Community Supervisors Empowered to Follow Up LCI Activities in the Field

Introduction
During the 4 years of the Local Capacity Initiative (LCI) existence, the project implemented a sequence of strategies to consolidate the uptake of health services in its 5 health districts. Working from the backdrop that some people are less productive when working on their own, and in other cases to guarantee constant interactions and feedback in the field, the LCI team introduced the concept of community supervisors. The agents had the responsibility of monitoring all the activities carried out in the field and submit monthly reports.

LCI Intervention
In order to track all the activities in the field through the community supervisors, the LCI Project carried out a number of strategies to guarantee that the progress of project activities is tracked and documented. This was done in these various steps:

- Firstly, the 5 health districts were carved in to 22 areas to ease administration by the 22 community supervisors contracted.
- The 22 community supervisors were capacitated to better assume the roles assigned to them.
- Quarterly supervisions were planned to ensure that all the health areas assigned to each agent was covered properly and documented accordingly.
- More capacity building workshops and meetings were held with the agents to put them on track in their duties as facilitative supervisors and to review their reports.

Regular consultative meetings with Health Area Management Committees (HAMC) created more impact in their respective communities. One of such role models, who pushed his HAMC to work, is the community supervisor of Bekora Health Area. Haven worked in Bekora integrated health facility in the distribution of vaccinations and metizan tablets in the community, made him to know the terrain perfectly. His passion drove him to move into markets, njangi
houses, church meetings, cultural gatherings, door to door education and sensitization to ensure community members are in the knowing of the good practices implemented by the LCI.

*As an LCI Supervisor, the project has empowered me in the area of health education. This activity has earned me different names like ‘papa talk-talk’. Mr Besingi Bernard – LCI Supervisor for Bekora.*

The Chief of Centre for Bekora Integrated Health Centre commended the active involvement of Mr. Besingi in mobilizing the community. He attests people now use the health facility and this has resulted in the improvement of consultation and ANC uptake in their health facility as indicated on the diagram.

**Conclusion**

Thanks to this strategy, the community supervisors had a better grasp of the challenges, successes and needs of the different health areas. They gave feedback to the LCI team during their numerous meetings; the team was able to make informed decisions based on the progress in the field. Hence, the LCI came up with tailored strategies to meet the direct needs of each health area in improving service uptake.