

L10K's experience strengthening participatory community quality improvement approaches for RMNCH services

Dissemination of L10K's Learnings

April 27, 2022
Hyatt Regency

Discussion Outline



- Introduction
- L10K's quality improvement approaches and interventions
- Achievements and lessons
- Policy recommendations

- Community participation in health priority setting, planning and implementation promotes health seeking and improves service quality
- When involved in decisions people are more likely to:
 - Use and respond positively to health services
 - Contribute resources
 - Change behavior and take control of their health issues
- Because maternal and neonatal mortality remain high despite coverage of high-impact interventions, the quality of MNH services needs to be improved.

L10K quality intervention overview



L10K effort to addressing quality spans over a decade the approaches centers communities in design and implementation

Participatory Community
Quality Improvement (PCQI)
Participatory Community
Solutions(PCs)
Center of Excellence (COE)

Referral solutions
Respectful maternity care

Basic Emergency Obstetric
and Newborn Care
(BEMONC)/Clean and Safe
Delivery

Integrated Community Case
Management of Childhood
illness (iCCM)/Community
Based Newborn Care CBNC

A closer look at L10K QI Interventions



Period	Strategy	Description
Participatory Community Quality Improvement (PCQI)	December 2012–2014	<ul style="list-style-type: none">• Puts community and health care workers at center of defining and improving quality• Separately considers quality of meetings by community and care providers• Bridges the gap between the two• Builds capacity to develop and implement action plans• Supports community QI teams and monitors progress
Participatory Community Solutions (PCS)	March 2016–October 2017	<ul style="list-style-type: none">• Builds on PCQI to improve MNH (QI strategy through platform joining communities with facilities)• A joint situational analysis at PHCU through a four-step QI process: (plan-do-study-act)
Centers of Excellence (COE) + Skill Labs	October 2017-April 2020	<ul style="list-style-type: none">• Links health facilities to exemplary models of RMNCH high-quality clinical care (HQCC), management and community health• Provides a venue for ongoing HQCC and managerial professional development• Creates strong supportive linkages and institutionalizes a culture of quality within the existing health system

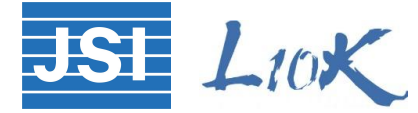
Results: Improved Quality (1/4)

Improved uptake of MNH service

Propensity Score Matched Difference-in-Difference Treatment Effect Estimations of MNH Care Practices, by Strategy

MNH indicators	Intervention		Comparison		Difference-in-difference	
	PC-S	PCQI	PC-S	PCQI	PC-S	PCQI
% at least one ANC	97.5	-	94.1	-	3.0	-
% ANC in 1st trimester	38.9	-	32.1	-	7.6	-
% ANC 4+	60.9	51.3	59.7	65.2	0.2	13.9*
% Complete ANC	66.9	53.6	65.1	70.7	0.4	17.1*
% Institutional delivery	79.5	57.6	72.7	68.1	7.9 *	10.5*
% Early PNC in 48 hours of the mother (both home and facility)	48.8	9.2	35.5	8.5	15.3 *	-0.7

Stakeholders' opinion of QI interventions



Results of study to see implementation strength of COE was complemented by a programmatic qualitative research sited below are quotes

Health facilities started solving their problems by themselves. This is the major lesson learned from the hospital and the health center...they are addressing their challenges by designing QI projects. We are spreading this lesson to the other six hospitals and remaining health centers in the zone."

-WEST GOJJAM ZHD INFORMANT

The COE and specifically the skills lab and mentorship should be the main way to improve the skills of the health workers continuously. Sending health workers for training is not financially sustainable."

- TIGRAY RHB INFORMANT

Centers of Excellence and Skills Labs

Culture of learning and innovation improved

- Comprehensive and well-equipped skills labs established
- All facilities established skill labs
- All facilities assigned a skill lab officer or a focal person
- Open for 5.4 hours, on average
- Have 135m2 and 28m2 space area, for hospitals and HCs
- Over 1195 HW trained



Skills demonstrated

- Family planning (ANC)
- Newborn resuscitation
- labor management
- Breech extraction/delivery
- Manual removal of placenta
- MgSO4 use
- Sepsis management
- partograph use
- IP and instrument processing among others



Staff demonstrating skills

Conclusion

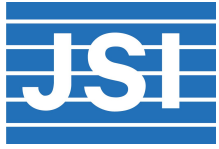
- L10K was able to implement community-based QI strategies with a high level of engagement from communities in the planning, implementation, and monitoring of the interventions to solve problems.
- This participatory process has empowered communities to identify local solutions to their challenges, which has also enhanced their commitment to addressing them toward lasting change.
- Community quality improvement interventions were a cost-effective way to increase the identification, referral and follow-up of pregnant women by community health workers
- Engagement of communities has enhanced uptake of services, particularly by women.

Lessons learned

- Participatory design and implementation, support systems, and strong facility leadership have been identified as success factors for QI for community health programs.
- An integrated, functional community-to-hospital care continuum to deliver high-quality care requires clinical excellence, continuous professional development, leadership commitment, and active community engagement.
- Improved motivation, enhanced provider skills, and adherence to protocols are key attributes for consistent and effective quality of care.

Policy implications for QI

- QI approaches for community health programs would benefit from strategic design and proper implementation of community participation at all levels across levels of care
- Health sector actors across the health systems will see more investment success with strengthened community participation in QI
- Designing appropriate QI strategies for community health programs within the HEP is critical to achieving quality universal health coverage (UHC)
- Skills labs, mentorship, and properly designed supportive supervision minimizes the need for in-service training
- Shared vision, strong leadership and oversight, and improved communication and referral linkages are critical for achieving outcomes in MNH and other health areas.



Thank you!



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