, and governance structures, the facility ensured that maternal, newborn, child, and adolescent health services were delivered efficiently, equitably, and in a manner responsive to the needs of the catchment population.

The following interventions were implemented:

1. **Needs assessment and strategic planning**
   - A comprehensive community mapping exercise was conducted jointly by facility staff and CHPs.
   - All pregnant women and children under five in the catchment area were identified.
   - Service gaps were mapped, and priority outreach sites were selected based on need, distance, and population density.
   - A monthly outreach schedule was developed, integrating ANC, immunization, family planning, nutrition counselling, and health education services.
2. **Strengthening Community-Facility Linkages**
   - CHPs were assigned households to monitor, early identification of pregnant women, and defaulter tracing for ANC and immunization.
   - CHPs facilitated timely referrals to the facility.
   - The HFMC and CHCs provided oversight, community mobilization, and accountability.

3. **Key operational steps**
   - Each CHP assigned 20-25 households to follow up weekly.
   - Weekly reporting of pregnant women, newborns, and under-five children.
   - Monthly joint meetings with facility staff to review data, identify gaps, and plan outreach.

4. **Integrated Outreach Service Delivery**
   - DANIDA-funded transport and logistical support enabled monthly integrated outreaches at permanent outreach sites.
   - Services offered during outreach:
     - ✓ ANC services
     - ✓ Routine immunization
     - ✓ Family planning
     - ✓ Nutrition assessment and counselling
     - ✓ Health education and promotion

5. **Operational details:**
   - Outreach teams included facility nurses, CHPs, and support staff.
   - Outreach locations were rotated monthly to reach remote communities.
   - CHPs mobilized the community in advance, using household visits and local announcements.

6. **Data-Driven Monitoring and Feedback**
   - Monthly data review meetings focused on ANC attendance, immunization coverage, and referral completion rates.
   - CHPs and facility staff reviewed performance, identified gaps, and adjusted outreach plans.
   - Data use enhanced targeted interventions and accountability.

7. **Financial and Logistical Support**
   - DANIDA funds provided:
     - ✓ Transport allowances for health workers and CHPs
     - ✓ Performance-based incentives especially for RMNCAH indicators
     - ✓ Provision of maternity packs (baby shawls, basic supplies) for mothers delivering at the facility

8. **Governance and Oversight**
   - HFMCs and CHCs ensured transparency, accountability, and community participation throughout implementation.
   - Regular community meetings reviewed performance and addressed concerns.

Contribution and Impact of DANIDA PHC Support Programme:

Within Tsangatsini Dispensary's community health model, the DANIDA Primary Health Care (PHC) Support Programme provided crucial operational funding that enabled the facility to implement planned activities effectively. Supported by the Government of Denmark, the Programme strengthens primary health care at both community (Level 1) and facility (Level 2) levels, improving access, quality, and equity of services, particularly maternal and child health, family planning, nutrition, and hygiene (DANIDA PHC Support Programme, n.d.).

During the reporting period (FY 22/23 23/24), Tsangatsini Dispensary received KES 731,334 under the DANIDA PHC Support Programme, managed through the health facility work plan under the Health Facility Management Committee. These funds bridged operational gaps, supporting community mapping, integrated outreaches, household registration, CHPs facilitation, dialogue and action days, and monitoring activities. This support strengthened facility-community linkages, improved early ANC uptake, increased male involvement, enhanced defaulter tracing, and contributed to better maternal and child health outcomes in the catchment area.

DANIDA PHC support was primarily applied to areas that directly affected service continuity, quality, and community access, including:

- Transport facilitation for facility staff and CHPs during outreach activities
- Provision of performance-based incentives for CHPs to encourage household follow-ups and health education

- Organization of monthly integrated outreaches offering ANC, immunization, family planning, nutrition counselling, and health education
- Provision of maternity packs to encourage facility-based deliveries
- Support for data-driven monitoring and monthly feedback meetings to enhance evidence-based planning

Results

- **Increased ANC attendance:** Completion of the fourth ANC visit improved significantly, with women accessing ANC services earlier and more consistently.
- **Improved immunization coverage:** Increased Penta 3 and Fully Immunized Child (FIC) immunization coverage.
- **Increased skilled deliveries:** Strengthened referral systems and community trust contributed to facility-based deliveries.
- **Enhanced CHP performance:** CHPs became more active and motivated, resulting in improved defaulter tracing, referrals, and health education.
- **Improved data use:** Routine monitoring and feedback strengthened responsiveness to emerging gaps and service delivery challenges.

Lessons Learned:

- Well-supported, trained, and supervised Community Health Promoters (CHPs) are central to improving RMNCAH service utilization. Their motivation and engagement directly influence timely referrals, follow-ups, and adherence to care schedules.
- Offering multiple services such as ANC, immunization, family planning, nutrition counselling, and health education during a single outreach session maximizes community participation and strengthens trust in public health services.
- DANIDA PHC's timely and flexible allocation enabled the facility to respond to real-time needs in the community, such as unexpected transport challenges, outreach logistics, and commodity shortages.
- Monthly data review meetings with CHPs and CHCs helped track ANC attendance, immunization coverage, and defaulter tracing, enabling evidence-based planning and continuous quality improvement.
- Inclusion of fathers in mother-to-mother and father-to-father support groups increased male involvement, reduced gender-based barriers, and improved uptake of RMNCAH services.
- Strong coordination among the facility, community structures, local administration, partners, and development agencies ensures interventions are community-led, contextually relevant, and sustainable.
- Addressing retrogressive practices such as the "Mwenye" syndrome through dialogue and education promotes behavioural change and strengthens behaviours in seeking health in male-dominated communities.
- Involving local leadership, elders, and community groups in planning and oversight ensures that interventions continue even beyond direct programme support.

Recommendations for Scale and Sustainability

- There is need to scale-up DANIDA supported CHUs to additional villages or locations to reach underserved populations and maximize RMNCAH impact.
- It is critical to broaden the range of activities supported under DANIDA PHC, including household-level nutrition interventions, kitchen garden initiatives, hygiene and sanitation projects, and water supply solutions.

- There is need to ensure predictable and timely release of funds to avoid delays in community-level activities, especially during critical periods for maternal and child health.
- Maintaining routine monthly or quarterly performance review meetings for CHPs and facility staff while incorporating mentorship and recognition systems will sustain engagement.
- Improve planning and management at the facility level to prevent stockouts of vaccines, ANC supplies, and essential commodities during outreach activities.
- Sustain community sensitization to address cultural and social barriers respectively.