

### Authors

Katie Giessler  
University of California, San Francisco

Charlotte Avery Seefeld  
University of California, San Francisco

Dominic Montagu  
University of California, San Francisco

Beth Phillips  
University of California, San Francisco

James Mwangi  
Jacaranda Health

Meghan Munson  
Jacaranda Health

Cathy Green  
Jacaranda Health

### Staff

James Opot  
Associate Research Manager

Ginger Golub  
Country Director, Kenya



### Original Research Article

## Perspectives on implementing a quality improvement collaborative to improve person-centered care for maternal and reproductive health in Kenya

KATIE GIESSLER<sup>1</sup>, AVERY SEEFELD<sup>1</sup>, DOMINIC MONTAGU<sup>1</sup>,  
BETH PHILLIPS<sup>1</sup>, JAMES MWANGI<sup>2</sup>, MEGHAN MUNSON<sup>2</sup>,  
CATHY GREEN<sup>2</sup>, JAMES OPOT<sup>3</sup> and GINGER GOLUB<sup>3</sup>

<sup>1</sup>Institute for Global Health Sciences, University of California, San Francisco, Mission Hall, Box 1224, 550 16th Street, 3rd Floor, San Francisco, CA, 94158, USA, <sup>2</sup>Jacaranda Health, Nairobi, Kenya, David Close, Nairobi, Kenya and <sup>3</sup>Innovations for Poverty Action, Sandilwood Lane, Nairobi, Kenya

Address reprint requests to Katie Giessler, MPH, Institute for Global Health Sciences, University of California, San Francisco, Mission Hall, Box 1224, 550 16th Street, 3rd Floor, San Francisco, CA 94158, USA, Fax: 415/5074299, E-mail: [katie.giessler@ucsf.edu](mailto:katie.giessler@ucsf.edu)

Received 4 June 2021; Editorial Decision 20 September 2021; Revised 10 September 2021; Accepted 12 October 2021

### Abstract

**Objective:** To understand perspectives and experiences related to participation in a quality improvement collaborative (QIC) to improve person-centered care (PCC) for maternal health and family planning (FP) in Kenya.

**Design and setting:** Semi-structured qualitative interviews were conducted with members of the QIC in four public health facilities in Kenya.

**Participants:** Clinical and nonclinical public health facility staff who had participated in the QIC were purposively sampled to participate in the semi-structured interviews.

**Intervention:** A QIC was implemented across four public health facilities in Nairobi and Kiambu Counties in Kenya to improve PCC experiences for women seeking maternity or FP services.

**Main outcome measure:** Semi-structured interviews with participants of the QIC to understand perspectives and experiences associated with sensitization to and implementation of PCC behaviors in maternity and FP services.

**Results:** Respondents reported that sensitization to PCC principles resulted in multiple perceived benefits for staff and patients alike, including improved interactions with patients and clients, deeper awareness of patient and client preferences, and improved interpersonal skills and greater job satisfaction. Respondents also highlighted system-level challenges that impeded their ability to consistently provide high-quality PCC to women, namely staff shortages and frequent turnover, high patient volumes and lack of space in their respective health facilities.

**Conclusion:** Respondents were easily able to articulate perceived benefits derived from participation in this QIC, although they were equally able to identify challenges that hindered their ability to consistently provide high-quality PCC to women seeking maternity or FP services.

**Key words:** person-centered care, maternal health, family planning, quality improvement, Kenya, patient-provider communication

© The Author(s) 2021. Published by Oxford University Press on behalf of International Society for Quality in Health Care. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

0952-7674/21/0000-0000/\$15.00 © 2021 International Society for Quality in Health Care. All rights reserved. For personal use only; all rights reserved.

# Perspectives on implementing a quality improvement collaborative to improve person-centered care for maternal and reproductive health in Kenya

**Objective:** To understand perspectives and experiences related to participation in a quality improvement collaborative (QIC) to improve person-centered care (PCC) for maternal health and family planning (FP) in Kenya.

**Design and setting:** Semi-structured qualitative interviews were conducted with members of the QIC in four public health facilities in Kenya.

**Participants:** Clinical and nonclinical public health facility staff who had participated in the QIC were purposively sampled to participate in the semi-structured interviews.

**Intervention:** A QIC was implemented across four public health facilities in Nairobi and Kiambu Counties in Kenya to improve PCC experiences for women seeking maternity or FP services.

**Main outcome measure:** Semi-structured interviews with participants of the QIC to understand perspectives and experiences associated with sensitization to and implementation of PCC behaviors in maternity and FP services.

**Results:** Respondents reported that sensitization to PCC principles resulted in multiple perceived benefits for staff and patients alike, including improved interactions with patients and clients, deeper awareness of patient and client preferences, and improved interpersonal skills and greater job satisfaction. Respondents also highlighted system-level challenges that impeded their ability to consistently provide high-quality PCC to women, namely staff shortages and frequent turnover, high patient volumes and lack of space in their respective health facilities.

**Conclusion:** Respondents were easily able to articulate perceived benefits derived from participation in this QIC, although they were equally able to identify challenges that hindered their ability to consistently provide high-quality PCC to women seeking maternity or FP services.

October 15, 2020