

Institutionalizing Community Health Conference



27-30 March 2017 | Johannesburg, South Africa



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SQALE: Sustaining quality approaches for locally embedded community health services in Kenya

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<http://usaidsqale.reachoutconsortium.org/>



SQALE video:

<https://vimeo.com/206599761>

Making it Count: Community Health Volunteers



Goal: Reduce maternal and child deaths in Kenyan communities using a Quality Improvement approach

Principles

- 5-step process: Plan, Define, Monitor, Improve and Evaluate
- Alignment with existing standards, models and tools (KQMH)
- MNCH focus areas: ANC, skilled delivery, immunisation, nutrition
- Simple, jargon-free materials
- Defined roles and responsibilities for QI at each level
- Action learning through a 3-phase training approach



Background



- SQALE builds on REACHOUT research
- REACHOUT aim: to maximize the *equity, effectiveness and efficiency* of CHW services in rural areas and urban slums in six countries
- REACHOUT QI approaches have been successful but are not sustainable on their own
- SQALE – shift from researcher led to district led scale up of quality approaches to improve CHW programs

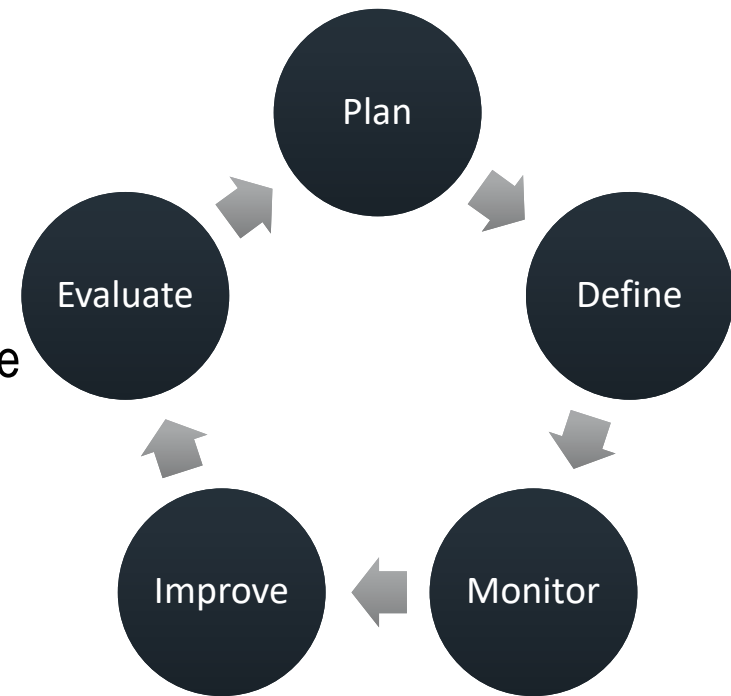


Objectives

1. Strengthen national coordination for improved quality of community health programs
2. Enhance capacity of counties to prioritize and budget for community health programs using an equity approach
3. Improve community health program performance in maternal and child health
4. Strengthen community engagement in community health services

SQALE logic model: QI Cycle

- **Plan** - Strengthened national and county level coordination and prioritization of CHS
- **Define** - Existing tools reviewed and standard minimum county QI package (standards, guidelines, protocols)
- **Monitor** - Institutionalised collection, analysis and use of national & county data and supportive supervision for QI of community
- **Improve** – Functional community work improvement teams and sub-county QITs, community participation
- **Evaluate** – Research county level equity approach, health economics, best practice shared



Key activities

1. Development of community QI capacity building package for CHS
2. Dissemination of current standards
3. Training and sensitization of QI teams and work improvement teams
4. Continuous mentorship and support
5. Data Quality Audits



Cascaded levels of implementation

1. National QI Sub-committee

National QI TWG

2. County health management teams

**CHMT
(sensitized)**

3. Sub-county QI teams
– Sub-county QI Committee
– Quality Improvement Teams

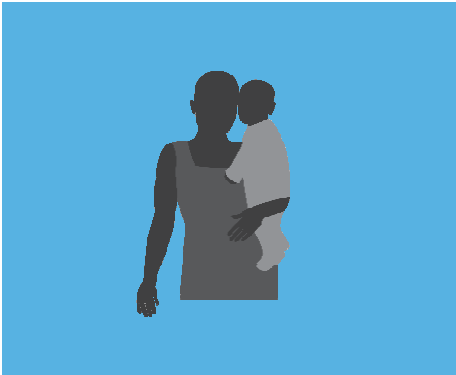
Sub-county QI Team

4. Community Health Unit Level work improvement teams (WITs)

**Community WIT (CHEW +
CHVs)**

Learning agenda

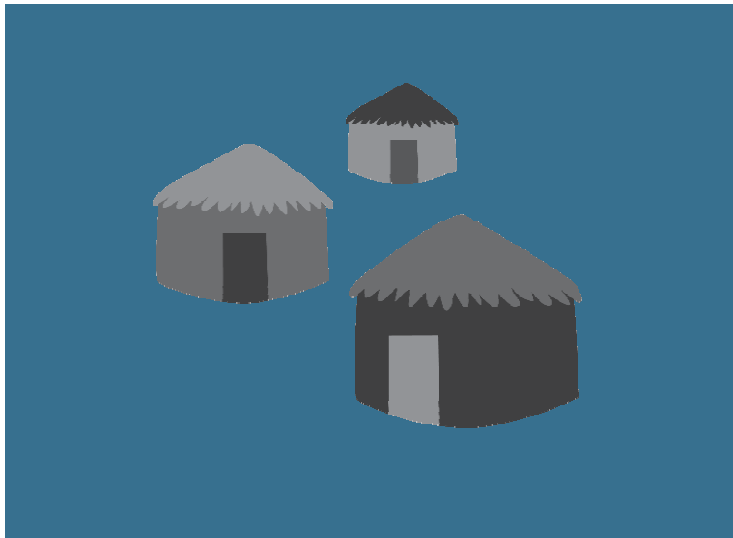
1. Structured knowledge management
2. Research questions on :
 1. Embedding QI – perceptions, factors
 2. Health economics – cost of community QI
 3. Equity
 4. What works in QI for community health and how can it be sustained?
 5. Evaluation of expected outcomes



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