Session 4: Delivery of health services

O20:

Human Centered Design for rapid results: improving quality in close to the community health systems in four villages in Kenya

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Background
Health professionals have struggled to create systems-level quality improvement to influence household interactions that improve population health. We show how a Human Centered Design stakeholder-driven quality improvement process has made rapid change within a complex system across four Kenyan villages.
Methods
Our process, SALT (Stimulate-Appreciate-Learn-Transfer), begins with community health workers (CHWs) who have a critically-important "bridging" role to households. SALT (3 day workshop and follow-up) involves intensive coaching, helping CHWs uncover unarticulated needs and assumptions of communities to engage households in behavior change.
One community health unit with 27 CHWs formed four groups in four villages to address diverse public health issues (immunization, composting toilets, neonatal health, and public gardening). They achieved process and impact results over 7 months (March - September 2016) for projects they conceived, with no external funding for implementation.
Results
All groups achieved process goals (planning stage, assigned roles, innovated to solve problems, tracked to work plan, created independently functioning teams and documented improvements) and developed and implemented action plans with at least partial completion of desired impact goals. Two developed an additional Plan-Do-Study-Act (PDSA) cycle and one moved to scale. Moreover, all four groups also implemented both a household and community teaching component. Group A created 11 kitchen gardens, engaging 174 households and 2 churches. Group B visited all households with pregnant and postnatal women in their geographic region (N = 35) and continued home visits while adding education/demonstration kitchen gardens (cross learning from colleagues). Group C consistently increased targets, resulting in composting toilets (N = 4) and hand wash facilities (N = 120). Group D mobilized intensive community resources toward immunization defaulters (N = 6).
Conclusions
CHWs can design, lead and implement community driven PDSA cycles and iterate to achieve positive health gains.

O21:

Low utilization and service delivery challenges: results from a qualitative study of Mali's Community Essential Care Package

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Background
Community health services in Mali are delivered through a decentralized network of ~900 health centers (CSCom), owned and operated by *Associations de Santé Communautaire*. As a pro-equity strategy, the Ministry of Health and partners held a national forum in 2009 to define a package of high-impact services for mothers, newborns, and children living more than 5km from a CSCom. Known as *Soins Essentiels dans la Communauté* (SEC), the package is delivered by a new cadre of community health worker (CHW), the *Agent de Santé Communautaire*. To explore challenges of service delivery and low SEC utilization, we conducted a qualitative study in four districts of Southern Mali.
Methods
The study applied three qualitative data collection methods: focus group discussions, triads/dyads, and one-on-one interviews. We summarized the data collected thematically and presented it based on components of the Phase 4 Ronald M. Anderson Health Utilization Model.
Results
SEC users appreciated improved access and availability of curative services provided close to home but expressed preference for an expanded package that offered injections and care for adult family members. Non-users included families where illness recognition was poor and/or mothers disempowered to make care-seeking decisions. CHWs reported feeling demotivated by poor working conditions, erratic supervision, weak community and health system support, and a low stipend paid irregularly. Housing, healthcare and livelihood options in remote communities were limited. Female CHWs reported widespread psychological and sexual harassment that contributed to attrition and went unexamined and unpunished. CHWs were outfitted with bicycles unsuited to difficult road conditions. Chronic stock outs of essential drugs and supplies threatened the failure of the entire SEC strategy.
Conclusions
Poor CHW working conditions, weak motivation, low job satisfaction and erratic supervision challenge delivery of quality services. Factors related to illness recognition, care-seeking, household decision-making, and user preferences constitute barriers to full utilization of high-impact services.

O22:

Referral to health facilities in Kenya: factors that support community health volunteers in linking the community and health systems

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Background
The Kenyan Community Health Strategy outlines referral as a core function of Community Health Volunteers (CHVs) under direct supervision of Community Health Extension Workers (CHEWs). We sought to find out the factors influencing CHV referral from community to health facility level following a supportive supervision intervention that aimed at improving performance of CHVs and CHEWs in Nairobi (urban) and Kitui (rural) region.
Methods
Qualitative and quantitative data was collected before and after the intervention through eight programme assessment workshops, twelve focus group discussions, 92 interviewer-administered questionnaires and 98 in-depth interviews with the community, CHVs and CHV supervisors. Qualitative data was coded and analyzed using Nvivo while quantitative data was analyzed in MS Excel.
Results
CHVs reported they knew how to refer but only 2% of them reported having all items required in their work. Qualitative data noted