

“Reaching out and linking in (REACHOUT) Health systems and close-to-community services’

Background

Quality Improvement (QI) is defined as the combined and unceasing efforts of all actors to make changes that will lead to better health outcomes, better health system performance and better professional development. LVCT Health in collaboration with the Community Health and Development Unit (CHDU) of the Ministry of Health are engaged in a 5 year research undertaking to test and embed quality improvement interventions at national and county levels.

This research work is part of a multi-country Health Systems Research Consortium called the REACHOUT Programme, which aims to maximize the equity, effectiveness and efficiency of close-to-community (CTC) health services. The REACHOUT Programme 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 Netherlands based Royal Institute of Tropical Medicine (KIT); with funding from the European Commission. The REACHOUT project runs from 2013 to 2017, with 3 distinct phases.

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.

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

The **first Quality Improvement 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.

The **second Quality Improvement Cycle** of the second phase (2016-2017) will focus on transitioning QI in health systems from being researcher-led to Ministry of Health and County led. First, this will entail enhancing the capacity of health sector officials at National and County levels on how to conduct QI in the community health system. It will involve incorporating a community quality improvement module within the Kenya Quality Model for Health (KQMH), developing a curriculum with the Ministry of Health and training master trainers at county and national level. Master trainers will then undertake the training, mentorship and supervision of sub county and community QI teams.

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 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

The LVCT Health team with support from QI experts from Liverpool School of Tropical Medicine will develop QI training materials and tools and conduct training of master trainers. The project team will work with county teams to select and form QI teams and provide them with the necessary support to ensure they are functional.

The expected outcome from this work is to have functional QI teams at community and sub-county level. Data collection will occur alongside the intervention at baseline, during and after the interventions as part of the research activities will be conducted alongside these interventions.

For more information, contact the project Principle Investigator, Dr Lillian Otiso via lotiso@lvcthealth.org. You may also visit www.reachoutconsortium.org