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# Introducing the USAID SQALE Community Health Services Program

The USAID SQALE Community Health Services Program (USAID SQALE) is a three-year project (2016-2019) to improve maternal and child health through a focus on community health systems. The Ministry of Health, Liverpool School of Tropical Medicine, LVCT Health and URC have come together in a partnership which will institutionalise a focus on quality in local level services.

## **Maternal and child health in Kenya: Access and equity**

USAID SQALE aims to improve Maternal and Child Health in Kenya by improving the quality of community health services. Many women die or become disabled because they fail to access the recommended antenatal services and delivery by skilled birth attendants. It is estimated that 58% of pregnant women attend four antenatal care visits and 61% deliver in a facility. The 2014 Kenya Demographic and Health Survey estimated that under-5 child mortality is 52 per 1000 live births and only 68% of children have received complete vaccination. In some rural areas and among poorer communities in cities the situation is worse than the average.

A complex range of factors effect women and children's access to services - these can be related to income, the distance from health care centres, poor roads, and the cost and availability of transport, and a lack of decision making power in the household. These challenges can be compounded by poor health facilities, a lack of supplies, inadequately trained or poorly motivated staff and lack of referral services.

Community health systems and services have the potential to improve Maternal and Child Health but they need support.

## **Supporting community health services**

Community Health Volunteers are the unsung heroes and heroines that provide a vital first link between the community and health services focusing on health promotion and prevention. Community Health Volunteers have been shown to enhance access to health services such as family planning, skilled delivery, immunization and HIV services as well as providing information on primary health care and basic curative services to community members across the country.

Community Health Volunteers work on a voluntary basis visiting households and providing reports on a monthly basis. They are supervised by Community Health Extension Workers who often have a dual role and lack the time and resources to effectively supervise the Community Health Volunteers and ensure quality.

Kenya is on the brink of further scaling-up community health programs with commitment from the national and county governments and non-governmental organisations. But there are risks that rapid scale-up will compromise quality, equity, and sustainability of services.



## Our intervention

USAID SQALE supports this effort through a process of capacity building and community engagement. Our aim is to strengthen leadership and coordination at national, county and community levels by embedding a culture of quality improvement in community health programs. This will be done through training, set up and mentorship of Quality Improvement Teams at county and sub-county levels and Work Improvement Teams at community level.

### This will result in:

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

The project will be implemented in at least six high priority Maternal, Newborn and Child Health counties. We will begin work in Nairobi and Kitui counties and then expand to a further two intervention counties and four control counties.



Mrs Yaya Muniyithya, Community Health Volunteer, Museve Community Unit, Kitui County

## Our quality improvement approach:

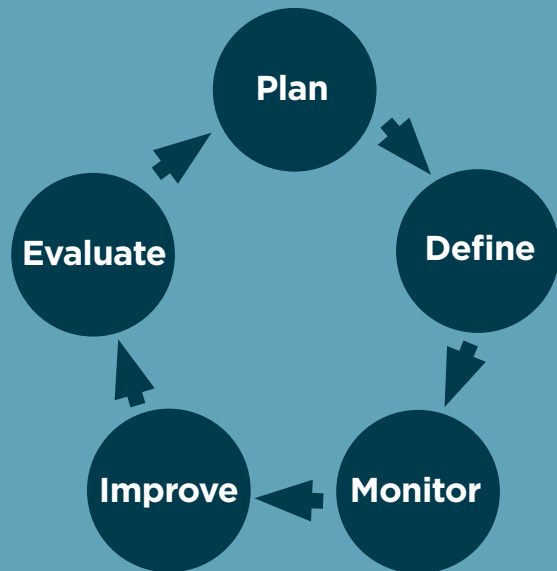
**Plan** - Strengthened national and county level coordination and prioritization of community health services

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

**Monitor** - Institutionalised 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



## Contact Us

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