

## Who we are

LVCT Health is a national Kenyan organization started as a research project in 1998 and registered as a non-government not-for-profit organization in 2001. Since inception, LVCT Health has built a unique capacity in implementation of a Research-Policy-Practice model that facilitates generation and utilization of evidence from research and practice to inform national policies, programmes and strengthen health systems for an effective HIV response in Kenya and beyond. LVCT Health supports government and partners to scale up access, quality and coverage of HIV, sexual and reproductive, maternal and other related health services and programmes; undertakes advocacy and provides technical support for development of national and international standards and guidelines; develops provider and organizational capacities. Our unique capabilities include innovative strategies for populations at increased vulnerability and risk of HIV infection; building capacities of local organizations and implementation of Quality improvement for community health services in Kenya.

**Vision:** Healthy societies

**Mission:** To use research, capacity improvement and policy reforms action for equitable HIV, sexual and reproductive health services.



## REACHOUT PROJECT

The REACHOUT study is a 5 year study under the Health Systems thematic area of the research division that is part of a multi-country Health Systems Research Consortium called the REACHOUT project, which aims to maximize the equity, effectiveness and efficiency of close-to-community (CTC) health services. The REACHOUT project is a consortium of implementing partners in: Kenya, Ethiopia, Malawi, Mozambique, Indonesia and Bangladesh. Global coordination and technical leadership in REACHOUT is provided by the Liverpool School of Tropical Medicine and from the European Commission. The REACHOUT project runs from 2013 to 2017, with 3 distinct phases;

**Phase 1:** The first phase of the REACHOUT project involved conducting a context analysis to identify the factors that affected the performance of Community Health Extension Workers (CHEWS), Community Health Volunteers (CHVs) and Community Health Committees (CHCs) in 2014. For purposes of this study, CHEWs and CHVs are broadly referred to as Close-to-Community (CTC) providers. The context analysis revealed that the priority factors that affected performance and motivation of CTC providers: inadequate supervision and community participation.

**Phase 2:** QI interventions in the **second phase** of REACHOUT were designed to address gaps identified in this context analysis;

- I. **Phase 2 A:** The first Quality Improvement (QI) Cycle of the second phase of REACHOUT involved development and testing of a Quality Improvement (QI) intervention to enhance supervision of CHEWs and CHVs. This QI intervention was implemented between 2014 and 2015 in Nairobi and Kitui Counties – in a total of 4 community units. Like the first phase of REACHOUT, the first Quality Improvement Cycle was research led.
- II. **Phase 2 B:** The **second Quality Improvement Cycle** of the second phase (2016-2017) is

focusing on transitioning QI in health systems from being researcher-led to Ministry of Health and County led. This entails enhancing the capacity of health sector officials at National and County levels on how to conduct QI in the community health system and developing a curriculum with the Ministry of Health and training master trainers at county and national level by adapting the current KQMH curriculum for QI implementation.

The aim of the current REACHOUT phase is to foster a culture of data use for improvement of quality through capacity building in quality improvement approaches in community health services at community unit and sub county level in 2 counties (Nairobi and Kitui).

Specific objectives of this improvement cycle are to:

- i. Improve the timeliness, completeness and accuracy of data collection by CHEWs and CHVs in Kitui and Nairobi Counties, and;
- ii. Build capacity for data utilization for continuous quality improvement through continuous problem identification and prioritization, including development and measurement of improvement plans in Kitui and Nairobi Counties

## USAID SQALE Program

In order to support this process, LVCT Health in collaboration with the Liverpool School of Tropical Medicine (LSTM) and University Research Company (URC) launched a 3 year program (2016-2019) that seeks to strengthen structures to facilitate QI implementation in 9 selected sub-counties in Kitui, Nairobi and Migori Counties of Kenya. The program; Sustaining Quality for Locally Embedded Community Health Services (SQALE) seeks to strengthen and scale up the structures for QI that will have been tested and piloted by the REACHOUT project in order to improve maternal and child health outcomes.

The QI structures that will be supported under the program will include Work Improvement Teams (WITS) at both sub-county and community level. The key outcomes of this program include:

1. Leadership and communities of quality improvement embedded at national and county levels resulting in strengthened national and county coordination for improved quality of community health programs
2. Increased capacity of county decision makers to prioritize and budget for community health programs in an equitable manner
3. Improved community health program performance in Maternal and Child Health
4. Stronger community engagement and increased community participation in decision making

## Our quality improvement approach:

**Plan** - Strengthened national and county level coordination and prioritization of community health services

**Define** - Existing tools reviewed and standard minimum county quality improvement package (standards, guidelines, protocols)

**Monitor** - Institutionalized collection, analysis and use of national and county data and supportive supervision for quality improvement of community services

**Improve** – Functional community work improvement teams and sub-county Quality Improvement Teams, community participation

**Evaluate** – Research county level equity approach, health economics, best practice shared

