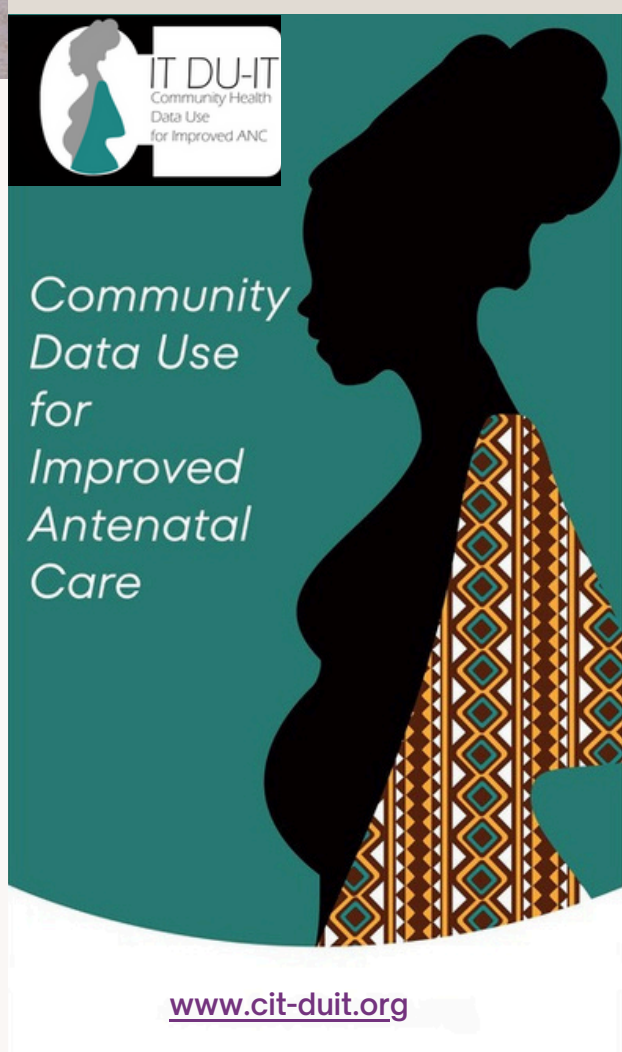




PROJECT BRIEF

C-it DU-it (See-it Do-it)

Background

Facility and community health data is rapidly changing from paper to electronic across Kenya. Multiple digital systems are being developed, but these do not link.

Community Health Promoters (CHPs) and facility staff need to work together using data to monitor and improve uptake of services. Antenatal care (ANC) is an example of a service where this is important as Kenya is adopting WHO's ambitious target of 8 ANC contacts. This research will demonstrate how to link the data and use it, providing missing evidence on the impact, costs and scale-up of data linkage and use.

Our intervention targets the interface between the community and the facility. Data linkage for data use is at its heart with ANC picked as an example of what is possible. Our short name C-it DU-it (pronounced "see-it; do-it") is an acronym intended to convey 'seeing' linked data (C-it) and 'doing' or acting on the data (DU-it).



OUR AIM IS TO STRENGTHEN COMMUNITY HEALTH SYSTEMS IN KENYA THROUGH ANTENATAL CARE (ANC) DATA LINKAGE AND USE, LEARNING LESSONS FOR OTHER CONTEXTS

Objectives



- 1 To increase ANC uptake and quality in Western Kenya by;
 - linking community and facility digital ANC data systems, creating a system able to track an individual woman throughout pregnancy and schedule appointments ('C-it') strengthening the capacity of community work improvement teams to use 'C-it' data for quality improvement and of CHPs to deliver community- based ANC contacts ('DU-it')
- 2 To co-develop research strategies with county policymakers that address evidence gaps to scale-up community health systems strengthening through 'C-it DU-it'
- 3 To strengthen the capacity of communities, county managers, Kenyan researchers, and institutions to set the community health research agenda and deliver major implementation research

RESEARCH DESIGN AND METHODOLOGY

Four-step system to inform ANC

Scale -Up

Will adapt and scale-up the interventions using toolkits developed in the trial county to control clusters and 3 additional counties. There will be a chance to refine as results from our research emerge

Health Economic Evaluation

Will identify whether C-it DU it reduces health expenditure for pregnant women accessing and engaging with ANC care and whether the intervention is cost effective



Realist Evaluation

Will tell us how, why and for whom the approach worked or did not work. Understanding the relationship between the county context, how people responded and outcomes (e.g., political agendas; team working; motivation; local pregnancy beliefs) makes it easier to adapt the approach to other contexts.

A pragmatic cluster-randomised controlled trial

In Homa Bay will tell us the impact of linking digital data and the added value (if any) of combining this with training work improvement teams in data use to drive ANC uptake. We will measure the impact on the number of ANC visits and the effects on pregnancy outcomes and quality of care

“LVCT Health has offered healthcare services in Kenya for 20 years with a keen interest in community health and health system strengthening, and we are positive the outcomes of this study will inform decisions in Homa Bay County and the rest of the country.” **Dr. Lilian Otiso** Executive Director, LVCT Health

