



Utilizing Integrated Community Quality Improvement Approaches to Cultivate Innovative Ideas that Improve Uptake of Antenatal Care Services

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Introduction

Quality Improvement (QI) is a systematic approach aimed at measuring performance, identifying gaps, and implementing strategies to improve the quality of health services. It ensures consistent delivery of appropriate services to achieve desired health outcomes. A key component of this process is the establishment of Work Improvement Teams (WITs). Despite facility-based QI interventions being used over time, integrated community and facility QI approaches haven't been used in Kenya. This gap has highlighted the need for practical, sustainable models to support QI efforts. The C-it-DU-it study addressed this gap by using the Kenya Quality Model for Community Health to implement QI processes, the model used integrated QI approach involving both the community and facility stakeholders. It is a model that inspires community led QI approach towards sustainable interventions that increases the quality of uptake of ANC service delivery to ensure all pregnant women are identified early, referred and meet new required 8 ANC contacts.

Methods

The study formed 16 Work Improvement Teams (WITs) across nine link facilities in Homabay County to improve the early identification of pregnant women below 16 weeks gestation. Each WIT, consisting of 8–10 members, included Community Health Assistants (Chairs), facility in-charges (Co-chairs), Community Health Promoters (CHPs), Adolescent representatives, Community Health Committee members, influential community members, facility HIROs, and other stakeholders a phased training approach was used to build the capacity of the WITs on community QI approaches. It used mixed method; 162 Structured questionnaires and 9 MoH 405-ANC registers were used by WITs to collect quantitative data analysed using SPSS to identify quality gaps at community and facility levels. During WIT meetings qualitative data were collected in form of group discussions, 48 FGDs were conducted and analysed using NVivo 12. Monthly WIT meetings were held to review progress, adjust strategies, and incorporate sustainable innovations to address the gaps identified.

Results

Increase in the number of women and adolescents who attended their first ANC at the link facilities below 16 weeks gestation period was 16%. The number of pregnant women referred for ANC at the link facilities increased by 25%, while number of women who achieved 8 ANC contacts increased by 5%.

CHPs increased their household visitation by 65% to increase early identification of pregnant women and early initiation of ANC at linked facilities. Majority (89%) of participants shared local innovations that improved ANC attendance.

Conclusion

Community QI approaches can increase equitable ANC service delivery at community and facility levels. Integrated community quality improvement can drive locally driven innovative ideas that can be used by the community to initiate early identification of pregnant woman at community level, link them to facilities and eventually improve uptake of antenatal care services.

Key words

QI : Quality Improvement

WIT : Work Improvement Team

ANC : Antenatal Care

CHP : Community Health Promoter

HRIO : Health Record and Information Officer

MoH : Ministry of Health