

# 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

### Research Objective

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

### Intervention

Phase 1	I M P L E M E N T A T I O N	Phase 2	I M P L E M E N T A T I O N	Phase 3
<ul style="list-style-type: none"><li>• Establishing Work Improvement Teams (WITs)</li><li>• Concepts of Quality Improvement</li><li>• Data quality for decision making</li><li>• Client perceptions</li><li>• Monitoring performance and quality of Community Health Services</li></ul>		<ul style="list-style-type: none"><li>• Presentation and analysis of data</li><li>• Problem identification and root cause analysis</li><li>• Quality Improvement change plans</li></ul>		<ul style="list-style-type: none"><li>• Evaluation of Quality Improvement change plans</li><li>• Sharing and learning</li><li>• Identification of best practice</li><li>• Quality Improvement Awards</li><li>• Action planning and embedding Quality Improvement</li></ul>

### 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

“The difference was one: data, we used to cook, you know the previous paper was so complicated but at least now....We know what we are filling”

Community Health Volunteer



Focus group discussion with community members

“The numbers are impressive; the numbers of Community Health Workers reporting.... There are some indicators which they were not reporting but nowadays I see figures for deliveries especially skilled and I’m still observing”

Sub County Health Records Information Officer

“And then from doing spots [checks] at the village you find the community are also understanding like the importance of the mother and child booklet, the importance of taking the child to the facility, the importance of good nutrition for their children, the importance of attending the clinic, the pregnant mothers and also delivering in the facility”.

Community Health Extension Worker

### 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

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