QUALITY IMPROVEMENT IN COMMUNITY HEALTH: A novel approach to improve performance and outcomes of community health programs in Kenya

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Background
- Universal Health Coverage (UHC) needs to encompass a focus on health service quality
- Quality improvement (QI) has been effectively used in health facilities but not community health programs to improve health outcomes
- We explored how QI can be used to improve quality of community health programs and their outcomes through implementation research

Intervention

Research Objective
To assess the feasibility and outcomes of implementing QI in community health programs in Kenya

Phase 1
- Establishing Work Improvement Teams (WITs)
- Concepts of Quality Improvement
- Data quality for decision making
- Client perceptions
- Monitoring performance and quality of Community Health Services

Phase 2
- Presentation and analysis of data
- Problem identification and root cause analysis
- Quality Improvement change plans

Phase 3
- Evaluation of Quality Improvement change plans
- Sharing and learning
- Identification of best practice
- Quality Improvement Awards
- Action planning and embedding Quality Improvement

Research Methods
- We implemented a QI intervention and evaluated it using a pre- and post- study design between October 2016 and July 2017
- Study sites: 2 community units in Nairobi, Kenya
- Data collection: Quantitative data were collected through tracking CHW reporting rates
- Qualitative data:
  - Baseline: 26 in-depth interviews with WIT members and health facility staff and 4 focus group discussions with CHWs and community members
  - Endline: 12 in-depth interviews and 9 focus group discussions
- Data analysis: Interviews were recorded, transcribed and analysed using a thematic framework approach with the assistance of NVivo10 software

Findings
- Community WIT members understood and were able to apply QI principles
- Routine reporting rates in the DHIS improved from 64% to 94%
- Improved quality of data collected by CHWs
- Improved community – facility feedback mechanisms due to representation of the facility staff and community members in WIT meetings
- Improvements in health outcomes include:
  - Increased utilization of maternal, newborn and child health services at facilities
  - Reduction in tuberculosis defaulters in the community
  - Reduction in immunization defaulters in the community

Conclusion & Recommendations
- CHWs can learn and apply QI concepts in a rigorous manner once they are adapted to their context
- By applying QI, CHWs are able to dramatically improve reporting, community engagement with the health system, efficiency and performance by focusing on priority issues which improve health outcomes
- As community health programs are being scaled up to achieve UHC, QI approaches will ensure quality of data and quality of care

Acknowledgement: The USAID SQALE Community Health Program is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and is implemented under cooperative agreement number AID-OAA-A-16-00018.

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