In Summary

- Quality improvement programming often focuses on the facility-level interventions and neglects the community component, leading to incomplete and unsuccessful change initiatives.
- Community-Facility Linked Continuous Quality Improvement (CF-CQI) promotes community engagement in the entire quality improvement process, and was scaled up to 20 health facilities in Homa Bay county between 2015 – 2017.
- Results from CF-CQI implementation show increased uptake of key maternal and newborn health services, improved availability of emergency services, and enhanced male participation.
- Actions are required at the national, county, facility and community levels to integrate the learning from CF-CQI into quality improvement implementation throughout the country.

The Challenge

Health workers and community members throughout Kenya face many challenges in delivering and receiving health care, and yet they both want the same thing: improved health outcomes through high quality services.

Kenya’s current health system struggles with weak community-facility linkages for effective and coordinated mother and child health referrals; poor quality of care including disrespect and delayed diagnosis; and low community health literacy combined with poor male involvement. Despite having common goals, overstretched health workers are often not able to work in close partnership with the community members they serve to solve these problems as a team.

Kenya is well positioned to respond to this challenge, as the country has national guidelines on how to improve quality of care in the health sector, both at the facility and the community levels, through the Kenya Quality Model for Health (KQMH). However, implementers often focus on the facility-based package and neglect the community component, leading to incomplete and unsuccessful change initiatives. Increased efforts are required to take KQMH to scale by linking the health facility and community level approaches.

Community members engage in digging a placenta pit for the health facility, a change idea emanating from CF-CQI discussions

Why CF-CQI?

Community-Facility Linked Continuous Quality Improvement (CF-CQI) is an innovation aimed at improving maternal, newborn and child health outcomes through community engagement in the entire QI process. Drawing on the KQMH, CF-CQI promotes substantial community engagement to increase demand for services, and also supports improvement of services at the facility level.

Quality Improvement Teams (QITs) are formed at the facility level, and are jointly made up of both health facility staff and community members. These QITs identify problematic indicators and relevant interventions, and design rapid response action plans. Participatory monthly review sessions are held to monitor the process and performance of activities and indicators.
Core Principles

CF-CQI promotes community-based demand creation, service access, and continuous QI practices with a focus on sustainable ownership. At the core of the strategy is:

1. **Working with facilities and communities**
   The QIT establishes a continuous loop between demand creation and service delivery by applying QI techniques to both community and quality of care improvements. Members are not only drawn from the health facility, but include strong community representation.

2. **Utilization of local resources and expertise**
   The joint local community and facility QITs identify problematic indicators and generate action plans, informed by the socio-cultural context. This is a practical form of co-design and collaborative implementation where the community’s voice and expertise is respected.

3. **Continuous quality improvement**
   Integrated feedback meetings are led by the facility leadership and draw on the participation of department heads, the QIT leadership, lead Community Health Volunteers (CHVs), male champions and traditional birth attendants. Integrated feedback meetings promote a continuous QI process that links the facility with the community.

4. **Evidence-informed decision making**
   Through the feedback loop, the QITs test the interventions proposed and monitor the implementation and results, thereby creating a process to make decisions based on documented evidence.

5. **Male involvement**
   The CF-CQI model recognizes the role played by men in the utilization of MNH services, and integrates them in the QI process through male champion teams. The male champions participate in the feedback platform to contribute to the information that is used for decision-making, and they also participate in community interventions to improve quality.

CF-CQI Results from Homa Bay

Based on evidence from successful CF-CQI implementation in Kwale county, Pathfinder supported scale-up of CF-CQI to 20 high volume health facilities in Homa Bay county from October 2015 to December 2017. Data was also collected from 20 non-intervention sites for comparison.

The quantitative results of CF-CQI implementation in Homa Bay show improvement in several important aspects of maternal and newborn health care:

- Increases in the uptake of key MNH services, such as the fourth antenatal care visit, skilled delivery, and post-natal care.
- The percentage of effective community-facility referrals tracked (from the community, to facility and back to the community) increased substantially, from 25% at baseline to 78% at endline.
- The availability of basic emergency obstetric and newborn care (BEmONC) services, 24 hours a day and seven days, increased from 5 facilities at baseline to 31 at endline.
- Improvements recorded in the intervention sites were also generally greater than improvements recorded in the comparison sites where CF-CQI was not implemented.

Figure 1: Quantitative results of CF-CQI implementation in Homa Bay County (2015 - 2017)
Beyond the Numbers

The CF-CQI approach made significant progress with engaging and involving men as champions for maternal and newborn health. 149 men were trained as male champions, encouraging other men to be involved in and supportive of MNH service delivery. Male champions play an active role in identifying the male partners of pregnant women and encouraging them to accompany their spouses to antenatal care, test for HIV, and prepare for the birth of their children financially and logistically. They also provide direct support to QI initiatives.

Randung’ Dispensary in Rangwe sub-county enrolled 5 male champions. When the men learned about the problem the facility was having with safe disposal of placentas, they took this on as a project, using their masonry skills to help the facility construct a placenta pit.

We as a facility are grateful for the re-engineered quality improvement forums that have enabled us to engage more with the community. The facility has been struggling with disposal of placentas, we are currently disposing in an open latrine. The male champions noticed this and made a resolution to dig a 15-foot deep pit where placentas can be disposed. We are grateful for this initiative.”

Jackline Owuocha, Facility Incharge, Randung’ Dispensary

Overcoming the challenges

In the context of an overburdened public health system, the introduction of new approaches often comes with different types of challenges. In the case of CF-CQI, these challenges were overcome with patience and creativity:

Establishing the QITs
Mobilizing commitment and support from facility and community members to set up a functional QIT doesn’t happen overnight. Sometimes the members expect financial compensation for their participation. In Homa Bay this challenge was overcome with time, once the benefit of participation became apparent to the various members.

Busy health workers
Health facility staff sometimes do not have the role of QI documented or prioritized in their tasks, leading to low prioritization of CF-CQI activities at the health facility. This challenge was overcome once health workers began seeing improvements from the QI process, which ultimately reduce their workloads in other areas.

Financial gaps
Poor access to financial resources limits the implementation of some of the CF-CQI change ideas at the facility level. Facilities can address this challenge by focusing on low-cost improvements; advocating with the county budget for increased financial allocations; and effective management of financial resources that are within the control of the health facility (e.g. user fees, Linda Mama reimbursements, etc).
Recommendations for Policy & Practice

- At the national level, strengthen QI in health by updating the KQMH guidelines to emphasize CF-CQI approaches, with detailed guidance on how to operationalize facility to community linkages.

- At the county level, ensure the county budget includes resources for QITs to implement their change initiatives, and include QI efforts into routine county and sub-county supervision.

- At the facility level, use data to track and review performance against targets, and embrace QI as a routine part of clinical work and of health facility management.

- At the community level, ensure the community is actively involved in QITs, and leverage the good will and contributions of male partners as champions for MNH.

Male champions engage with implementing a change idea born out the CF-CQI process

Footnotes


This project is funded by the UK government under the County Innovation Challenge Fund (CICF). The CICF invests in innovative interventions, products, processes, services, technologies and ideas that will reduce maternal and newborn mortality in Kenya.

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