Understanding the Barriers to Successful Implementation of CBD in The ASAL Regions

Developmental Evaluation WAVE III

Table of Contents

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Executive Summary

Introduction

The Development Evaluation (DE) approach focuses on gathering and understanding information during the implementation process, and iterating programming approaches in real-time.

Wave III of the DE exercise focused on the activities and outcomes of three community health projects in arid and semi-arid lands (ASAL) which serve nomadic, semi-nomadic and static communities: 1) Supply Chain Alternatives for the Last Mile (SCALE) implemented by inSupply Health which aims to improve supply chains to reach underserved communities in Samburu, Turkana Wajir and Mandera, 2) Afya Timiza Implemented by Amref Health Africa, aims to improve family planning, reproductive, maternal, newborn, child and adolescent health (FP/RMNCAH), nutrition and water, sanitation and hygiene (WASH) services in five sub-counties located in Samburu and Turkana, and 3) Nomadic Health Program (NHP) Implemented by Save the Children, which seeks to increase the use of quality FP services among nomadic and semi-nomadic populations in six sub-counties Wajir and Mandera.

Methods

The evaluation focused on key learning questions that sought to understand the current barriers to successfully rolling out Community Based Distribution (CBD), and how these barriers can be mitigated. Wave III also focused on exploring effective communication channels for peer to peer learning and collective problem solving to support cStock implementation in the ASAL regions.

A mixed-methods approach was used, whereby quantitative surveys and Focus Group Discussions / Workshops with Community Health Volunteers (CHVs) and Community Health Assistants (CHAs) were held in Samburu, Turkana, Mandera and Wajir.

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Findings

One of the key challenges that affects CHVs and CHAs' ability to successfully implement CBD is inadequate commodities. This is a fundamental barrier that was cited across all four counties. CHVs also lack the means to store commodities safely, and this affects the quality of the drugs. Issues around community trust also posed significant barriers to CHVs, as this trust was compromised largely by the lack of commodities. The contextual hardships of the ASAL context also affected the success of CBD, as CHVs and CHAs still struggle with long distances and wide coverage areas, poor road networks and frequent challenges with electricity. Finally, low motivation remains an existing threat to CBD, as issues around heavy workload and low human resources have not been sufficiently addressed.

Several barriers to using the cStock commodity management approach were identified, including technical issues with the application, literacy and numeracy, a lack of commodity management knowledge, and a lack of motivation to attend IMPACT team meetings.

In terms of communication preferences, the majority of CHAs preferred WhatsApp for peer-to-peer learning and collective problem-solving. The platform provides a dependable channel for CHAs to engage with one another and communicate about changes in service delivery.

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Executive Summary

Discussion

Currently, most CHVs with access to commodities report managing essential drugs and nutritional supplements such as ORS, Zinc, paracetamol, antimalarials, condoms, and vitamins.

However, availability of commodities is a key concern as CHVs report frequent stock-outs and delays in stock delivery. Storage of commodities was also cited as a major barrier as CHVs do not have the appropriate means to safely transport or store their supplies.

The absence of commodities as well as frequent stock-outs and delays contribute to low motivation among CHVs. It further contributes to diminished trust among communities as it casts doubt on CHVs' ability to provide proper services and compromises their credibility.

Several contextual challenges continue to affect CHVs ability to effectively deliver on CBD. Challenges associated with poor road networks, reliable transport for CHVs to effectively distribute commodities and poor mobile network coverage in some regions continue to pose major barriers towards successful implementation of CBD.

While many of the technical challenges related to the cStock application can and have been effectively resolved, structural issues such as motivation and literacy require more nuanced and sustained interventions.

With regular access to internet-enabled smartphones and high levels of literacy, the opportunities to develop materials and approaches to engage CHAs via this platform remains great.

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Executive Summary

Recommendations

Increasing access to commodities: Partners should continue advocating for CHVs to receive more commodities from the national and county governments. In addition, improving mechanisms for communicating with CHVs about stock availability is key, as is sensitizing CHVs about supply chain challenges. County governments should work closely with CUs and include quarterly commodity management plans in their annual workplans, and use cStock data to forecast quarterly requirements. This will ensure that CUs have a more regular supply of commodities within their reach, and will subsequently help to repair trust between communities and the CHVs serving them.

Enhancing CHV motivation: CHV motivation remains an ongoing challenge which requires multifaceted interventions. Key among them is to prioritize the the implementation of the CHS bills across all the counties, as these bills have certain provisions for enhancing CHV motivation, for example, linking performance to pay.

SCHMTs should also ensure continuous and uninterrupted supportive supervision at the community level in order to enhance CHV performance and motivation. Implementing partners should develop joint recommendations to the county ministries of health to recognize and prioritize CHV motivation.

Initiatives for mentorship and capacity building of CHVs should continue, with the goal of enhancing their knowledge around commodity management. Finally, efforts to better align CHV tasks with the available incentives should be considered, and clear expectations on roles and responsibilities should be set with CHVs. Efforts to minimize the volume of tasks and reporting tools should also be prioritized.

Safe storage of commodities: County governments and implementing partners should work together to provide safe storage solutions for CHVs. These can include portable carriers or kits to facilitate CHVs in transporting commodities and storing them safely in their homes.

Executive Summary

Recommendations

Stock management: While many of the technical challenges with the cStock approach have been effectively resolved, more nuanced and sustained interventions are required to address ongoing issues with limited stock management knowledge and low reporting rates. Training is critical to ensure that CHVs can effectively engage with the cStock technology. While literacy and numeracy barriers still exist, the training and the technology should be responsive to these realities, and be carefully customized to increase their utility. Supportive supervision should also be prioritized, to ensure that CHVs receive continuous guidance and mentorship as they improve their stock management skills.

Navigating ASAL conditions: Challenges related to limited electricity, poor road networks, connectivity challenges, long distance and wide coverage areas are a key part of the ASAL context and affect CHV service delivery. County governments and partners should identify sustainable solutions to helping CHVs to navigate these challenges, either through travel and airtime reimbursements or other means of support.

Communicating with CHAs: As the preferred channel for peer-to-peer learning and collective problem-solving, WhatsApp proves to be a powerful resource for CHA engagement and an important tool for facilitating service-delivery. With regular access to internet-enabled smartphones, the opportunities to develop materials and approaches to engage CHAs via WhatsApp platform remains great. The platform should be used to enhance engagement structures with other stakeholders, including government and NGOs, in a way that supports CHAs' success.

01 INTRODUCTION

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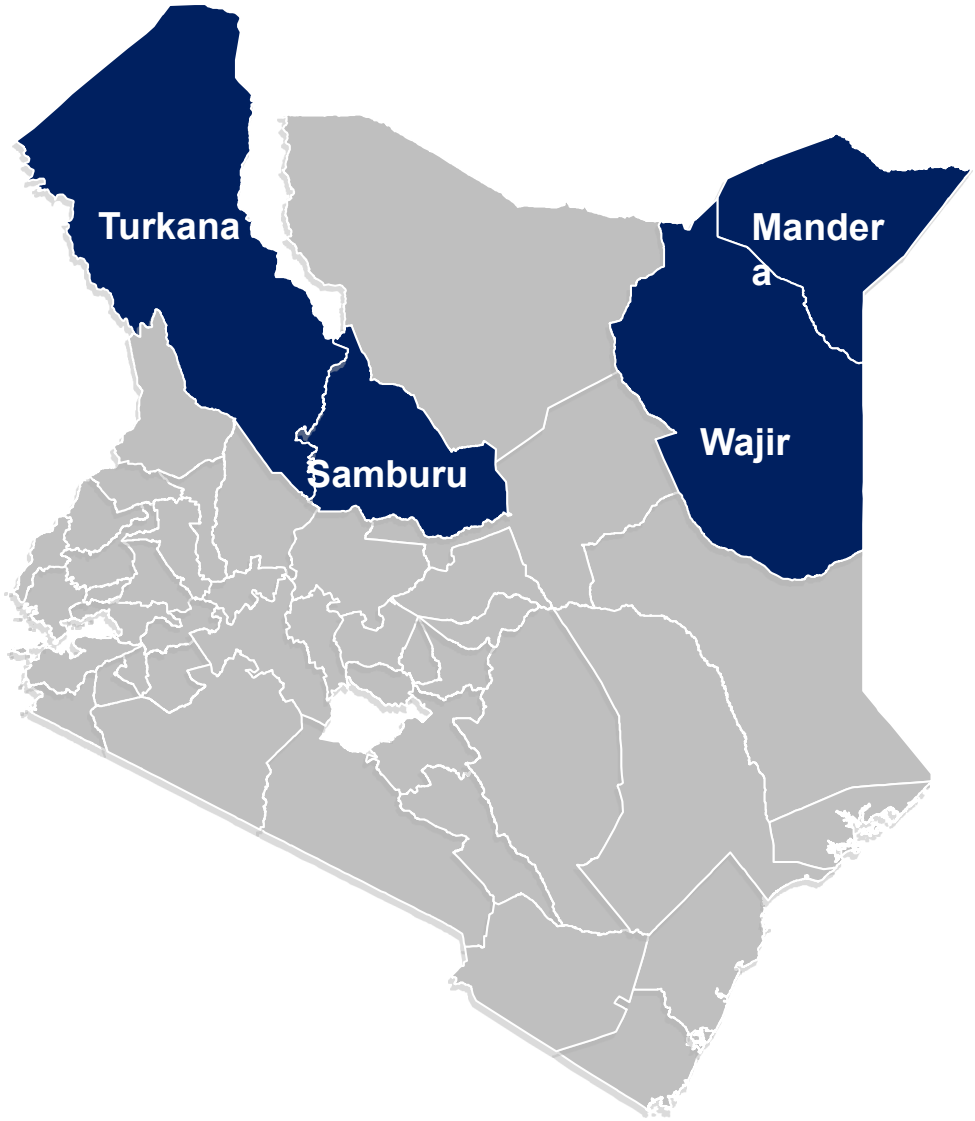
The evaluation focused on the activities and outcomes of three community health projects in ASAL

Supply Chain Alternatives for the Last Mile (SCALE) implemented by inSupply Health, aims to address inequities in access to health commodities through developing sustainable, scalable, and community-based distribution models that reach underserved, remote communities by improving supply chains in Samburu, Turkana, Wajir, and Mandera. SCALE works with both static and nomadic community health units (CU).

Afya Timiza Implemented by Amref Health Africa, aims to increase the use of quality county-led FP/RMNCAH, nutrition, and WASH services in five sub-counties located in Samburu and Turkana. Afya Tamiza focuses mainly on static CUs.

Nomadic Health Program (NHP) Implemented by Save the Children, seeks to increase the use of quality FP services among nomadic and semi-nomadic populations in Kenya by developing and testing the effectiveness and scalability of their service delivery model in six sub-counties located Wajir and Mandera. NHP focuses mainly on nomadic CUs.



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02 METHODS

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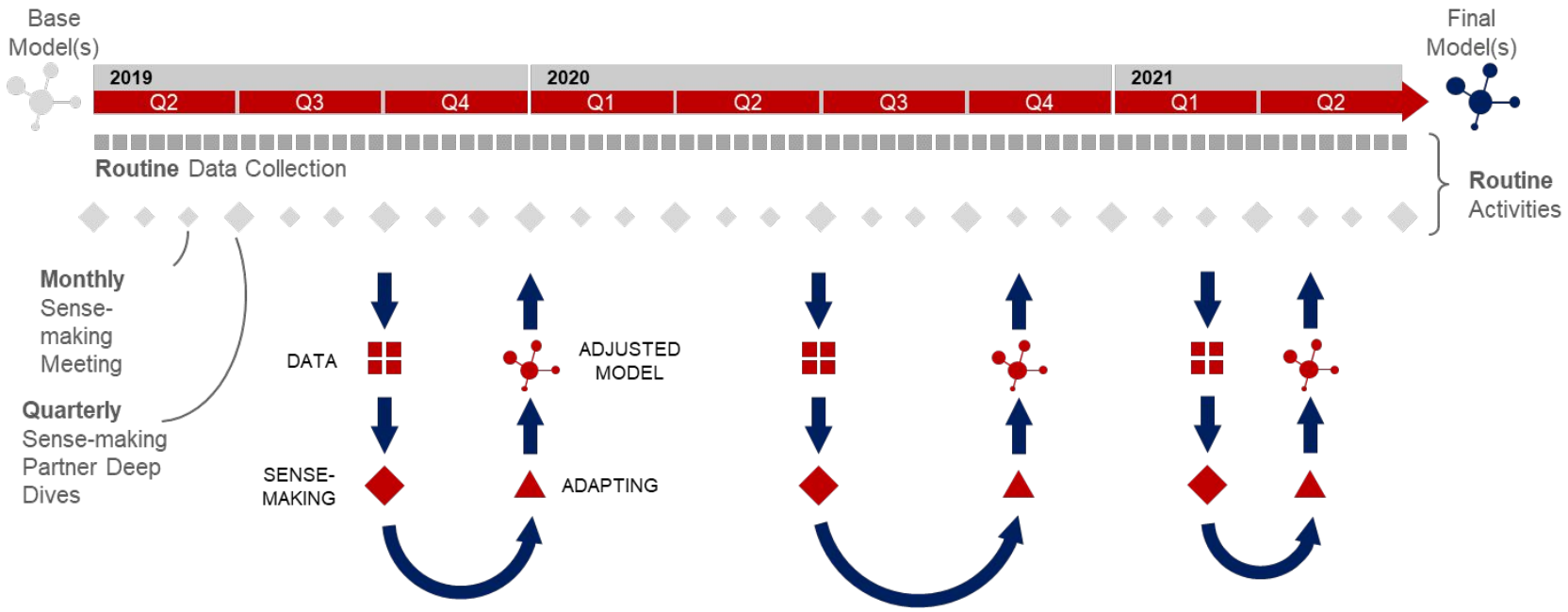
DE results serve as a springboard to take action



The DE approach aims to **iterate** on implementation approaches in real-time by fostering a **deeper understanding** of the vast amount of information emerging.

Evaluators work closely with program implementation teams for quick documentation of program activities to uncover systems dynamics, interpret observations and trends, and most importantly, collaboratively learn to achieve better outcomes. The insights gained in the process inform programmatic adjustments that are needed throughout the project lifecycle.

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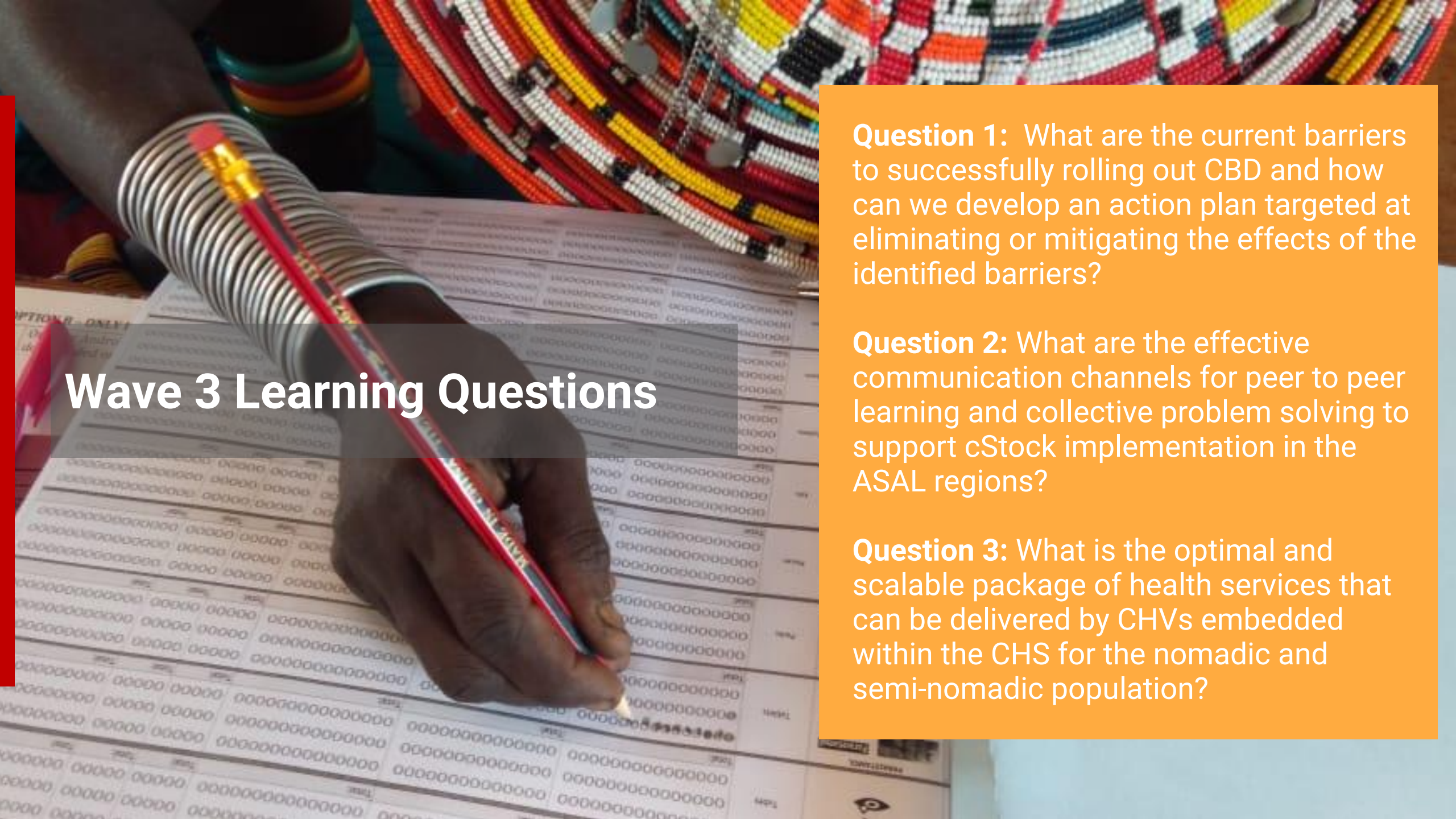

Wave 3 Learning Questions

Question 1: What are the current barriers to successfully rolling out CBD and how can we develop an action plan targeted at eliminating or mitigating the effects of the identified barriers?

Question 2: What are the effective communication channels for peer to peer learning and collective problem solving to support cStock implementation in the ASAL regions?

Question 3: What is the optimal and scalable package of health services that can be delivered by CHVs embedded within the CHS for the nomadic and semi-nomadic population?

Research Activities

Data collection in 4 counties: Samburu, Turkana, Wajir and Mandera

The data collection process allowed stakeholders to share their knowledge, skills and experiences. Using experiential interactions, stakeholders were able to reframe their own understanding from the standpoints of beneficiaries at different levels of the health system and experiment with new ideas to solve challenges rooted in a human centered perspective.

The research activities for Wave 3 mainly focused on full-day interactive workshops with two types of respondents: 1) Community Health Volunteers and 2) Community Health Assistants.

- The workshops with CHVs sought to tease out the macro level barriers and contextual barriers that highlight the nuances of working in ASAL communities.
- The workshops with CHAs focused on understanding the most significant barriers to supplying health commodities to the community, as well as reviewing the previous action plans developed by CHAs.
- Both workshops sought to understand the likelihood and severity of various barriers and how they influenced CBD.

In addition, a survey on effective communication channels for peer to peer learning and collective problem solving was completed with CHAs.

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Who we spoke to

County	Quantitative Survey Respondents	CHV Workshops	# of CHVs in the workshops	CHA Workshops
Mandera	8	9	90	2
Samburu	13	14	115	3
Turkana	15	24	192	3
Wajir	9	20	144	2
Total	***45***	***67***	***5***	***10***

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03 KEY FINDINGS & EMERGING INSIGHTS

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Question 1: What are the current barriers to successfully rolling out CBD and how can we develop an action plan targeted at eliminating or mitigating the effects of the identified barriers?

Inadequate commodities are still a fundamental barrier

Shortages of essential supplies such as condoms, tetracycline, family planning, antimalarials and water treatment solutions were cited as frequently occurring barriers for CHVs across each of the SCALE counties. These shortages pose huge health hazards to the communities in every county as they lack the preventive and curative commodities they are most in need of.

When commodities are available, CHVs face the challenge of having very limited supplies. They often cannot meet the demands of the households they are serving.

In addition, the few commodities available are often not delivered to CHVs on time, and access to re-supplies is inconsistent and affected by the migration of CHVs. Frequent stock outs of essential commodities at the link facilities further contributes to demotivation among CHVs who feel poorly equipped to effectively perform their primary responsibilities.

"The demand is high, the supply is very low."

[CHV, Samburu]

"Sometimes CHVs get difficult moment when they make the requisition from the linked facility and find or get the feedback that the drugs are out of stock when he/she has more patients to attend with the requested drugs."

[CHV, Turkana]

"There was a day I travelled and I found a mother who gave birth to around 10 children. We counseled the mother on child spacing but the CHVs never had the commodities to assist the mother on child spacing."

[CHA, Wajir]

CHVs lack the means to store commodities safely

CHVs also face barriers with storing the limited supplies they have at their disposal, which affects the quality and safety of drugs.

Without lockable and weatherproof storage units to properly transport and safely store commodities, drugs are exposed to the harsh elements and other risks in the homestead, including open flames used for cooking, and livestock which are also housed in the same quarters. In some cases, commodities are exposed to children who may damage or accidentally consume them.

Given the unique living conditions of pastoral communities, CHVs face particular challenges that affect their ability to safely dispense essential drugs.

"We are told to store these medicines in a cool and dry place and our houses are hot, the places can be wet and our area is also hot it makes it difficult. We need even a small box with a lock and key just for drugs. This way, we are sure the medicines are safe and our children are also safe."

[CHV, Samburu]

Community trust in CHVs is compromised by lack of commodities

The limited range of commodities available to CHVs also means that communities do not benefit from the best primary care, and trust in CHVs' ability to meet the community's needs is diminished.

The very concept of primary health care is compromised when CHVs are unable to provide basic drugs, and community members feel frustrated when CHVs cannot meet their family's medical needs. This also contributes to a lack of confidence in CHVs as communities feel that CHVs cannot be relied upon to effectively deliver the services which they have been entrusted to.

"A day I came to hospital to pick medicine but I didn't get any but people from the community were pushing for more medication and it was so stressful for me."

[CHV, Samburu]

Challenging ASAL conditions continue to affect CHV service delivery

The harsh climatic conditions of the ASAL region leads to frequent community migration, making the population difficult to trace particularly for follow-up services.

For CHVs, providing targeted services across the CU remains challenging as households are far apart and roads are often impassable,road infrastructure is weak, and public transport is more difficult to access, limiting access to community members who need services. Challenges with mobility are further exacerbated during seasons of extreme weather conditions, including drought and flooding.

Lack of dedicated and reliable transport for CHVs to deliver services also remains an outstanding barrier that was frequently reported. Challenges with transport also affect CHVs' abilities to trace defaulters, collect and effectively distribute commodities, or reach out to nomadic populations.

In addition, challenges with mobile network coverage frequently affect communication between CHAs and CHVs, and also contribute to delayed reporting.

"It is hard to reach all the CHVs to tell them about the stock because of the distance and others don't have phones to communicate so it's a problem. Sometimes when I want to go and deliver the commodities, it's hard for me to reach other CHVs because of poor network, long distance, lack of transport to visit the facility."

[CHA, Turkana]

"During drought season, our nomadic communities shift to the neighbouring country and cannot be reached."

[CHA, Wajir]

Low motivation still a threat to the success of CBD

Low motivation among CHVs continues to be a recurring barrier, occasioned by low human resources within the general health workforce as well as task-shifting. This leads to heavy workloads for CHVs who already experience challenges managing their roles as volunteers.

Decreased motivation contributes to low and late reporting, affects CHVs willingness to attend IMPACT Team meetings (absenteeism), and generally affects their engagement and service delivery.

The success of CBD is largely dependent on a motivated CHV workforce, however continuing challenges with motivation will continue to threaten the success of CBD if they are not sufficiently addressed at the structural level.

"The kind of work that we do is too much and the reports we submit monthly are also too much and even sometimes we confuse and don't know which one is to be submitted."

[CHVs, Mandera]

"There is no motivation among the CHVs. Many CHVs are demoralized since there is no motivation they receive during worktime."

[CHVs, Samburu]

Barriers related to stock management

CHVs reported the following as barriers to using the cStock commodity management approach:

- **Technical challenges**: login, notification and occasional data entry issues continue to affect users of the cStock application
- **Literacy and numeracy:** these create barriers for CHVs to effectively adopt, interact with and retain knowledge about the cStock technology, frequently leading them to delegate reporting roles to CHAs
- **Limited stock management knowledge:** difficulties with quantification and forecasting
- **Low reporting rate among CHVs:** technical challenges as well as literacy challenges also contribute to low reporting rates

"The CHVs really don't know how to key in the data because they cannot read and at the same time write anything hence becoming a big challenge for them and we always look for someone who will key in the data or us and the person will ask for payment because no one can do for you something for free. Data entry is also a barrier because we don't know which drug is which and we might end up entering the wrong data because we don't understand the way the question is being asked and how we could have answered it, hence leading to wrong information."

[CHV, Mandera]

*"When you enter the *384*56# number which is used to submit the report and you maybe delay, then it won't be submitted and you repeat it again mostly some people think they have sent it but unfortunately it doesn't go as a result of that challenge and therefore it remains a big challenge."*

[CHV, Turkana]

Barriers related to stock management

IMPACT teams are community monthly chalkboard meetings that were modified to include a component of stock management. The purpose of the meetings is to foster a culture of data use and collaboration across various health workers, specifically CHVs, CHAs, health facility in charges, and sub-county health staff.

During the monthly IT meetings, the team:

- Review current performance
- Prioritizes problems and finds solutions
- Takes action to improve performance
- Recognizes best performing individuals
- Escalates issues that cannot be resolved at the facility level to the sub-county level

CHVs identified the following barriers with the IMPACT team meetings:

- **Absenteeism:** CHVs do not feel sufficiently motivated to attend these meetings, especially because they do not receive any material incentives to participate
- **Migration**: The migration of nomadic and semi-nomadic CHVs within and outside the county affects their ability to attend IMPACT Team meetings, as well as the frequency and quality of supervision that CHVs can receive towards cStock and commodity management more generally

"We lack finances and transport to use when coming to the IMPACT team meeting. It's very hard to get bus fare and means of transport when we want to attend the meeting."

[CHVs, Wajir]

Top 5 challenges by county and CHA/CHV

		Samburu		Wajir		Turkana		Mandera
CHVs	12.9	Stock outs/not enough supply	13.2	Lack of transport facilitation	9.3	Low motivation of CHVs	8.3	Challenges with resupply using cStock
	10.0	Low motivation of CHVs	11.4	Low motivation of CHVs	8.9	Stock outs/not enough supply	8.1	Stock outs/not enough supply
	9.2	Too many tasks and reporting tools	10.7	Power/electricity challenges	8.2	Power/electricity challenges	8.1	Too many tasks and reporting tools
	8.8	Power/electricity challenges	9.6	Literacy/numeracy challenges	7.8	Low human resources, leading to heavy workload for CHVs	7.8	cStock data entry challenges
	7.8	Low human resources, leading to heavy workload for CHVs	9.4	Too many tasks and reporting tools	7.5	Long distance and wide coverage area; long Distance migration	7.7	Not understanding how to use the cStock technology
CHAs	13.0	Challenges supervising CHVs in ASAL settings	15.0	Long distance and wide coverage area	10.9	Too many tasks and reporting tools	9.0	Too many tasks and reporting tools
	12.9	Stock outs/not enough supply	15.0	Migration of community members	8.6	Stock outs/not enough supply	8.0	Lack of logistical means to reach CHVs
	8.9	Connectivity challenges	14.3	Challenges supervising CHVs in ASAL settings	7.9	Literacy/numeracy challenges contributing to low uptake of technology	8.0	Limited stock management knowledge
	8.9	Long distance and wide coverage area	14.3	Lack of transport facilitation	7.7	Acceptance of CHVs distributing commodities in the community	8.0	Connectivity challenges
	8.7	Low motivation among CHVs	13.0	IMPACT Team meeting don't happen monthly because it's hard to find time	7.4	Challenges supervising CHVs in ASAL settings	7.0	Challenges supervising CHVs in ASAL settings

Top 5 challenges by county for CHVs and CHAs

Some of the top challenges were observed across counties and between CHVs and CHAs

V/A-observed by both CHVs and CHAs
V- observed by CHVs
A- observed by CHAs

Challenge	Wajir	Turkana	Samburu	Mandera
Stock outs/not enough supply		V/A	V/A	V/A
Low motivation of CHVs	V	V	V/A	
Too many tasks and reporting tools	V	A	V	V/A
Power/electricity challenges	V	V	V	
Low human resources, leading to heavy workload for CHVs		V	V	
Lack of transport facilitation	V/A			
Literacy/numeracy challenges	V			
Long distance and wide coverage area; long distance migration	A	V	A	
Challenges with resupply using cStock				V
cStock data entry challenges				V
Not understanding how to use the cStock technology				V

V/A-observed by both CHVs and CHAs
V- observed by CHVs
A- observed by CHAs

Top 5 challenges by county for CHVs and CHAs

Some challenges, listed below, were unique to CHAs

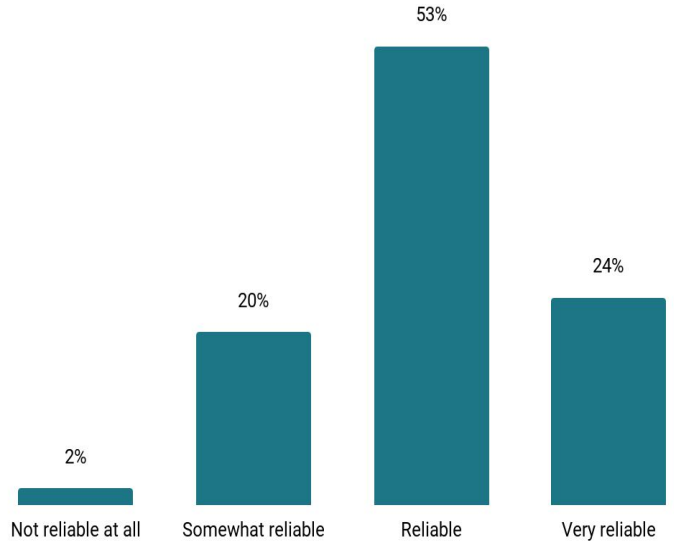
Challenge	Wajir	Turkana	Samburu	Mandera
Challenges supervising CHVs in ASAL settings	A	A	A	A
Connectivity challenges			A	A
Migration of community members	A			
IMPACT Team meeting don't happen monthly because it's hard to find time	A			
Literacy/numeracy challenges contributing to low uptake of technology		A		
Acceptance of CHVs distributing commodities in the community		A		
Lack of logistical means to reach CHVs				A
Limited stock management knowledge				A

Question 2: What are the effective communication channels for peer to peer learning and collective problem solving to support cStock implementation in the ASAL regions?

WhatsApp was the most common means of communicating with the CHAs for peer to peer learning

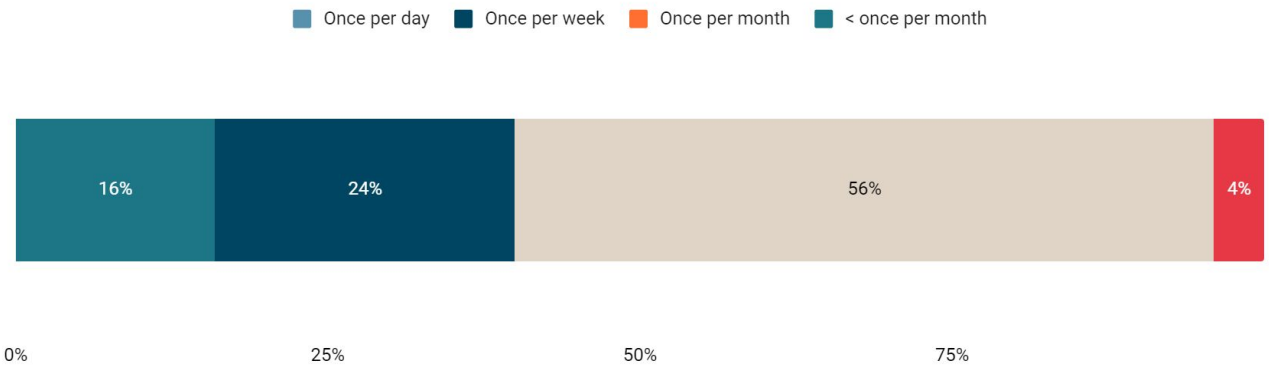
ASAL counties are characterized by long distances as well as poor road networks. Healthcare workers often have to travel long distances in order to attend trainings to equip them to better support the CHVs. The literacy and numeracy levels in these regions also tends to be relatively low compared to other counties. Despite these challenges, implementation is feasible. 98% of the CHAs had attended a secondary school or higher. All CHAs reported to have access to smartphones and WhatsApp. In this wave, majority of the CHAs reported that they had reliable mobile phone connectivity.

Reliability of connectivity of CHA phones



Frequency of WhatsApp use was high: an overwhelming majority of CHAs (96%) use WhatsApp at least once a month. 83% of CHAs reported to have ever used the cStock WhatsApp group for peer to peer learning. In addition, 98% of the CHAs had used the cStock WhatsApp groups for collective problem solving, with 77% having posted on the groups at least once.

Frequency of access to WhatsAPP



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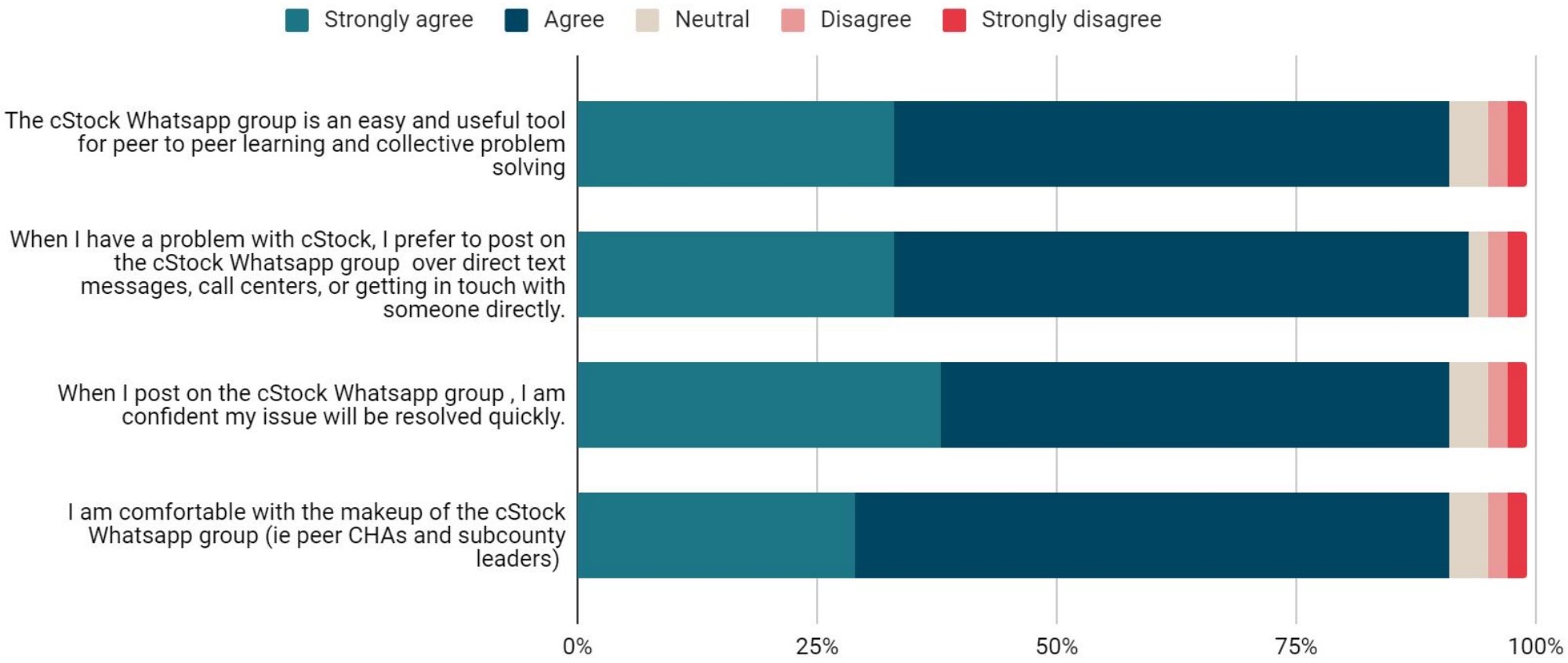
View by the CHAs on use of cStock WhatsApp groups

Majority of CHAs agree or strongly agree with the utility, ease of use, and support provided by the cStock WhatsApp groups



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Barriers to use of WhatsApp Groups for peer to peer learning

Score	Barrier
6.3	Battery life of the phone due to challenge in access to electricity/ solar for recharging
5.7	Whatsapp/Facebook privacy and data sharing policies
4.2	Lack to data bundles
4.1	Reluctance to post to the cStock Whatsapp group because you do not want want to face scrutiny from higher ups (sub county official)
3.7	Poor network coverage making accessibility of WhatsApp a challenge

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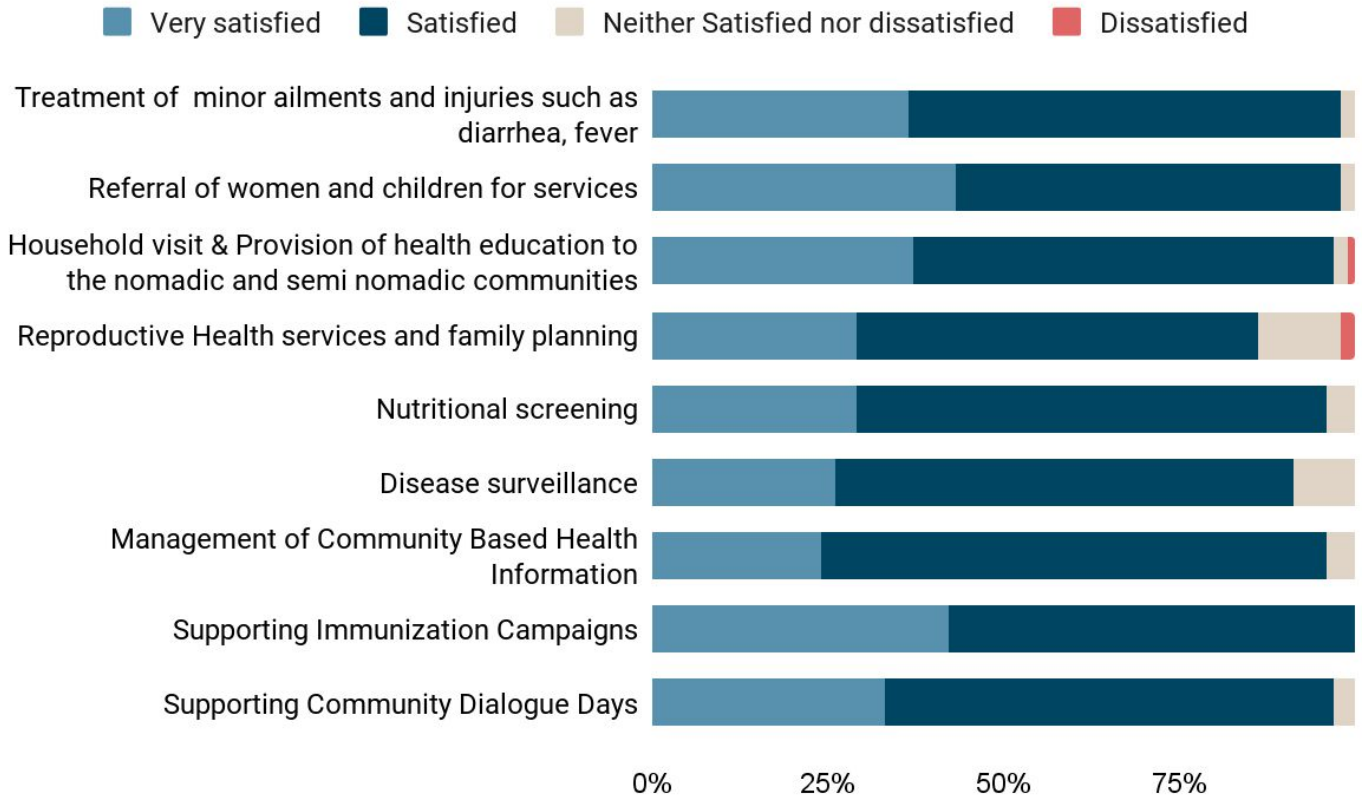
Question 3: **What is the optimal and scalable package of health services that can be delivered by low literate CHVs embedded within the Community Health Strategy for the nomadic and semi-nomadic population in Wajir and Mandera**

Set of services offered by the nomadic CHVs



	% CHVs reporting services provided
Treatment of minor ailments and injuries such as diarrhea, Fever	100%
Referral of women and children for services	100%
Household visit & Provision of health education to the nomadic and semi nomadic communities	99%
Reproductive Health services and family planning	97%
Nutritional screening	99%
Disease surveillance	97%
Management of Community Based Health Information	99%
Supporting Immunization Campaigns	99%
Supporting Community Dialogue Days	99%

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04 DISCUSSION

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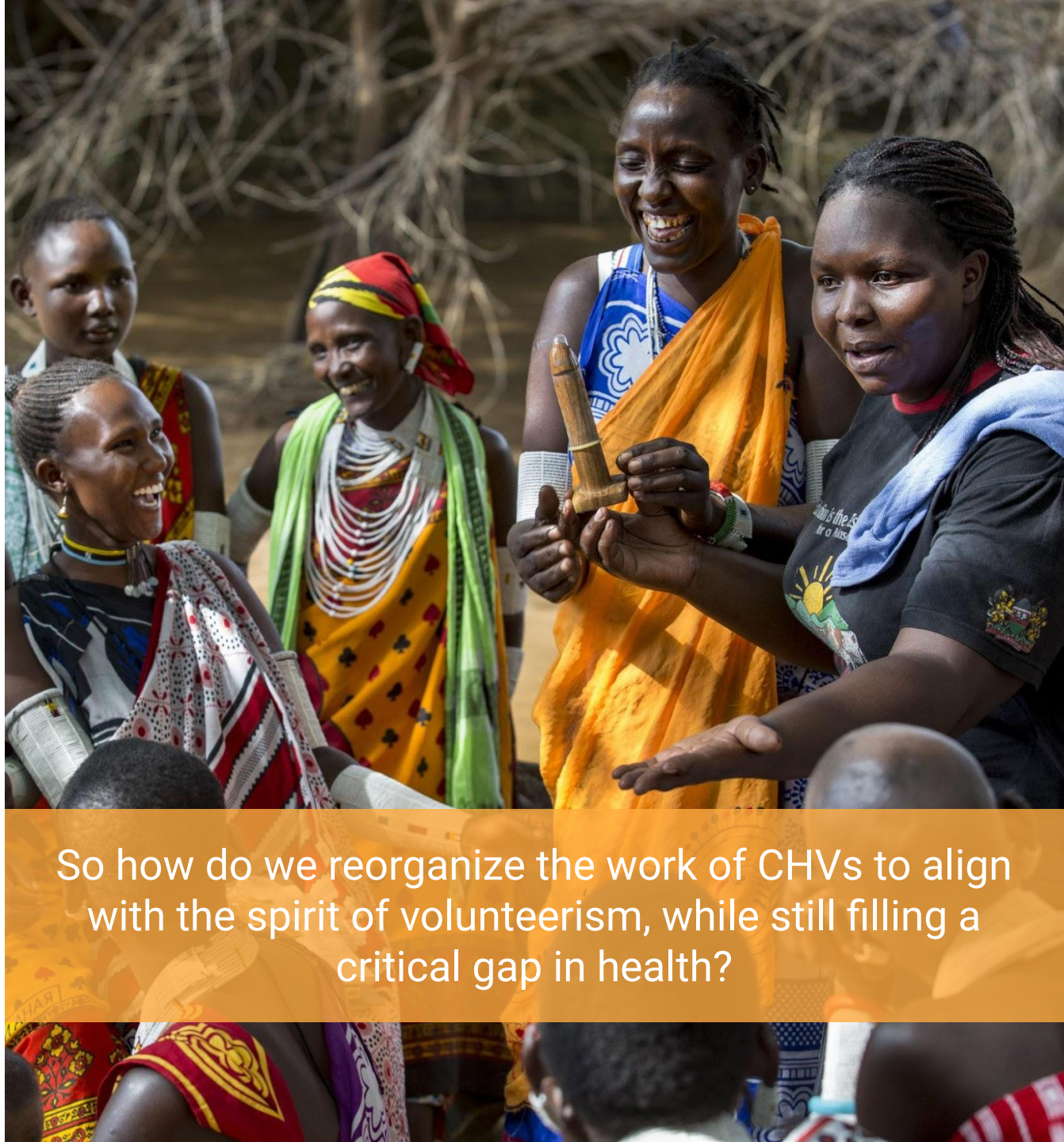
Discussion

Efforts to roll-out CBD across the counties have been underway over the last one year, with many CHVs receiving training on iCCM, cStock and manual tools for commodity management, however this is remains a relatively new process

Many CHVs have received basic training on commodity management with the support of CHMTs and partners, and many have experience successfully treating minor illnesses using basic commodities, however not all CHVs in each of the counties are actively managing commodities.

Currently, most CHVs with access to commodities report managing essential drugs and nutritional supplements such as ORS, Zinc, paracetamol, antimalarials, condoms, and vitamins.

However, availability of commodities is a key concern as CHVs report frequent stock-outs and delays in stock delivery. Storage of commodities is also a challenge as CHVs do not have the appropriate means to safely transport or store their supplies.



So how do we reorganize the work of CHVs to align with the spirit of volunteerism, while still filling a critical gap in health?

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Discussion

The absence of commodities as well as frequent stock-outs and delays contribute to low motivation among CHVs. It further contributes to diminished trust among communities as it casts doubt on CHVs' ability to provide proper services and compromises their credibility. Commodity stock outs, especially for basic and essential commodities continue to be experienced in health facilities, which are the primary providers of commodities to CHVs, thus watering down all other investments like training CHVs on commodity management.

Several contextual challenges continue to affect CHVs ability to effectively deliver on CBD. Challenges associated with poor road networks, reliable transport for CHVs to effectively distribute commodities and poor mobile network coverage in some regions will also affect the success of CBD, as they affect CHVs ability to effectively perform their tasks.

Several barriers related to using the cStock commodity management approach were identified, specifically technical challenges with the application, literacy and numeracy, limited commodity management knowledge, and limited motivation to attend IMPACT team meetings. While many of the technical challenges can be and have been effectively resolved, structural issues such as motivation and literacy require more nuanced and sustained interventions.

As the preferred channel for peer-to-peer learning and collective problem-solving, WhatsApp proves to be a powerful resource for CHA engagement and an important tool for facilitating service-delivery. With regular access to internet-enabled smartphones, the opportunities to develop materials and approaches to engage CHAs via WhatsApp platform remains great. The platform should be used to enhance engagement structures with other stakeholders, including government and NGOs, in a way that supports CHAs' success.

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05

RECOMMENDATIONS

Recommendations

Increasing access to commodities: National-level and facility-level stockouts are a systemic challenge that cannot be solely addressed by the SCALE program. Partners should continue advocating for CHVs to receive more commodities from the national and county governments. In addition, improving mechanisms for communicating with CHVs about stock availability is key. This should include sensitizing CHVs about supply chain challenges and managing CHVs' expectations about which commodities are readily available and which ones are not. In addition, CHVs should receive additional training on stock management, even as they continue to use cStock.

Availability of commodities also depends heavily on counties' ability to quantify, forecast, budget for and purchase these commodities. It is recommended that county governments include quarterly commodity management plans in their annual workplans. This should be done in conjunction with the CUs for better planning at the CU level. In addition, counties should use an evidence-based system to allocate commodities to each CU or use cStock data to forecast quarterly requirements. This is especially critical for iCCM commodities. This will ensure that CUs have a more regular supply of commodities within their reach, alleviate stockouts and overstocks, and subsequently help to repair trust between communities and the CHVs serving them.

Safe storage of commodities: Safe storage of commodities is an ongoing challenge that should be addressed by county governments in collaboration with implementing partners. One intervention could include providing CHVs with simple backpacks with the appropriate compartments for carrying essential tools including MUAC tapes, registers and drugs. Partners should also support in providing carriers or kits to facilitate CHVs in transporting commodities while they carry out their daily responsibilities.

Recommendations

Enhancing CHV motivation: CHV motivation is an ongoing challenge that calls for persistent efforts. Although the enactment of the Community Health Services bills in Turkana and Samburu has contributed to increased confidence among CHVs, there are still challenges with implementing the bill. One recommendation is to therefore facilitate the implementation of these bills, which have certain provisions for enhancing CHV motivation, for example, linking performance to pay.

SCHMTs should also ensure continuous and uninterrupted supportive supervision at the community level in order to enhance CHV performance and motivation. In addition, implementing partners should develop joint recommendations to the county ministries of health to recognize and prioritize CHV motivation. Efforts to standardize stipends should also be considered.

Initiatives for mentorship and capacity building of CHVs should continue, with the goal of enhancing their knowledge around commodity management. Finally, efforts to reconsider and redistribute the CHV workload, particularly the volume of tasks and reporting tools, should be prioritized. This could be accomplished by setting and communicating clear expectations with CHVs, and better aligning their tasks with the available incentives, given the voluntary nature of their role. This will reduce the current burden experienced by CHVs.

Other avenues for enhancing CHV motivation should be considered, based on initiatives that have been proven to work well in other counties with similar dynamics. This includes registering CUs as CBOs, such that they are semi-autonomous and self-sufficient. With the right type of support, such structures may contribute to a more motivated workforce.

Recommendations

Stock management: While many of the technical challenges with the cStock approach have been effectively resolved, more nuanced and sustained interventions are required to address ongoing issues with limited stock management knowledge and low reporting rates. Training is critical to ensure that CHVs can effectively engage with the cStock technology. While literacy and numeracy barriers still exist, the training and the technology should be responsive to these realities, and be carefully customized to increase their utility. Supportive supervision should also be prioritized, to ensure that CHVs receive continuous guidance and mentorship as they improve their stock management skills.

Navigating ASAL conditions: Challenges related to limited electricity, poor road networks, connectivity challenges, long distance and wide coverage areas are a defining part of the ASAL context and pose threats to service delivery and CHV motivation. County governments and partners should identify sustainable solutions to helping CHVs to navigate these challenges, either through travel and airtime reimbursements or other means of support.

Communicating with CHAs: As the preferred channel for peer-to-peer learning and collective problem-solving, WhatsApp proves to be a powerful resource for CHA engagement and an important tool for facilitating service-delivery. With regular access to internet-enabled smartphones, the opportunities to develop materials and approaches to engage CHAs via WhatsApp platform remains great. The platform should be used to enhance engagement structures with other stakeholders, including government and NGOs, in a way that supports CHAs' success.

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