



CHALLENGES OF SUPERVISING COMMUNITY HEALTH SERVICE PROVIDERS: A CONTEXT ANALYSIS OF THE KENYAN COMMUNITY HEALTH STRATEGY

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KEY MESSAGES

Quality supervision of Community Health Workers (CHWs) entails a process that focuses on the identification and solving of problems through the promotion of team work, supervisor assessment, and community input.

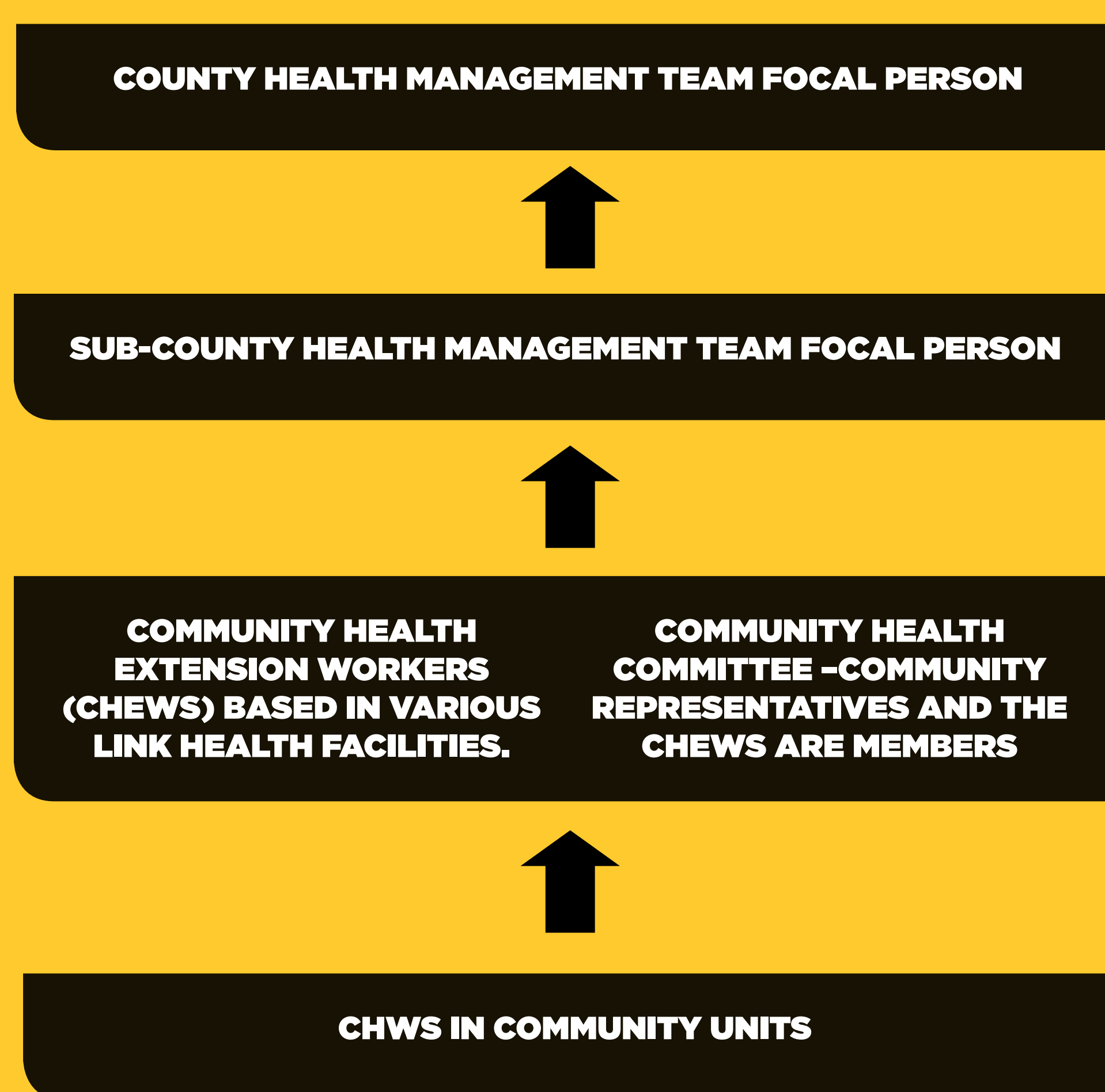
RECOMMENDATIONS

- Incorporate supportive supervision in Community Health Strategy with a focus on problem solving
- Train supervisors in the three functions of supervision i.e. supportive (welfare of supervisee), administrative (ensuring norms are adhered to), and educative function (capacity building)
- Develop standardized quality assurance and supervision structures, tools, guidelines for use within the Community Health Strategy programme
- Incorporate CHW peer supervision in the Community Health Strategy supervision model

INTRODUCTION

Kenya has a national health policy known as the Community Health Strategy which is based on working with volunteers referred to as CHWs. CHWs operate in a Community Unit which is the lowest level of health service provision in Kenya based at the community level. This ideally comprises of 50 CHWs, linked to a local health facility, providing services to a population of 5000 people. CHWs are selected by the community and offer basic health promotion and preventive services through health education, referrals, and distribution of health commodities such as bed nets, condoms, and oral contraceptives.

Figure 1: Current Model of Supervision of CHWs in the Kenya Community Health Strategy Programme



Supervision plays an important role in staff performance and motivation and often includes problem solving, record reviews, and observing clinical practice. However traditional supervision focuses on fault finding with an objective of ensuring health systems requirements are met as opposed to the development of the skills and competencies of health workers. The lack of recognition or reward for good performance leaves health workers with little incentive to perform well. Recognition is a vital aspect of supervision and plays a key role in motivation and retention of health workers. There is a growing interest in improving quality of care. Supervision can directly affect health worker performance and build health worker capacity for problem identification and resolution. There is evidence that providing health professionals with effective supervision can help improve the quality of health care and even patient outcomes.

METHODS

DESCRIPTIVE EXPLORATORY DESIGN

Qualitative data was collected in urban and rural sites in Kenya (Nairobi and Kitui counties respectively). 10 focus group discussions and 40 in-depth interviews were carried out with 179 purposefully selected participants.

ANALYSIS

- Coding framework was developed based on reading of the transcripts, and data analysis workshop discussion
- Coding performed using the agreed coding framework (double coding where appropriate) in Nvivo 10

RESULTS

CHALLENGES OF SUPERVISION IN THE COMMUNITY HEALTH STRATEGY

- LACK OF STANDARDIZED GUIDELINES AND TOOLS FOR SUPERVISION
- INADEQUATE SUPPLIES AND LOGISTICS (TRANSPORT MECHANISMS, KITS) DUE TO INADEQUATE PLANNING AND LACK OF FUNDS

“AND ANOTHER THING THAT I THINK WE SHOULD BE PROVIDED WITH IS AIRTIME, WE FIND THAT WE SPEND A LOT ON COMMUNICATION” (IDI CHEW, NAIROBI)

- SUPERVISION WAS MOSTLY ADMINISTRATIVE AND FAULT-FINDING

“I'D WISH THAT THEY (SUPERVISORS) IDENTIFY US AS IMPORTANT PEOPLE IN THE COMMUNITY, THEY SHOULD ACKNOWLEDGE OUR EXISTENCE, WE DO THE HARD JOB WITHOUT ANY RECOGNITION, OUR SUPERVISORS HAVE NEGLECTED US AND THEY TALK TO US AS IF WE ARE UNEDUCATED” (FGD CHW, NAIROBI)

- INADEQUATE COMMUNITY ENGAGEMENT BY SUPERVISORS TO ENHANCE THE COMMUNITY ROLE OF PROGRAMME MONITORING
- THE SUPERVISORY ROLE OF COMMUNITY HEALTH COMMITTEES WAS EITHER LACKING OR NOT FULLY EXPLOITED AS WAS LAID DOWN IN POLICY
- DUAL ROLES OF CHEWS (CHW SUPERVISORS) WHO ARE HEALTH FACILITY PROVIDERS AND COMMUNITY HEALTH STRATEGY SUPERVISORS

“YOU KNOW I AM THE ONLY CHEW, THE ONLY NURSE, AND CLOSING UP THE FACILITY IS IMPOSSIBLE, SO IT IS QUITE A CHALLENGE.” (IDI CHEW, KITUI)

- HIGH WORKLOAD FOR CHEWS WHO SUPERVISE MORE THAN ONE COMMUNITY UNIT (A COMMUNITY UNIT HAS 50 CHWS)
- INITIAL TRAINING OF CHEWS DOES NOT CONSIDER THE NEEDS OF THOSE CHEWS WHO DO NOT HAVE A PUBLIC HEALTH BACKGROUND

DISCUSSION

- Supervision affects both the quality of work and motivation of CHWs
- CHEWs need support in their work as supervisors in order to effectively carry out educative function of supervision
- Effective supervision of community health service providers entails problem solving, record reviews, and field observation of providers at work
- In order to enhance the effectiveness of CHWs supervisors ought to strengthen community engagement
- Supervision in the Community Health Strategy should aim to improve both work performance and motivation of both supervisors and CHWs

MONTHLY GROUP SUPERVISION

Tasks carried out by CHW peer/CHEW:

- Educative function
- Administrative function
- Supportive function

HOME VISIT OBSERVATION BY CHEW

Tasks carried out by CHEW:

- Educative function
- Administrative function
- Supportive function

CHW

QUARTERLY ONE-ON-ONE MEETING BY CHEW

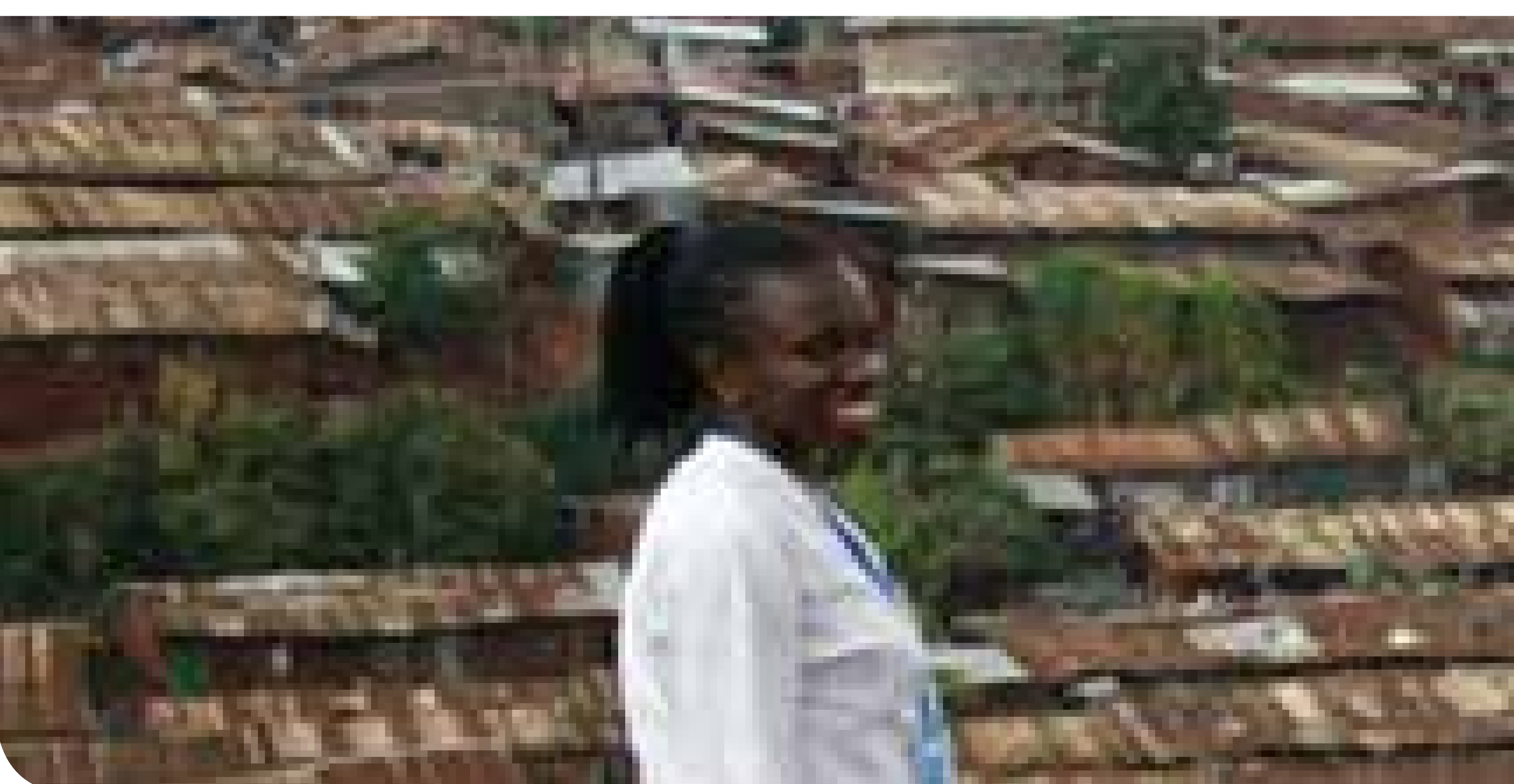
Tasks carried out by CHEW:

- Educative function
- Administrative function
- Supportive function

OBSERVATION OF AREA OF WORK ASSIGNED

Tasks carried out by CHEW/CHC:

- Administrative function
- Community engagement in monitoring and problem solving



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