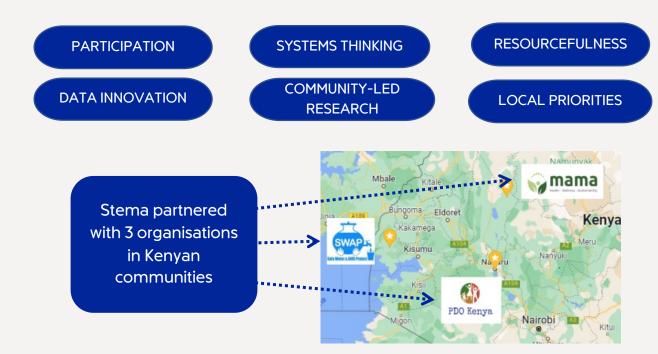


DEVELOPING A MEASUREMENT FRAMEWORK FOR POSITIVE COMMUNITY HEALTH IN KENYA

BACKGROUND

Communities draw on interlocking resources and informal systems to strengthen their health, but these are overlooked by conventional top-down health promotion. Stema is a research-based organisation that uses the following approaches to enable communities to create their own definition of health and improve the efficiency of agendas informed by local priorities and the SDGs, whilst working to change power imbalances that drive inequitable patterns of resource distribution.



AIMS AND OBJECTIVES

STAGE ONE: Defining positive health

- ✓ Defined positive health at the community level
- √Mapped community resources
- ✓ Understood building blocks of health
- ✓ Began to identify ways of measuring building blocks

STAGE TWO:

Measuring positive health

- ✓ Validate findings from stage oneIn a
- Understand importance, availability, and agency over resources in the community
- **✓** Priority setting
- Decide on measurements using innovative methods/data sources

STAGE THREE:

Designing tools for positive health

Integrate these results into a measurement framework for positive community health

Co-design a set of tools to support better decision making for health

Produce toolkit prototype

METHODOLOGY

Stage 1 of the study utilised focus group discussions, cognitive and resource mapping (Figure 2), tree diagrams (Figure 1), community timelines and walking interviews. All data was collaboratively analysed with research partners. The ongoing second stage uses participatory methods such as co-creation and multi-criterion decision analysis to identify ways to measure and quantify each building block of community health. From this, a measurement framework for positive community health will be created from the indicators found.

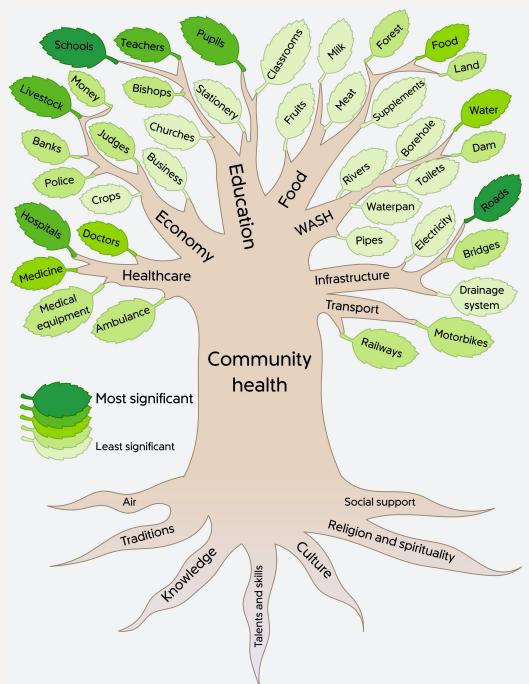


Figure 1 | Tree diagram summarising community health in all three field sites. Roots represent intangible resources, branches represent the building blocks of community health, and leaves represent individual resources.

RESULTS

Positive community health is a complex and shifting state, promoted by tangible and intangible factors, shown in Figure 1. Tangible components include clean water and sanitation, adequate nutrition from local crops and livestock, access to healthcare and education, and development of local economy and infrastructures. The intangible components include mental health, local knowledge and traditions, religion, and community inclusivity.

Challenges and opportunities related to community positive health were also outlined. The components with the highest perceived importance were found to have lower availability. The availability, importance and agency of resources varies significantly throughout the seasons and across the lifespan of community members. Water and nutrition were found to be the most heavily impacted by climate instability (droughts, floods and loss of natural resources). Many components are currently not captured by traditional measurement frameworks and communities gave valuable insights on how they would like to see them measured.

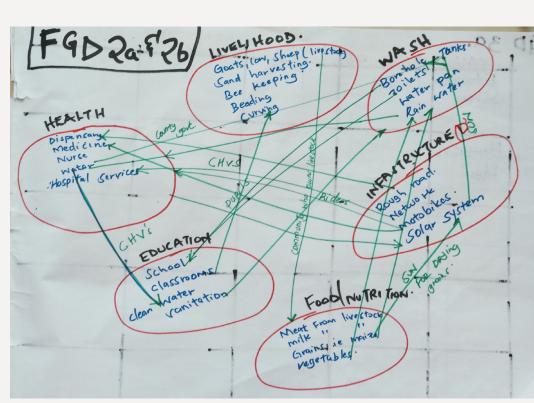


Figure 2 | Systems map made during a focus group discussion with one of the communities, showing community health consisting of domains, resources, and their interactions.

DISCUSSION



A framework for measuring community health will enable better understanding of local needs, more efficient decision making, and give communities a louder voice in holding local governments accountable to fulfilling the SDGs.



The diverse network of resources described in Stages 1 and 2 needs to be systematised, harmonised and mobilised to improve health outcomes and local ownership of decision-making.



These insights will identify bottlenecks in resource pathways, anticipate how changes generate ripple-effects across the entire system, and ensure equitable inclusion of underserved communities in decision-making to support the achievement of the SDGs.



Systems-thinking, resourcefulness and community empowerment have the potential to sustainably support community positive health and achieve locally relevant SDGs.

NEXT STEP: COMPLETE STAGE 3

Robbiati Claudia (Stema, Uk), Bhatia Hinjal (Stema, Uk), Chelagat Winnie (Mama, Kenya), Gutteridge Martha (Stema, Uk), Koskey Lilian (Sauti Dada, Kenya), Mwai Geoffrey (Irc, Kenya), Mwenja Iregi (Pdo, Kenya), Odhiambo Aloyce (Swap, Kenya), Ogden Emma (Stema, Uk), Peters Laura (Ucl & Stema, Uk), Wood Chloe (Stema, Uk), Tan Des (Stema, Uk), Shannon Geordan (Ucl & Stema, Uk)