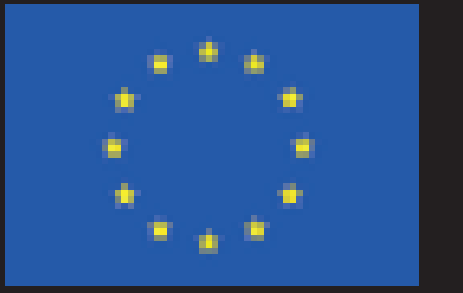


“Do you trust that data?” – A mixed-methods study assessing the quality of data reported by Community Health Workers in Kenya and Malawi

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Reachout
Letting Communities & Health Systems



High-quality data are essential to monitor and evaluate the performance, quality and equity of community health programmes

- Community Health Workers (CHWs) have emerged as a means to achieve universal health coverage
- CHWs collect data at household level/primary healthcare level on a routine basis
- However community health information system data quality in low- and middle-income countries has been shown to be low

We need to improve the quality of community-level health data so that it is used for decision making

- Community-level health data is not used in decision-making
- Little has been done to explore the barriers to reporting high-quality community-level health data
- To provide recommendations for robust ways in which these barriers can be overcome to strengthen the role of CHWs in the health systems they are a part of

Methods

Study Design



- Cross-sectional
- Mixed Methods

Study Sites



2 Countries – Kenya and Malawi; Kenya - 4 Community Units, Malawi – 4 Catchment Areas

Sample selection



Purposive selection of CHWs, supervisors of CHWs and key informants

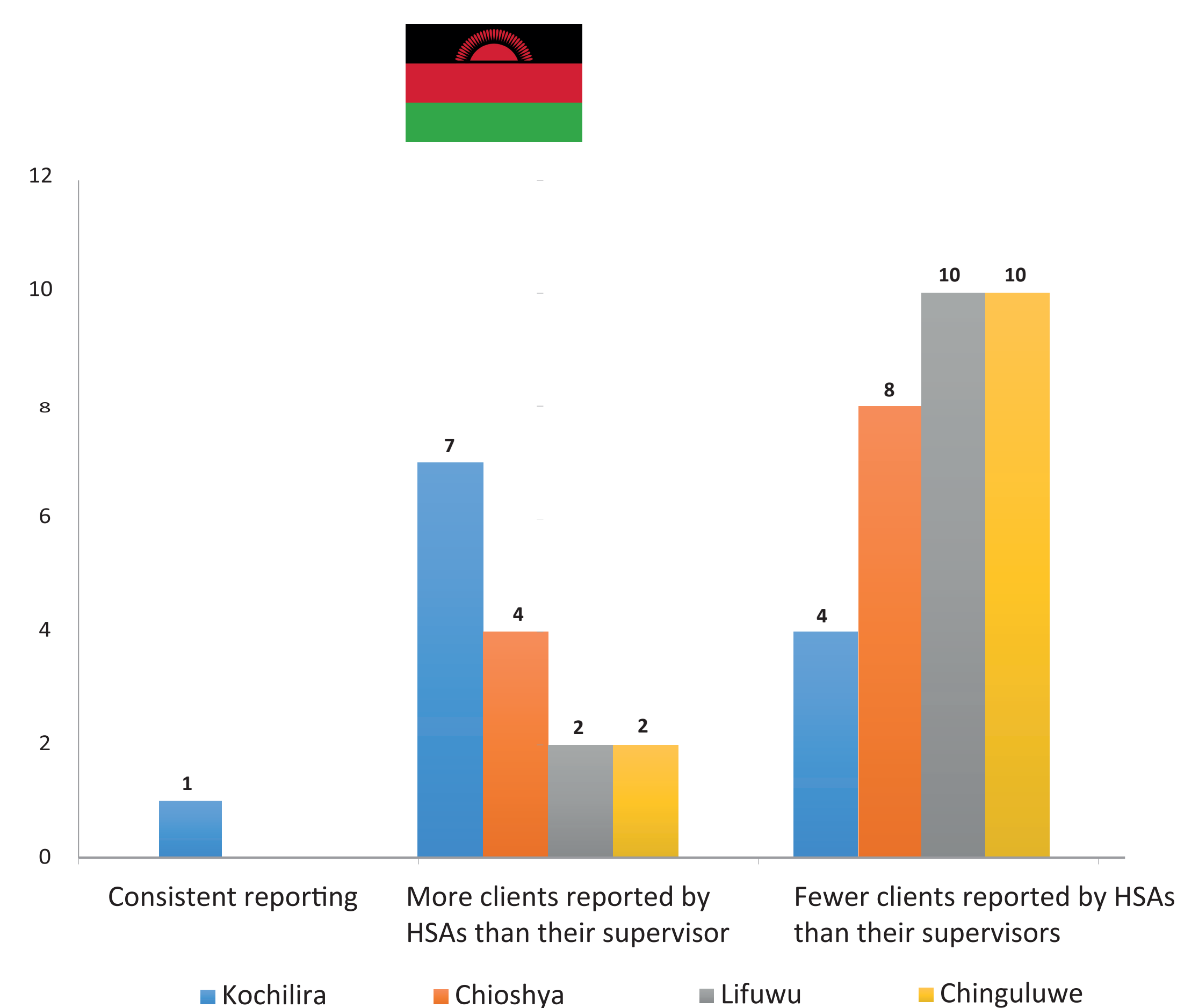
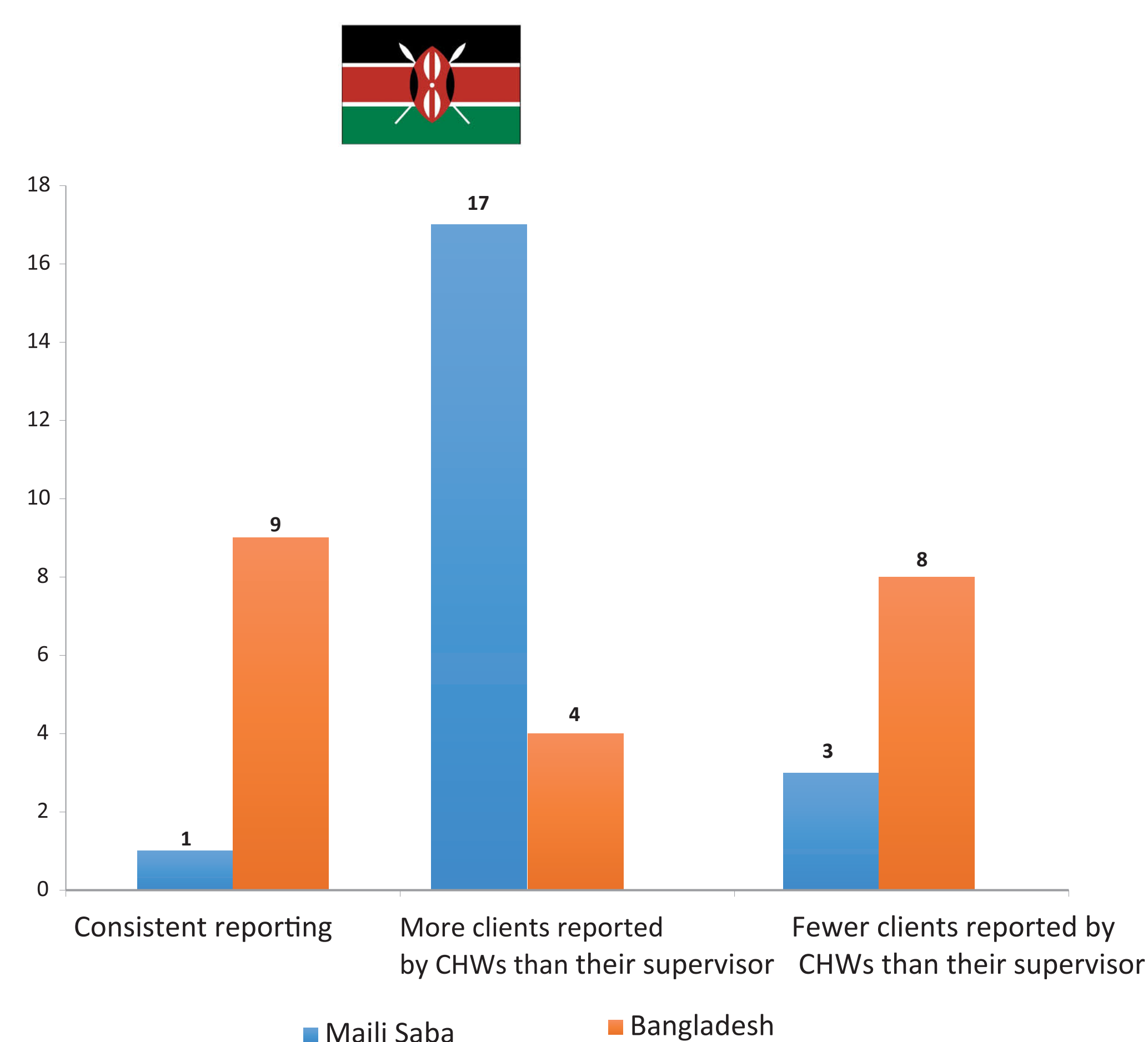
Data collection



- Calculation of data verification ratios for selected indicators
- 13 Focus Group; Discussions with CHWs
- 17 semi-structured interviews with supervisors of CHWs
- 36 semi-structured interviews with key informants

Reaggregated total of data recorded by CHWs in primary data collection tools
Value reported by their supervisors in their aggregated registers

Results - there are large discrepancies in the values reported by CHWs and those reported by their supervisors



Why? (Qualitative results)

- Unavailability of standard, official data collection and reporting tools that are designed with CHWs in mind
- No specific training for CHWs on how to record data
- Inconsistent understanding of health indicators amongst CHWs
- Lack of supervision and mentorship from supervisors of CHWs
- Poor linkage between communities and primary healthcare facilities
- Parallel reporting systems causing burden and confusion amongst CHWs

Recommendations

1. CHWs should have standardized data collection tools designed with CHWs in mind
2. CHWs should not have to use multiple data collection tools
3. Training on data management should be a component of the standard training package for CHWs and their supervisors
4. Primary healthcare facilities should store and track referrals received from CHWs
5. Regular supportive supervision meetings should be held between CHWs and their supervisors with data management and data quality as a standing agenda item
6. Data Quality Assessments should be carried out periodically to identify gaps in data quality and inform supportive supervision and management of CHWs



Sub-County Quality Improvement Team for community health services in Kenya conducting a Data Quality Assessment

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