

Briefing paper December 2021

Strengthening Meru County's Community Health Volunteer Programme

IDinsight partnered with the County Government of Meru to understand CHVs' perceived needs, digital readiness, and knowledge and attitudes towards their roles and responsibilities.

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Findings and recommendations:

- 1 We recommend the County Government pursue strategies to recruit youth and mitigate challenges to their retention in order to increase balance of ages within the CHV cadre. In addition, based on context-specific barriers, the county could consider omitting the requirement on secondary level attainment as a minimum in local legislation.
- 2 Meru County CHVs are confident in their overall skills and knowledge to succeed in their role. However, confidence levels vary across priority knowledge areas. The County Government could consider scaling up ongoing training efforts to take into consideration perceived knowledge gaps, County specific goals and targets, and prevalence of health conditions within the Meru County community.
- 3 Meru County CHVs use some items in their toolkit more than others. The County Government could consider establishing frameworks to account for and monitor the use of supplies provided to CHVs.
- 4 Whereas most CHVs prefer using digital forms to paper forms, less than half have access to a smartphone. In the immediate to short term, the County could consider a strategic partnership with local network providers (for example Safaricom, Airtel, Telkom) to develop a USSD and SMS based platform for use by those without access to smartphones. In the long- term, the County could increase resource mobilisation efforts to diversify the set of funders and strategic partners supporting the provision of smartphones for CHVs.
- 5 Meru County CHVs are satisfied with the CHV-health facility referral process as is. The County could prioritize continued scale up of e-technologies to complement existing manual referral processes and establish a framework to monitor the quality of the referral process for the CHV and health provider.
- 6 Most CHVs are motivated to be a community health volunteer. However, they would like additional financial support. The County could leverage the experiences of other Counties that have successfully implemented CHV stipends.

Summary

The County Government of Meru has prioritized improving health services for all residents and recognises the role of a strong community health volunteer (CHV) program in achieving this goal. IDinsight partnered with the County Government of Meru to understand CHVs' perceived needs, digital readiness, and knowledge and attitudes towards their roles and responsibilities.

Background

The Government of Kenya and the County Government of Meru aim to improve healthcare for all and recognize the role of community health volunteers (CHVs) in achieving this goal. Evidence indicates that strong CHV programs lead to a citizenry that is more engaged in care decisions and reduce the financial burden on care within the health sector.¹² At the National level, Kenya Vision 2040 has identified the use of CHVs as a key approach to improve healthcare in the country. At the County level, Meru Vision 2040 outlines specific projects to be implemented, several of which involve the County's CHV cadre.

Survey Background

In collaboration with the County Government of Meru, IDinsight designed a survey targeted at Meru County CHVs to understand:

The perceived needs of CHVs regarding training and toolkit use

- 1 CHV digital readiness and perceptions towards the use of digital technology in their work
- 2 CHV perceptions of the health facility referral process
- 3 CHV knowledge and attitudes towards their roles and responsibilities

Sample size

The County Government of Meru Directorate of Public Health and Sanitation Services shared the contact details of 2,944 CHVs who work

- 1 L. Nkonki, A. Tugendhaft & K. Hofman, "A systematic review of economic evaluations of CHW interventions aimed at improving child health outcomes", *Human Resources for Health* (February, 2017): <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0192-5>
- 2 Mirkuzie Woldie, Garumma Tolu Feyissa, Bitiya Admasu, et al, "Community health volunteers could help improve access to and use of essential health services by communities in LMICs: an umbrella review", *The Journal on Health Policy and Systems Research* (December, 2018): <https://academic.oup.com/heapol/article/33/10/1128/5259361>

in Meru County. IDinsight randomly sampled 1,017 CHVs proportional to the total number of CHVs in each sub-county. Based on a prior survey conducted in Meru County in September 2020, IDinsight anticipated 77% (783/1,017) to respond to the survey. The resulting number of responses would allow us to make statements with a 3% margin of error about those CHVs who respond to the survey.

Data Collection

IDinsight surveyed Meru County CHVs via phone in September 2021. Out of the 1,017 sampled CHVs, 746 (73%) successfully completed the survey. Thus, the study results are representative of the CHVs who completed the survey and not all CHVs who work in Meru County.

Key findings and recommendations:

Background characteristics

Meru County's Community Health Unit (CHU) is driven by a female, middle-aged workforce majority of whom have at least primary school education and undertake farming as their main economic activity.

- A CHV cadre that skews toward the older age groups may reflect current recruitment practices. Considering the County relies on barazas for recruitment, they could benefit from having a quota of CHV slots allocated to the youth to mitigate socio-cultural barriers to their entry into the CHV cadre.
- In addition, coupling barazas with formal calls for application may attract more youth to the role. However, to mitigate envisioned attrition, youth recruitment should be more frequent than recruitment of other age categories within the CHV cadre.

Knowledge:

Most (55%, n=401) CHVs are confident in their overall skills and knowledge to succeed in the role, but confidence levels vary across priority knowledge areas. To supplement their knowledge, the County Government has invested in training CHVs. Most (93%, n=675) CHVs have attended at least one training within the past year. Despite this, CHVs would like additional training on various topics.

- The County Government could consider scaling up ongoing training efforts to take into consideration perceived knowledge gaps, County specific goals and targets, and prevalence of conditions.
- In addition, the County's Public Health Office could enter strategic partnerships with other departments within the County in the implementation of training for CHVs.

CHV Toolkit

Most (90%, n=655) of the CHVs report receiving at least one tool from the County Government of Meru or its strategic partners. Despite this, CHVs would like additional tools. CHVs also report using some equipment more than others.

- The County Government could consider putting in place frameworks to account and monitor the use of supplies provided to CHVs in the community.
- The County Government could consider setting up a revolving fund, contributed to by government, donors, and community members to support in the purchasing and restocking of toolkit items.

Digital Readiness and Perceptions

Whereas most (90%, n=654) CHVs prefer using digital forms to smartphones, fewer than half (43%, n=313) have access to a smartphone.

- In the short term, County Government could consider a strategic partnership with local network service providers (for example Safaricom, Airtel, Telkom) to develop a USSD and SMS based platform for use by those without access to smartphones.
- The County Government could also consider increasing resource mobilization efforts to diversify donor / strategic partner profiles when scaling up the use of digital solutions in enhancing CHIS in the County.

CHV Perceptions of the CHV- Health Facility Referral Process

Most (90%, n=656) CHVs are satisfied with the CHV-health facility patient referral process. To improve the process, they propose ensuring availability of medicine and services (60.3%, n=76), ensuring availability of referral forms (46.0%, n=58), reducing the waiting time at health facilities (45.2%, n=57), and creating a structure for feedback on the referral process (27.0%, n=34).

- The County Government could prioritize continued scale up of the use of e-technologies such as AMREF's M-Jali Application and Red Cross' Emergency Service Application to complement existing manual referral processes.
- The county could consider setting up a framework to monitor the quality of the referral process for the CHV and the health provider.

CHV Attitudes and Needs

Most of the CHVs surveyed being either highly or very motivated to be a health volunteer for the County (59.9%, n=434) and 66.1% (n=479) reported being satisfied with the role as it is. While appreciating the benefits, 96% (n=696) reported the lack of financial support as a main challenge associated with the role.

- The County Government of Meru can leverage the experiences of other Counties which have successfully implemented CHV stipends and their strategic partners
- When establishing a CHV remuneration framework, the County could consider including a performance monitoring framework to the remuneration framework. The County Government could consider automating performance monitoring framework by linking information from the different sources into a unified dashboard. Currently, information used to assess performance is domiciled in different databases such as the DHIS platform, and the AMREF m-learning platform server.
- Further, the County Government could consider attaching weights based on level of effort required to each of the criteria to inform the development of an index to determine those that are most active. Harmonizing these systems would allow those in charge of CHVs to quickly determine those that are best performing.

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