

HaQIQA Nyumbani: A Study on Enhancement of Supervision for Community Health Services in Kenya

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BACKGROUND

“Reaching out and linking in (REACHOUT) Health systems and close-to-community services’ is a five year multi country project whose aim is to maximize the equity, effectiveness, and efficiency of close-to-community services in rural areas and urban slums in six countries: Mozambique, Indonesia, Kenya, Malawi, Bangladesh, and Ethiopia. REACHOUT consists of two phases. The first phase of REACHOUT provided evidence for factors influencing the effectiveness of the work done by CTC (Close-to-Community) health service providers under the Community Health Strategy (CHS) in Kenya. LVCT is embarking on the second phase of REACHOUT which involves the implementation of two improvement cycles. In order to address the CHS gaps identified in the first phase of REACHOUT, LVCT is aiming at improving supervision of providers in CHS. This is going to be the focus of the first intervention in the second phase of REACHOUT.

AIM

The objectives of the study are:

1. To improve frequency and quality of supervision of CHEWs and CHWs in selected community units in Nairobi and Kitui through:
 - 1.1 Improving support, problem solving and action planning component of supervision of CHWs and CHEWs
 - 1.2 Improve the frequency of supervisory visits and meetings
2. To improve the coordination of supervision of CHWs in selected Community Units in Nairobi and Kitui
3. To enhance community monitoring role and participation in selected Community Units in Nairobi and Kitui

METHODS

The study follows an action research cycle. During this quality improvement cycle, the feasibility, acceptability and effects of the development of mechanisms and tools for the implementation of a problem solving supportive supervision system will be explored, followed by a prospective cohort study. A deductive approach will be used where the intervention package, which consists of offering supervisory training and following up supervisors to assess the outcomes, feasibility and acceptability of changes brought about by the intervention in the duration of the study.

EXPECTED OUTCOMES

By improving supervision competencies we believe that this will increase motivation of CTC providers, improved adherence to guidelines by CTC providers, enhance community engagement, improve health seeking behaviour by community (uptake of referrals), and increased utilization of facility-based services.