

# Opening the black box: How to measure quality of household visits by community health workers in Kenya?

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## Quality is fundamental to UHC

Close-to community (CTC) Health Workers are frequently promoted as a means to achieving universal health coverage. They offer a crucial link between patients/communities and 'formal' health systems, reaching people that would otherwise be vulnerable. Yet often we lack accurate measurement of even basic statistics (such as how many CTC providers there are or how much time they spend on community health work), let alone the quality of the care they provide.

## Measurement of quality challenging in all healthcare settings

Quality of healthcare services is a composite of technical clinical quality and patient experiences. This is difficult and expensive to measure even in facility-based care, and continues to be the subject of extensive research in high-income hospital settings. In community health in most countries, encounters between CTC providers and household members are held in the home, making it difficult to identify who has been visited and/or to observe those visits for supervision and mentorship purposes.

## Community teams as a means of accountability for quality in community health

Quality improvement (QI) initiatives aim to measure and ultimately to improve health outcomes, and tend to be focused on (easier to measure) facility-based, curative care with clear clinical practice guidelines. In SQALE, we have taken QI principles to the CTC level of the health system. A shift to greater local ownership, with a focus on what is feasible within the local political and institutional context, provides a response to these challenges and can potentially overcome systemic barriers to quality at CTC level.

## Methods

- Qualitative interviews with:
- QI team members (12 IDIs + 7 FGDs)
  - Community members who had served as data collections (6 IDIs)
- Quantitative assessment of the quality of data collected by community follow up tool

## Completed community follow up tool

Community Follow Up Tool							
	YES	NO	Not applicable				
<b>Malnutrition</b>							
1. Did the CHV ask if there are children under 5 years in this house?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<i>If there were no children aged under 5 years, please tick "not applicable" for the following questions in this section</i>							
2. Did the CHV check the Mother/Child booklet for EACH child in the house 0-59 months to check that they are attending growth monitoring clinics?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3. Did the CHV use a MUAC tape to measure the arm of ALL children in the house aged 6-59 months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4. If any child aged 6-59 months had a MUAC measurement that was not ok, did the CHV write a referral for nutrition services? (If MUAC measurement was OK, tick "not applicable")	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>COMMUNICATION</b>							
1. Did the CHV treat you with respect?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2. Did the CHV listen to you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3. Did the CHV give you advice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4. Did you understand the advice given to you by the CHV?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5. Did you have a chance to ask the CHV questions during the visit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>REFERRAL</b>							
1. Did the CHV give two copies of a referral form for EACH person referred?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2. Did you understand why EACH of the referral forms were written?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3. Did you go to a health facility for ALL the referrals that were made?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4. Did you receive ALL the services for which you were referred? (If client did not go to health facility, tick "not applicable")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5. If you did not go to a health facility for all the referrals that were made, what was the reason? <i>Because she did not have a bus fair.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
6. If you did not receive all the services at the facility for which you were referred, what was the reason? <i>She did not go to the facility.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
7. Did the CHV who referred you follow-up to check that you received all services for which you were referred? <i>She didn't go.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Referral Facility (Complete this table for ALL the services referred for)</b>							
What did you think about all the services you were referred for?							
Name of facility	Reason for referral (ANC, skilled delivery, postnatal care, immunization, nutrition, other)	Very good	OK	Not so good	Not good at all	Went to facility but did not receive service referred for	Did not go to facility
Is there anything else you would like to say about your last CHV visit? (e.g., anything you especially liked or disliked?) <i>She is not good because she is not visiting me</i>							
Thank you for your time!							

"It took time because...you had to wait for the parents to come back from maybe the market or maybe it's someone who has a business. So, if you had decided to go to that person, you can go and find she has gone to the market and find the kids alone. So, there is no one you will interview. You are forced to come back and when you come back sometimes you find she is busy with customers around 12 PM. So, it took time. Sometimes it took a day to see just that one person."

Data collector, Nairobi County

## What worked:

- The tool is **relevant**: Using community follow up tool to identify problems for quality improvement and to get user perspectives on the community health volunteers' work
- The tool is **acceptable**: both QI teams and data collectors thought the questions were thorough and well-structured
- The tool increases **accountability and ownership** by involving community members in data collection

"Through the administration of the Community Follow Up Tool, it's something that you can use to get data to quantify the quality of services given at the community level. Secondly, it is something that you can use that data to make informed decisions."

Community Health Extension Worker and QI team leader, Nairobi County

Data are collected by community members. They receive a half day training on the tool from the QI team chairperson and are paid for their time

## What needs improvement:

- **Selection of data collectors** needs to balance authority in the community, health knowledge and availability
- **Language barriers** are an issue exacerbated by the mixed nature of urban communities
- Issues with **quality of community-collected data** persist in the outputs of this tool and should be considered as the data are used for decision-making

## Conclusions and Recommendations

1. **It is essential to measure quality of community healthcare**  
Lately policymakers have been urged to include quality in any conversation about Universal Health Coverage. Now that discussion needs to expand to cover the lowest level of the healthcare system, community health.
2. **High-quality community health services must link to high-quality facility services to be trusted**  
The main work of community health staff in Kenya is referral. Many of them have told us that without available services, staff and commodities at link facilities, the quality of community healthcare cannot solve health problems.
3. **Community Follow up Tool data can be used in QI**  
This tool has been tested as a programmatic 'rapid assessment' approach for QI teams in Kenya. There is widespread acceptance of its utility from national to community levels. Use as research tool may require further consideration of sampling strategies.



Mother surveyed on her use of maternal and newborn healthcare services, Migori, Kenya

## References

Lilian Otiso et al. (2018). How can we achieve Universal Health Coverage with quality? A Quality Improvement model for community health, Policy Brief, USAID SQALE program.  
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