Executive Summary-QIC1 REACHOUT Kenya

1. **Introduction:**

REACHOUT is a five-year research program focusing on improvement of close to community health service provision that began in February 2013 and consists of three phases; a context analysis study and two quality improvement cycles. Community health services in Kenya are structured around Community Units (CUs), with each CU consisting of 5000 people served by 10-50 Community Health Volunteers (CHVs) supervised by one or two Community Health Extension workers (CHEWS) who report to a facility in charge and sub-county community health focal persons. In some CUs, CHVs organized themselves into smaller groups and identified a CHV team leader who plays a supervisory role. The context analysis phase identified gaps in the supervision of CHEWs and CHVs. Supportive supervision has been shown to positively affect the motivation and performance of CTC providers (Kok and Muula, 2013). A comprehensive supportive supervision and problem solving QI intervention package, known as 'HaQIQA' was developed, implemented, monitored and evaluated in accordance with the 'plan-do-study-act' cycle. This formed the first Quality Improvement Cycle further described below.

Description of the intervention

A supportive supervision training curriculum for community health services was adapted from the national supportive supervision curriculum for Home Based Testing and Counseling (HBTC) in Kenya. It included components on problem-solving skills, advocacy, problem identification and action planning. 69 supervisors of CHVs (Sub-County Focal Persons, CHEWS, CHV peer supervisors) were taken through a six day training facilitated by the REACHOUT staff and trainers from LVCT Health. The training focused on supportive supervision skills and incorporated three supervision functions: supportive (mentorship and coaching); administrative (performance related issues); and educative (capacity building). Supervisors were trained on how to conduct four supervisory approaches i.e. Group Supervision, One-on-one supervision, Home Visit observation and Site visit/ Spot Checks. Oberved practice sessions were conducted as part of the training. Tools/checklists for each of the four supervisory approaches were developed and provided to the training participants to facilitate documentation during supportive supervision.

Aims and objectives: The HaQIQA intervention aimed to a)improve the frequency and quality of supervision of CHVs by their supervisors (CHEWs, Sub-County Community Health Strategy focal persons, Facility-in-charges and CHV team leaders) and improve the coordination of supervision of CHVs in selected four community units (CUs) in two counties. The expected results were improved motivation and performance of CHVs as a result of improved supervision

2. **Methods**

The mixed methods study was carried out in Nairobi and Kitui counties of Kenya (urban and rural setting respectively). Two community units in each of the counties were purposively selected in line with recommendations from the County and Sub-County Community Health Focal persons.

Purposive sampling was conducted on study respondents (CHVs, CHEWS, Sub-County CHS focal persons, CHC members and community members). Simple random sampling was conducted for CHVs who participated in the quantitative interviews (motivation questionnaire). A list of all CHVs in each community unit was used as the sampling frame.

Data collection and analysis

A mixed-methods approach to assess the effect of the intervention was used through two rounds of data collection (at baseline and endline) using the following data collection tools (see Table 1 below). Qualitative data was analysed thematically by NVIVO version 10 and quantitative data was analysed using SPSS version 22.

Table 1: Table showing a detailed description of study tools and study participants for the study

Name of tool	Type	n	Purpose
Motivation questionnaires	Quantitative	114 CHVs and 4 CHEWs	To assess motivation levels among CHVs and CHEWs,
Supervision tracking tool	Quantitative	63 (CHVs, CHEWS, Sub-County CHS focal persons)	To assess changes in frequencies of supervision meetings as self reported by CTC providers following the intervention. Included one on one meetings, group supervision meetings, home visits and spot checks, community meetings (action days, dialogue days and CHC meetings)
In-depth interviews	Qualitative	62(CHVs, CHEWS, Sub-County CHS focal persons, CHC members, selected key informants; Chief, Assistant Chiefs, Opinion leaders and NGO representatives)	To capture views on supervision, motivation and referral and community engagement
FGDs	Qualitative	Twelve (12) FGD with community members	To capture views of community members on referral, supervision of CHVs, roles of CTC providers and community engagement.
Programme Assessment (PA) workshops	Qualitative	4 community units (included CHVs, CHEWs, Local administration, community members, Sub-County CHS focal person)	To evaluate the overall performance of the CHS programme in each of the community units pre and post the intervention implementation
Direct observation of supervision sessions	Qualitative	8 group supervision meetings observed	Conducted by research staff to observe how supervisors (CHEWS, CHV team leaders) were carrying out supervision and providing feedback on areas of improvement.

3. Key Study Findings

Frequency of supervision meetings – There was an increase in the average number of one on one supervision meetings in 2 out of 4 community units and an increase in the average frequency of group supervision meetings in all the 4 community units (See Tables 2 and 3 below). There was an increase in the average number of home visits in 2 community units and a decrease in the average number of home visits in the two community units within Kitui County. (Of note is that Kitui County was changing its community strategy approach at the time of the study and that could have affected the implementation of supervision)

Table 2: Table showing average number of One on One supervision meetings held in the 4 community units

Name of Community Unit	Mean number of CHV One on One Supervision meetings (Baseline)	Mean number of CHV One on One Supervision meetings (End line)
Nairobi County		
Maili Saba	1.88	3.5
Bangladesh	2.5	0
Kitui County		
Museve	1.14	2
Township	1	0

Table 3: Table showing average number of Group supervision meetings held in the 4 community units

Name of Community Unit	Mean number of CHV Group Supervision meetings (Baseline)	Mean number of CHV Group Supervision meetings (End line)
Nairobi County		
Maili Saba	2.29	5.7
Bangladesh	2.67	1.08
Kitui County		
Museve	1.11	3.15
Township	1.17	1

Supervision approach - Qualitative data from CHVs and CHEWs showed changes in the supervision approach from a fault finding approach to a supportive approach at end line. This included providing encouragement, giving and receiving feedback on work done by CHVs. There were also positive changes reported on the content and agenda of supervisory meetings including quality of feedback on reports submitted and inclusion of a session to address challenges faced and successes achieved in the course of work. Supervisors reported that the supervision tools provided were useful in the facilitation of supervision sessions.

CTC provider motivation and performance: Findings on changes on CTC provider motivation and performance following the intervention were inconclusive. In two CUs community members noted an increased frequency of community meetings following the intervention. We also found that the community attitude to CHVs was more positive in three units at endline compared to one at baseline.

4. Conclusions and Recommendations

Overall, there was an increase in frequency of supervision meetings and a change in supervision approach by CHEWs and CHV team leaders. There were minimal changes in the motivation and

performance of CTC providers possibly due to the short intervention implementation period (six months) and further compounded by lack of tools. That notwithstanding, our findings show the need for inclusion of supportive supervision as part of regular training for CHS supervisors. Development and operationalization of supervision guidelines and performance appraisal tools is an opportunity to build on the training to ensure adequate and standardized supervision in CHS. There is need to continue longitudinal data collection on motivation and performance of providers as a result of the intervention. In the next cycle REACHOUT is going to focus on supporting embedment of QI approaches in CHS at the national and county levels to ensure continued use of evidence to improve performance.